



PALLIATIVE PAIN CARE FOR LATE-STAGE (3 & 4) ADHESIVE ARACHNOIDITIS (AA)

Unfortunately, adhesive arachnoiditis (AA) may progress to the point that a person develops intractable pain, paralysis, urinary incontinence, a bed-bound state, and a shortened-life span (stage 4). Other persons don't quite reach this stage but are debilitated and need assistance for activities of daily living (stage 3). Persons who have recently developed AA and have been able to access the new medical recommendations have been able to keep AA at the mild and moderate stages (1 & 2) and not progress to the severe and catastrophic levels (3 & 4).

WHAT IS PALLIATIVE CARE? Palliative care is a treatment designed to relieve symptoms and provide the patient with comfort and quality of life rather than curative measures.

THE PAIN OF AA: Arguably the pain of AA is the most severe of all pain. The pain of stages 3 and 4 of AA must invariably be treated with multiple drugs from different pharmacologic classes. Listed in the Table below are the most commonly prescribed drugs that activate the major pain control, neurotransmitter systems in the central nervous system. The three major neurotransmitters that control pain are endorphin, gamma aminobutyric acid (GABA) and dopamine. Adequate pain relief in persons in the late stages of AA (3 & 4) will need a drug that substitutes for each of the three major neurotransmitters. Minor neurotransmitter systems that help control pain are endocannabinoid and serotonin. Consequently, marihuana and some antidepressants may assist pain relief.

TABLE		
ENDORPHIN	GABA	DOPAMINE
Tramadol, codeine, hydrocodone, hydromorphone, morphine, fentanyl, buprenorphine, oxycodone	Diazepam (Valium®) Carisoprodol (Soma®) Pregabalin (Lyrica®) Clonazepam (Klonopin®) Gabapentin (Neurontin®)	Amphetamine salts (Adderall®) Dextroamphetamine Methylphenidate (Ritalin®) Phentermine Phendimetrazine Modafinil (Provigil®)

BEST PAIN FLARE MEDICATION: The most effective pain flare medication that we have identified is a new advance in injectable hydromorphone. A special formulation has been developed by Anazao Laboratories for palliative care patients. Its concentration is 50 mg/ml. A .1cc dose (5 mg) is given subcutaneous in an insulin syringe.

SLEEP: Reasonable sleep for an AA palliative pain care patient is essential. The most popular sleep medications in AA patients are Ambien®, amitriptyline, and temazepam (Restoril®). Supplements with tryptophan and/or melatonin may assist not only sleep but provide enhanced pain relief the next day.

Our motto "No one with AA Left Behind"

*This information is provided as a public service by "Arachnoiditis Hope" a project of the
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