



Nonopioid Combination Formulations

DOI: 10.1177/01945998211027349

We read with great enthusiasm the new Clinical Practice Guideline “Opioid Prescribing for Analgesia After Common Otolaryngology Operations” and would like to thank Anne et al¹ for their recommendations on this important topic. Among surgical specialties, there has been a focus on reducing the role of opioids, and we wanted to mention that combination nonopioid preparations are also available, including combinations such as ibuprofen-acetaminophen 125 to 250 mg. Such multimodality formulations present an additional option to enhance adoption of opioid-sparing schemes. Furthermore, these may help address some of the common problems related to multimodal analgesic regimens. (1) Combination medication may allow for simplified dosing. This may be particularly helpful when the timing of multimodality therapy would otherwise interfere with sleeping through the night.² (2) A simple regimen may result in better patient adherence and thus analgesia with a lower likelihood of opioid use for breakthrough pain. In a study of postsurgical dental pain published in 2020, Searle et al³ found that ibuprofen-acetaminophen 250 to 500 mg provided superior efficacy to either individual medication alone, had an onset of pain relief less than one hour, and had a duration of therapy greater than 8 hours. We will be interested to see whether a selective COX inhibitor may be safely combined with acetaminophen in the future for individuals where platelet function is a concern. We expect that more nonopioid combination medications options will emerge in coming years.

One foreseeable concern is that longer periods between dosages of combination medications may lead to increased breakthrough pain as compared to multimodality treatment where dosing may be staggered and more frequent. To avoid opiates when possible, it will be important to discuss the details of a patient’s pain to more fully understand if it is related to lapses in control or insufficient overall control. Future trials comparing alternating regimens and simultaneous treatment will elucidate whether breakthrough pain increases with less frequent combination dosing.

We applaud the work of the Academy on these impactful guidelines and are excited to see these recommendations deemphasize opioid use while simultaneously improving pain control.

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Disclosures

Competing interests: None.

Sponsorships: None.

Funding source: None.

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In Response to: “Nonopioid Combination Formulations”

DOI: 10.1177/01945998211027354

We thank the authors for their commentary, “Nonopioid Combination Formulations,” and appreciate the effort to increase awareness on use of these combination formulations as a multimodal analgesia option. There is limited and conflicting evidence on efficacy of the combination medicines, and the data are limited on use of these medications in the postoperative time period.^{1,2} In addition, studies that have