



Prescriptions for Pain

Prescribing Opioids Safely

Dentists and physicians have the daily responsibility of prescribing medication for pain. Too often acetaminophen and NSAIDs are not potent enough for pain relief, and patients require the use of narcotics.

Oxycontin has recently been de-listed from the pharmaceutical registry. Codeine is no longer recommended for children and is used less frequently in the adult population. What remain are more potent and very addictive narcotics, thus forcing the prescriber to ensure **pain control is restricted to a short-term course**, while remaining vigilant for signs of dependence and addiction.

The College of Physicians and Surgeons of Ontario recently developed a booklet, *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain* in order to assist physicians to effectively and safely prescribe opioids. As well, there will now be a Drug Information System that will give drug prescribers and dispensers access to medication profiles.

Below is a simple chart that you may find useful for converting the commonly used codeine to the other opioids.

	Equivalence to oral morphine 30 mg	To convert to oral morphine equivalence multiply by
Morphine	30 mg	1
Codeine	200mg	0.15
Oxycodone	20mg	1.5
Hydromorphone	6mg	5

The basic guidelines suggest short-term narcotics be dispensed in small amounts and re-assessed frequently. This may be the most prudent approach.

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Childhood Cut Short?

A recent news story about a 10-year-old South American girl giving birth highlights a trend that is becoming more apparent in young women. The age of puberty and the onset of menarche are happening at an earlier age. In a study of 17,077 girls, researchers noted the mean age of breast development was 9.4 years and pubic hair development was 9.6 years. The onset of menstruation occurred later at 12.5 years. Two percent of children showed breast and/or pubic hair development as early as the age of three.

The reason for this trend is not known, although environmental factors, genetics and body fatness are thought to play a role. When this data is compared with studies from 10 to 30 years ago, it was concluded that the onset of puberty and in particular breast development has indeed occurred sooner — on average six months to one year earlier.

Puberty in young males is less well-defined. In many cultures marriage and teenage pregnancies are common and accepted. With the trend of earlier menarche shown in recent studies will pregnancies in very young women become commonplace?

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Dr. Irv Feferman is a member of the Ontario Dentist Editorial Board, and may be reached at irvfef@hotmail.com or at 416-931-8678.

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