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Letter to the Editor

Opioid Analgesia for Medical Abortion

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We reviewed “Opioid Analgesia for Medical Abortion: A Randomized Controlled Trial” with significant interest to inform us as providers as well as our patients (1). The study aimed to examine the effectiveness of opioids for pain relief during medical abortion, a question studied by one prior clinical trial which compared ibuprofen and acetaminophen-codeine (2). Colwill et al claimed the conclusions of this prior study were “limited by underdosing of a weak opioid;” accordingly, they designed their study using a “strong opioid” targeting the “severe pain” of medical abortion (1). The study regimen included oxycodone 10-mg orally or placebo at the onset of uterine cramping with ibuprofen 800 mg (#9) and a prescription for oxycodone 5-mg tablets every 4 hours as needed for pain (#6). This trial found that the women experienced severe pain with peak levels lasting approximately 1 hour and no difference in maximal pain between the oxycodone and placebo groups.

The design and conclusions of their study fail to recognize the clinical distinction between acute and sub-acute pain. While oxycodone 5-10 mg every 4 hours is commonly used for sub-acute or chronic pain control, this is not routine management for severe acute pain. In this study, the most analgesia women received over one hour of acute pain was oxycodone 10 mg, equivalent to morphine sulfate 5 mg IV or IM. As a comparison, we provide term patients with contractions but not in labor morphine sulfate 10 mg IM just to go home and rest. Thus, this regimen is simply inadequate for acute pain.

We applaud the researchers for measuring the amount of pain that women experience acutely with medical abortion. We urge clinicians to provide adequate dosing of narcotics as would be given to any patient in an emergency room in an acute setting. Appropriate dosing would allow patients to use at least twice that dose for acute pain. We do not agree that this study demonstrates that narcotics are no better than placebo but, rather, that we are inadequately treating the acute pain that women can experience with medical abortion.

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