

Author Full Name : Wanita Umer**Received Date :** 01/10/2025 12:51 PM**Comments Received :**

Inadequately treated chronic pain takes 10 years off the life of one who suffers. Pain can be tolerated to an extent but after one experiences pain without a break the burden becomes heavier & the adrenal glands put out cortisol leading to health problems such as high Blood sugar, high blood pressure, arrhythmias, hypoglycaemia, and inflammation increasing the risk for Cancer.

We know the risk of addiction under the care of a medical professional is less than 1%. The risk of death is even lower. 99.8% of people using prescription opioids under the care of a doctor, to treat pain, are not at risk of overdose & death. Greater than 5 decades of records at the UN -Narcotic Control Board confirms this fact. In addition 3 large scale retrospective studies were done & confirm the findings of the UN. Each study dove into half a million charts & the results cannot be disputed.

We are all living longer & with this often comes painful degenerative conditions some of which require opioids to treat. To you who reads this, if you bust a hip will you be left to suffer endless pain while it heals? Do you know the pain when something is dropped on your toe? Hit your shin on something hard? If you know these pains think about how bad the pain is if one needs hardware to reduce a fracture. If you get a kidney stone will the doctor give you plain Tylenol like what is happening in hospitals across North America?

Teach people how to use the medication safely. It is their body & no one should force another human being to endure pain about which others know nothing. I believe guidelines should focus on education. How to avoid ever increasingly higher doses. I also believe Government should fund studies analyzing how many ppl addict when they are on antidepressants.

There is some evidence that antidepressants can help avoid relapse in those who are on Medication Assisted Therapy. I myself found that I need less pain medication when I'm using an antidepressant along side opioid pain medication. Use hard quality evidence to support decisions rather than low quality biased evidence written by those who haven't experienced moderate to severe chronic pain themselves.

Rotate meds every few days. Use a barbiturate to treat pain for a few days then back to an opioid. In between this teach ppl to identify days where they might be able to take what is called a Drug Holiday. If ppl can identify days where they can endure the pain by resting or positioning this can also help keep one from developing tolerance regarding efficacy of medication.

Teach teach & teach again. Addiction runs in my family & I developed a healthy fear of it. I have a dose range. I titrate up when pain is worse and taper when pain is less. My meds always work when I need them most. When I discovered I got energy. Teach ppl to see their doctor if they find themselves using medication for things like energy or sedation. Make it so patients don't need to fear going to their doctor to report that they might be developing opioid use disorder. Reporting so should not result in discontinuation of meds. If it did patients won't be honest.

I have successfully been treated for chronic pain for 21 years. I use my meds properly. I only had one doctor with whom I could be honest, now an honest patient would lose their meds &/or doctor.