

PARACETAMOL FOR PAIN IN ADULTS

Saragiotto BT, Abdel Shaheed C, Maher CG. Paracetamol for pain in adults. BMJ 2019;367: l6693.



**Objective &
Methodology**



Discussion



**Paracetamol
safety**

PARACETAMOL FOR PAIN IN ADULTS

Objective & Methodology



Publication objective is to provide an overview of efficacy and safety of paracetamol as an analgesic in adults in primary care settings.

Systematic reviews (comparing paracetamol versus placebo in adults) searched from Cochrane Library, MEDLINE and EMBASE until January 2019, and recent clinical guidelines.



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Paracetamol effectiveness :

Paracetamol is one of the mainstay analgesic in non-prescription category with a long history of use and has been studied extensively for the relief of mild to moderate pain. Several evidences have shown the efficacy of paracetamol in multiple pain indications :

- High-quality evidence has demonstrated paracetamol (single dose of 1000 mg) as an effective treatment in tension-type headache within two hours of administration.
- A systematic review comprising 6 RCTs in 2162 participants, has found paracetamol to have similar efficacy to other NSAIDs in the treatment of headache.
- Paracetamol is also used in post-surgical dental pain, though evidence suggests its efficacy was inferior to ibuprofen
- There is mixed evidence supporting the benefits of paracetamol in musculoskeletal pain conditions. High quality evidence from Cochrane review showed that immediate and short term (up to 12 weeks) treatment of paracetamol does not provide clinically important improvement in musculoskeletal conditions like knee or hip osteoarthritis.

However, the comparative evaluation of paracetamol to other NSAIDs have shown mixed results in such conditions. A recent network meta-analysis showed paracetamol to be inferior to celecoxib and the glucosamine and chondroitin combination for the treatment of knee or hip OA. However, yet another review showed similar efficacy to NSAIDs for OA treatment

Discussion



Additionally, clinical practice guidelines recommend paracetamol for the treatment of mild to moderate acute and chronic non-malignant pain, except for back pain and some types of osteoarthritis like hand OA.

Conditions	Efficacy of Paracetamol
Types of headache	<p>Migraine :</p> <ul style="list-style-type: none">● A single dose (1000mg) of paracetamol was effective in reducing pain at 2 hours as compared to placebo, but less effective as compared to other commonly used analgesics.● However, paracetamol could be an option in patients who cannot tolerate other analgesics. <p>Tension Headache:</p> <p>Paracetamol is effective to achieve pain-free status at 2 hours as compared with placebo.</p> <p>Other headaches:</p> <p>Paracetamol has similar efficacy to NSAIDs</p>

PARACETAMOL

Paracetamol safety



- Paracetamol is considered to have a well established safety profile at recommended doses and when used as per label. The maximum daily dose is 4000 mg.
- Unintentional overdosing which can result from consuming repeated excessive dosing or duplication of therapy i.e. unintentional concomitant use of multiple paracetamol-containing products can lead to events like liver damage, severe hepatic failure, and even death. Furthermore, frail older population and underweight patients are at greater risk and so may require dose adjustment.
- Evidence from large observational studies has shown favourable side effect profile of paracetamol than traditional NSAIDs in older people for chronic pain conditions. Hence, it can be considered as an alternative to other analgesics and NSAIDs in population nontolerant or contraindicated to such medications.

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Practical tips

- Paracetamol is commonly recommended for short-term pain relief in mild to moderate acute pain in indications like headache and post-surgical dental pain.
- Paracetamol can be considered as an alternative in a population who are unable to tolerate other analgesics such as older people. It is recommended to monitor for upper gastrointestinal and cardiovascular adverse events if receiving paracetamol for chronic pain conditions.
- Patients should always be advised to read the label before using paracetamol to help them use it most appropriately & avoid misuse, unintentional overuse with other concomitant medications that may also contain paracetamol to prevent overdosing.

** Abbreviations- GP: General practitioner; MDD: Maximum daily dose NSAIDs: Nonsteroidal anti-inflammatory drugs; OA: Osteoarthritis; RCT: Randomised controlled Trials



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- ✓ Headache
- ✓ Period Pain
- ✓ Dental Pain
- ✓ Joint ache
- ✓ Backache

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