

Ten Principles of Multidrug Therapy for Chronic Pain

1. **Prioritize** treatment approaches based on assessment and diagnosis of all medical and psychological morbidities as well as postulated pain-generating mechanisms.
2. **Review** doses, effects, and adverse events of past treatments, including over-the-counter and herbal/natural preparations, to help guide medication choices.
3. **Select** initial drugs with known mechanisms of action that have proved to be effective and safe for the identified chronic pain disorder(s).
4. **Dose** at low end of the recommended range and titrate slowly, particularly in older patients. Effective doses may be higher than those stated in the dosing guidelines.
5. **Combine** medications with differing mechanisms or sites of action.
6. **Use** one drug at a time and adjust dose by starting low, titrating slowly, and monitoring effects and adverse events until maximum benefit has occurred, an intolerable side effect has developed, or a usual therapeutic dose has been reached. Discuss choices and rationale with patients, allowing them some control over their care.
7. **Reassess** patient responses over time and continue to prescribe only those therapies that provide clinically meaningful relief (eg, >30% improvement or 2 points on 0-10 pain rating scale) and documented improvement in function.
8. **Monitor** for adverse effects and discontinue analgesics that prove intolerable at effective doses.
9. **Consider** changing to a drug with a similar mechanism of action if good efficacy is documented but side effects predominate with the current drug. If no similar drug is available, consider adding a medication to control side effects.
10. **Re-evaluate** all of these issues and any new potential drug-drug interactions when adding another drug.