The treatment of severe pain in Canada should be followed

To the editor: H.W. Striebel in his book “Therapy of chronic pain” wrote: “We all can be excused if we cannot cure a patient, but not if we don’t try to relieve suffering and pain. The epitaph of the ancient medical doctor Galenos was: “Divinum est sedare dolorem.” (Relieving pain is a labor of God).

In the figure below are shown the trends in morphine use, still considered a standard in the opioid analgesics group. Countries were chosen as top consumption leaders (Canada, USA), as well as their historic connections. The Czechoslovakia was the state between 1918 and 1993 and Slovakia was until 1918 a part of the Hungarian kingdom.

Differences in trends between countries are very clear. Some may say that this is only consumption of morphine, that differences in analgesic use may arise because alternative analgesics are preferred. However e.g. according to the INCB yearbook 2009 Canada and USA were in the 1st and 2nd place wrt consumption of oxycodone worldwide, and the situation is similar for use of fentanyl (2nd and 6th place worldwide resp.). In contrast our countries (Czech republic, Slovakia and Hungary) were in the 24th, 23rd and 22nd place resp. for fentanyl consumption and in the 19th, 30th and 37th place for oxycodone consumption worldwide.

Variations in medical training, regulatory requirements and drug pricing can stimulate different prescribing decisions. The data from the Slovak State Institute for Drug Control were used in my observation and I have calculated the percentage of these strong opioids on the whole consumption of opioid analgesics (ATC group N02A).

In the year 2000 morphine constituted in Slovakia 6.5%, fentanyl 6% and oxycodone was not available. In the year 2009 the situation was different. Morphine constituted only 1%, fentanyl more than 17% and oxycodone 11% - the shift to other opioids is clear.

In our previously published manuscripts we brought this problem to attention and we can still say that especially severe pain remains insufficiently treated in Slovakia as it is improbable that we have less pain. Progress in Canada (number 1 worldwide) as well as USA (consumption of morphine doubled over the observed years) should be followed. Of Central European countries the biggest consumption was in the Czech republic.

One factor contributing to the inadequate treatment of pain is the laws and regulations that impede effective pain management. Opioids are our most powerful analgesics, but politics, prejudice, and our continuing ignorance still impede optimum prescribing. There is still some reluctance among doctors to prescribe opioids, even for cancer pain, and reluctance of patients and their families to accept opioid medication.

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