



COMPARATIVE RESULTS OF NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) AND OPIOIDS IN ACUTE PAIN.

Emergency Medicine

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KEYWORDS

Paracetamol, non-steroidal anti-inflammatory drugs (NSAIDs) and opiates/opioids, administered parenterally via intravenous or intramuscular route, are widely used to provide analgesia for patients with moderate to severe pain. This systematic review and meta-analysis evaluated the level of analgesia provided by intravenous paracetamol (IVP) alone compared with NSAIDs (intravenous or intramuscular), or opioids (intravenous) alone in adults attending the ED with acute pain. Opioids act on prostaglandin release receptors and have been shown to relieve pain. Opioids are indicated in severe pain.

METHODS

Trials were included for review in emergency department for randomised controlled trials (100) compared NSAID with opioid by any route, studied adults with a clinical diagnosis of acute pain and had at least one of the predetermined outcomes of interest. We included combination therapies which contained an opioid or NSAID. NSAIDs. Identified titles and abstracts were screened independently by the two reviewers. Potentially relevant reviews were retained and the full text examined. Data extraction was carried out independently by the reviewers. Expressed as relative risks with 95% confidence intervals. We pooled data using the random effects model, when continuous scales of measurement were used to assess the effects of treatment in patient rated pain scores, time to pain relief. We used weighted mean differences. This trial showed a greater reduction in pain scores in the NSAID group than in the opioid group. Nine trials reported pain on a 100 mm visual analogue scale; six recorded scores at 30 minutes, two at 20 minutes, and one at 60 minutes.

CONCLUSION

Patients presenting to the ED with a diverse range of pain conditions, Patients treated with NSAIDs had lower risk of rescue analgesia, and opioids cause more AEs, suggesting NSAIDs as the first-choice analgesia. Single bolus doses of NSAIDs and opioids provide pain relief for patients with acute renal colic. Patients receiving NSAIDs, however, achieve greater reduction in pain scores and are less likely to require further analgesia in the short term. Opioids.

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