Your Pharmacist: *Your Partner in Pain Relief*

Pain relief is big business—and omnipresent. Ads for pain-killing prescription medications bombard us on television, radio, and the Internet; whole aisles in pharmacies offer over-the-counter pain remedies; and new products emerge every day. For those seeking relief, navigating the world of pain medications can be a formidable challenge.

"That is why it is so important to have a relationship with your pharmacist," says Zoe Stefanadis, owner and founder of Chapel Hill Compounding. "In the world of pharmacy, we deal with pain—and pain medications—on a daily basis. That expertise is an invaluable resource when trying to find the best option for managing pain.

"And in this respect, compounding pharmacists play an especially valuable role," she explains. "Because, if there's one lesson I've learned, it's that pain management is complex and it's all about addressing the specific needs of the individual patient. That is precisely what compounding pharmacists do—we customize medications to meet patients' unique needs.

"When it comes to pain medication," she emphasizes, "one size most definitely does *not* fit all. But the options—whether over-the-counter or prescription—are standardized, so finding the right options, the right dosages, for each individual is difficult, especially for those dealing with chronic pain conditions.

In a conversation with *Health&Healing*, Ms. Stefanadis discusses the challenges and concerns related to pain management.

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H&H: You've described pain management as complex. What are the major challenges?

MS. STEFANADIS: The primary challenge has to do with the fact that each of us is unique, and responds differently to pain and to medication. So, I can't emphasize enough the importance of understanding the complete picture. You need to understand the source and nature of the pain. And you need to understand the individual patient: their health issues, other medications they're taking, their allergies, and more.

Pain relief takes many forms. It might be an over-the-counter remedy for somebody who's overdone it at the gym, or is dealing with a headache. Others need prescription medications for acute pain from an injury or surgery; some may be dealing with a chronic condition such as fibromyalgia. Regardless of the source of the pain, all they want is relief so they can focus on their normal daily activities. But although the goal is the same, the path to that goal will be different for each, and will present different risks and challenges.

This is especially true for people dealing with chronic pain, where long-term medications—and often multiple medications—are needed. But even over-the-counter medications—the ones we reach for when we have a headache—are not risk-free.

Pharmacist Zoe Stefanadis, preparing a custom medication for one of her clients.

H&H: What are the concerns about over-the-counter pain management?

MS. STEFANADIS: The primary problem is one that we encounter daily—often referred to as "polypharmacy." Serious problems can arise when someone is taking multiple prescription medicines that interact in harmful ways. Often, it's just that one medicine interferes with the effectiveness of another, but sometimes the interactions can be toxic.

The bigger problem, however, is that prescription medicines not only interact with each other, they interact with over-the-counter medicines, with dietary supplements, even food. Pharmacists are diligent in reviewing a patient's medications to minimize such problems, but when someone self-medicates over-the-counter, no one is monitoring that process.

Opioid overdoses are, of course a major concern, but in fact, it is acetaminophen (as in Tylenol) overdoses that are the leading cause for calls to Poison Control Centers. And that often occurs because people are not aware they are taking in so much of the medication. Over-the-counter medications are labeled to be treating many different things—a headache, a cold, joint pain—even though they're the same medication. And—since acetaminophen is in each—people often ingest a toxic level of the drug without realizing it.

NSAIDs (Non-Steroidal Anti-inflammatory Drugs), such as Advil (one of the brand names for ibuprofen), pose similar problems. So, even with common over-the-counter remedies it's important to be aware of dosages and to consider things related to a person's unique physical situation. People with kidney disease, for example, are less tolerant of NSAIDs. And any such medications pose risks if taken long-term.

H&H: What are the issues related to prescription medications for pain management?

MS. STEFANADIS: Addiction is certainly a concern, especially when people are chasing pain versus getting a handle on it. But for a majority of people, if you treat pain in the right way, you have a low chance of addiction. It's such an individual thing. That's what I love about this work. You come to understand and appreciate that each of us is unique and, when you find the right pain remedy for that specific person, it will work.

A more common issue—and one we deal with every day—are adverse effects from prescription medications—especially those taken long-term. For one patient the problem might be an allergy to the dye used in the commercial medication. For another patient, the pain medication for their arthritic knee is irritating their GI tract. Someone else might have difficulty swallowing the medication they need, or maybe the optimum dosage is unavailable.

Addressing those problems is what compounding is all about. And we have many, many tools to work with. With pain medications, for example, a common problem is that the medications irritate the GI tract and, taken long-term, can cause considerable harm. It's worth remembering that although your pain might be in your knee, when you swallow pill to treat it, you're medicating your whole body. By compounding a medication that can be absorbed through the skin when applied topically, we can provide pain relief locally, and bypass the digestive system.

Beyond pills, there are many other ways we can adjust the medicine's "delivery" system, to meet the needs of the patient—including nasal sprays, transdermal/topical creams, and suppositories. And our ability to adjust dosages is extremely important, especially when a drug must be gradually increased or when a patient is slowly withdrawing from a medication.

Compounding is, in fact, all about meeting the unique needs of each individual patient. That is why the relationship between patient and pharmacist is so important. When we know the patient—and understand their health issues, their medications, their concerns—we're able to guide them down the most effect path to pain relief. h&h

LOW-DOSE NALTREXONE, KETAMINE: NEW-FOUND USES TO ADDRESS PAIN

"The opioid addiction crisis in the U.S., is a reminder of how difficult it can be to provide relief for chronic pain sufferers," says Ms. Stefanadis. "And it has underscored the importance of finding alternative methods of treating pain."

Two medications have recently been found to fill that need. Although originally used for other purposes, Low-Dose Naltrexone and Ketamine are proving effective in treating a number of conditions, including pain—without the risk of addiction posed by opioids. Naltrexone, for example, was originally used to treat opioid addiction, but in very low doses it's extremely effective in treating chronic pain and many other inflammatory conditions.

"LDN (Low-Dose Naltrexone) requires a prescription and—this is most important—everyone does not need the same dose," notes Ms. Stefanadis. "The most common dosages are between 1.5mg and 4.5mg, and I have actually compounded doses as low as 0.002 mg. But there's a process, and it takes time to gradually adjust the dosage to determine the optimal amount for a given patient.

"This is the beauty of compounding. We can prepare dosages of LDN in very specific amounts, adjusting them repeatedly until we've found the right amount for an individual patient."

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