In Response to WMS Pain Management Guidelines

To the Editor:
I appreciated the brief overview of analgesia treatment in the Wilderness Medical Society practice guidelines for the treatment of acute pain in remote environments by Russell et al.1 However, a few additional medications and comments may help guide wilderness medicine providers when choosing pain medication for a medical kit.

Regarding choice of nonsteroidal anti-inflammatory drug (NSAID), meloxicam is worth special mention because of once-a-day dosing, less gastrointestinal toxicity, and less platelet inhibition compared with others. It is the oral NSAID of choice for the tactical combat casualty care trauma pack. Also, if one chooses to carry 2 NSAIDs, it may be prudent to bring 2 from different classes.2–4

Tramadol is an option for acute pain; it is not classified as an opiate or controlled substance in the United States—thus making travel across international borders easier and providing an oral nonopiate option to NSAIDS and acetaminophen.

Corticosteroids such as prednisone and dexamethasone are useful for acute pain when administered orally, intramuscularly, or intra-articularly. That is noteworthy because the latter drug is a staple in most high altitude medical kits.5,6

For adjunctive medications, nonbenzodiazepine skeletal muscle relaxers, like tizanidine, cyclobenzaprine, and methocarbamol, are useful for acute low back pain and acute strains and spasms of joint muscles, such as with a shoulder dislocation.7

Topical medications may be useful, particularly for marine or pediatric medical kits. Two notable formulations include lidocaine/prilocaine cream (primarily used as an anesthetic but as an analgesic too) and NSAID creams, which can be used alone or compounded with other topical analgesics such as ketamine, lidocaine, gabapentin, and muscle relaxants.

Specific ophthalmologic, otic, and dental medications for acute pain are also important considerations, as specialized pain medications may eliminate the need for more risky and less-effective systemic medications.

As an aside, Russell et al.1 duly made a note about third-party prescribing with regard to oral opiates. In the United States and in certain other countries, that usually applies to all prescription medicine, not just to opiates. Therefore, this excellent advice should apply to all prescription medicines, not just to opiates.

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References