Pain Management in Patients with Chronic Kidney Disease

Clinical Pearl

AAHP Fall Seminar October 2018

Valuable tools:

* The Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) – online download/printable
* Opioid Calc App - Free app for morphine equivalent calculations
* CDC Opioid Guideline App - Free app for morphine equivalent calculation

|  |  |
| --- | --- |
| **General Principle** | **Specific consideration in CKD** |
| By mouth | Hemodialysis patients have easy IV access. However, this is to be avoided as the route of administration for analgesics for chronic pain management.  Oral/transdermal routes are preferred. |
| By the clock | Some patients with mild pain may achieve adequate pain relief with analgesic dosed post-hemodialysis only. |
| By the ladder | Careful selection of analgesics for each step of the ladder, taking into account the degree of kidney failure, is critical.  **Sustained released preparations are not recommended in CKD** |
| For the individual | Chronic pain is often experienced in the context of multiple other concerns, including end of life issues and should be addressed as part of the pain management strategy. |
| Attention to detail | Regular reassessment |

Uptodate accessed August 2018

|  |  |  |  |
| --- | --- | --- | --- |
| **WHO Step** | **Recommended** | **Use with caution** | **Do not use** |
| 1 (Mild) | Acetaminophen |  | NSAIDs |
| 2 (Mild to Moderate) |  | Tramadol | Codeine |
| 3 (Moderate to Severe) | Hydromorphone, Fentanyl, Methadone, Buprenophine | Oxycodone | Morphine, Meperidine |
| Adjuvants | Gabapentin Pregabalin | TCAs SNRIs |  |

Uptodate accessed August 2018

Image