

**TITLE 1:** “Ask the Doctors”

**TITLE 2:**

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- Pharmaceutical treatment
- Better treatment

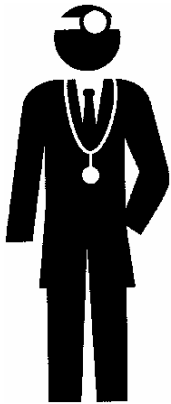
**ABSTRACT OVERVIEW:** Dr. Phillips discusses the positive and negatives of opiates in treating chronic pain.

**COPY OF ARTICLE:** Ask the Doctors

**Q.** *My mother was an RLS sufferer for many years. It tortured her as she also battled breast cancer. The chemotherapy made the RLS even worse. Only in the last several months of her life did she get complete relief from opiates, primarily morphine.*

*While I know that opiates have significant side-effects to be concerned with, I have to wonder how many people suffer greatly, needlessly, when opiates may be the appropriate treatment. Is the use of such drugs considered often enough when RLS is serious?*

**A.** Thanks for this important and difficult question. Frankly, I am not sure that opiates are used enough in lots of situations, particularly when patients have chronic pain or terminal illness. In addition to relieving pain, they also relieve anxiety and shortness of breath. Many patients fear pain worse than death, and some patients with chronic or terminal illness wish to die, simply because the pain is inadequately treated. On the other hand, the physician’s first charge is to “do no harm.” With regard to RLS, this means several things:



1. Making sure that what you’re dealing with really is RLS, and not cramps, neuropathy, a neuromuscular disorder, Parkinson’s disease, etc.

2. Exhausting all behavioral approaches to treatment. Frankly, it is difficult to justify treating RLS symptoms with narcotics in a patient who cannot or will not participate in the treatment by quitting smoking, losing weight, reducing or eliminating caffeine, and getting regular exercise. These behavioral approaches can make a significant difference! I don’t think it is necessarily good medicine to escalate drug therapy to narcotics if the patient is not doing his or her part.

3. Exhausting all other more benign remedies. The list of medications to treat RLS is long, and different approaches work for different people. I encourage patients to read and to try different over-the-counter

approaches (magnesium in Maalox, for example) while trying pharmacologic approaches.

4. Ruling out and treating reversible causes of RLS symptoms, including side effects from drugs, anemia, renal failure, hypothyroidism, etc.

I must honestly say that it is a rare physician who will prescribe narcotics for a chronic, nonterminal condition that is more frequently associated with discomfort than with frank pain. Opiates are quite addicting. In addition, they affect judgment, greatly impair bowel function, depress respiratory drive, and make sleep-disordered breathing worse. I will confess to having two patients in my rather large RLS practice whom I treat with opiates (in the form of Tylenol #3). It took us a long time to get there, and they are using other drugs and behavioral therapies in combination with the opiates.

Thanks for a thought-provoking question.  
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