

Pills for Pain

It will be no surprise to readers of my blog to learn that I am a therapeutic minimalist. No reason to use a drug when time and rest will work.

"Minimalist" is not the same as "nihilist," however, and I would not dream of heading into the backcountry for more than a day without a good supply of pain medication. From aching quads after a long climb, to a splitting headache after a day of hiking in the sun, there are plenty of situations that can call for some pain relief.

While you would never know it from the dizzying array of items in the pain relief section of your drug store, there are basically only two types of over-the-counter analgesics. These differ a bit in their mechanism of action and side effects; when I am responsible for a large group, I tend

to carry an ample supply of both.

Non-steroidal anti-inflammatory drugs ("NSAIDs") are aspirin-like agents that work by interfering with the body's synthesis of a mediator of pain and inflammation. Because of their anti-inflammatory effects, these drugs are the first line therapy of many types of arthritis.

There are many varieties of NSAIDs, each of which is available in a wide range of brand and generic formulations. Despite claims to the contrary, I am not impressed that

there is much difference between them. Three of the most popular are ibuprofen (brand names Advil and Motrin), ketoprofen (brand names Actron and Orudis), and naproxen (brand names Aleve and Naprosyn). Although chemically similar, these drugs are not interchangeable. Ibuprofen, for example, is typically dosed four times a day, while naproxen is usually given twice daily.

In the treatment of arthritis, physicians may prescribe high doses of these drugs. For self-administration, however, always stick strictly to the dose recommendations on the labels. For that reason, be sure to keep the pills in their original container with the full label. It is important to be well hydrated when using

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NSAIDs, so be sure to take them with six or more ounces of water, or about eight swallows for an average adult.

Although some folks may develop allergies to NSAIDs, and their long-term use may have cardiovascular effects, by far the most common side effect of these drugs is on the gut. NSAIDs affect the lining of the stomach, increasing the risk of ulcers and intestinal bleeding. Never use them longer than necessary, and stop them at the first sign of stomach distress or change in the color of bowel movements.

Acetaminophen is a completely different type of drug from the NSAIDs. Although it has some anti-inflammatory properties, the precise

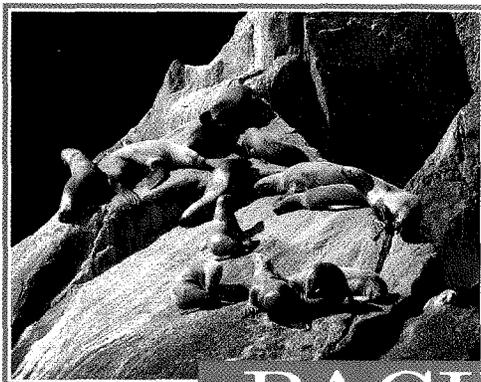
explanation for its ability to relieve pain is not totally understood. Like the NSAIDs, acetaminophen comes in a number of brand names (Tylenol is the most common), and many generic equivalents.

Because acetaminophen is much less likely to cause intestinal upset, it is a preferred medication for anyone with a history of ulcers or other stomach problems. Like any drug, however, it is not free from side effects. Acetaminophen can cause very severe liver damage; indeed, it is one of the leading reasons for liver transplantation in the United States today. Most of these incidents result from serious over-dosage, but on rare occasions liver injury can accompany

typical doses of the drug. Liver damage is a particular concern when the drug is accompanied by heavy alcohol consumption.

There is one other important warning regarding both classes of pain relievers. Many over-the-counter remedies, such as cough and cold medications, contain NSAIDs or acetaminophen as one of several ingredients. Without carefully reading the label, one might not realize this. Risk of over-dosage is present if these "hidden" sources are ignored.


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