

Use of prescription analgesics differs significantly between persons with and without Alzheimer's

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Approximately one third of persons with Alzheimer's disease use prescription medicines for pain after their diagnosis, reports a recent study conducted at the University of Eastern Finland. The use of analgesics was as common among persons with Alzheimer's disease as it was among those of the same age without the disease, but there were significant differences in the types of medicines used. The results were published in *European Journal of Pain*.

The researchers found out that 35% of those with Alzheimer's disease and 34% of those without used a prescription analgesic in the first six months after the disease diagnosis. Paracetamol was the most common medicine in both groups, but it was significantly more frequently used by persons with Alzheimer's disease. Persons with Alzheimer's disease also used less anti-inflammatory medicines, such as ibuprofen, and mild opioids for their pain. During a six-year follow-up, the use of paracetamol and opioids increased significantly, while the use of anti-inflammatory drugs became less common.

Pain is a common symptom among [older adults](#), but its treatment with medicines demands careful weighing of benefits and risks. According to this study, persons with Alzheimer's disease are commonly treated with paracetamol, which is the preferred first-line analgesic for older people. The treatment of pain among older adults and persons with cognitive disorders requires regular assessment of [pain](#) and the benefits and risks

of used analgesics.

The study is part of the MEDALZ cohort, which included 67,215 persons with Alzheimer's disease diagnosed during 2005-2011 and comparison persons with the same age, gender and region of residence without the disease. Data for the study were derived from Finnish nationwide registers.

More information: A. Hamina et al, Differences in analgesic use in community-dwelling persons with and without Alzheimer's disease, *European Journal of Pain* (2016). [DOI: 10.1002/ejp.969](https://doi.org/10.1002/ejp.969)

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