

Ibuprofen better choice to relieve fracture pain in children than oral morphine

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Although Ibuprofen and oral morphine both provide effective pain relief for children with broken limbs, ibuprofen is the recommended choice because of adverse events associated with oral morphine, according to a randomized trial published in *CMAJ (Canadian Medical Association Journal)*

Fractures make up between 10% and 25% of all children's injuries, and the most severe pain is felt during the first 48 hours after the injury. Because of concerns about the safety of codeine for children, there is limited choice for medications to relieve pain for these patients.

"Evidence suggests that orally administered morphine and other opioids are increasingly being prescribed," writes Dr. Naveen Poonai, London Health Sciences Centre and Western University, London, Ontario, with coauthors. "However, evidence for the oral administration of morphine in acute pain management is limited. Thus, additional studies are needed to address this gap in knowledge and provide a scientific basis for outpatient analgesic choices in children."

In this study of 134 children aged 5 to 17 years, researchers compared oral morphine (66 participants) with [ibuprofen](#) (68 participants) to determine if oral morphine was better at relieving pain in children with fractures that did not need surgery. Although both analgesics were effective at reducing pain, oral morphine was associated with more [adverse events](#), such as drowsiness, nausea, vomiting.

The study is consistent with several others that found ibuprofen to be an effective pain reliever.

"Given that morphine was associated with significantly more adverse effects, we conclude that ibuprofen remains a safe and effective therapy for outpatient management of children's fracture [pain](#)," write the authors. "We hope that our results will provide clinicians with a foundation for rational analgesic choices for children with fractures who are discharged from the emergency department."

More information: *CMAJ*,
www.cmaj.ca/lookup/doi/10.1503/cmaj.140907

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