

Mayo Clinic Proceedings: Review of pain management practices for cirrhosis patients

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In the May issue of [Mayo Clinic Proceedings](#), physician experts review current practices for pain management in cirrhotic patients. The physician experts reviewed all current literature available on PubMed and MEDLINE with no limits in the search to recommend a uniform and practical guide to approaching analgesia in the cirrhotic patients.

Cirrhosis is a substantial public health problem, accounting for approximately 770,000 deaths annually and, according to autopsy studies, affecting 4.5 percent to 9.5 percent of the global population.

"Pain management in patients with [cirrhosis](#) is a difficult clinical challenge for health care professionals, and few prospective studies have offered an evidence-based approach," says Kymberly Watt, M.D., Department of Gastroenterology and Hepatology at Mayo Clinic.

No evidence-based guidelines exist on the use of analgesics in patients with liver disease and cirrhosis, says Dr. Watt. From her findings in the current literature, her recommendation for long-term acetaminophen use in cirrhotic patients (not actively [drinking alcohol](#)) is for reduced dosing at 2 to 3 grams per day. For short-term use or one-time dosing, patient should not exceed 4 grams total per day but the proposed new FDA guidelines (yet to be finalized) may recommend a maximum daily dosage of 2.6 grams per day for anyone.

In addition, the review article states that NSAIDs (nonsteroidal anti-inflammatory drugs) and opioids may be used in patients with [chronic liver disease](#) without cirrhosis. "NSAIDs should be avoided in those with

both compensated and decompensated cirrhosis, primarily because of the risk of [acute renal failure](#) due to prostaglandin inhibition," says Dr. Watt.

"When appropriate, anticonvulsants and antidepressants are options worthy of exploration in chronic neuropathic [pain management](#) in patients with advanced liver disease. Diligent follow-up for toxicity, adverse effects and complications is necessary," adds Dr. Watt.

"In patients with end-stage liver disease, adverse events from analgesics are frequent, potentially fatal and often avoidable. This review underscores the scarcity of prospective studies that have assessed the safety of various analgesics in patients with advanced hepatic dysfunction," says Dr. Watt.

Provided by Mayo Clinic

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