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.