



Sexual Dysfunction Common with Opioid Pain Relievers; Treatment Helps

Patients taking opioid analgesics for more than a month to relieve chronic pain can experience hormonal disturbances leading to sexual dysfunction. This paper from Pain Treatment Topics discusses the causes, diagnosis, and treatment of this problem.

Chicago, IL, April 15, 2008 --(PR.com)-- Unfortunately, chronic pain can also cause sexual problems. Yet, many patients suffer in silence, healthcare providers rarely ask about patients' sexual concerns, and guidance literature on the subject is relatively scarce. Ironically, the long-acting opioid medications prescribed to relieve patients' pains often are the source of their sexual dysfunction.

In an evidence-based commentary article for Pain Treatment Topics - "Opioid-Induced Sexual Dysfunction: Causes, Diagnosis, & Treatment" - Stephen Colameco, MD, MEd, discusses the problem and how healthcare providers can help their patients.

Considerable evidence suggests that long-acting opioids used on a daily basis for more than a month can reduce hormonal function in both men and women. Besides sexual dysfunction, symptoms can include weight gain, fatigue, depression, osteoporosis, and irregular menstrual cycles.

These problems can be treated, if they are properly diagnosed, but different approaches are needed in males and females. Colameco provides a number of recommendations:

>> Prior to the initiation of therapy, prescribers should inform patients that hormonal disturbances are common with higher dose, long-term opioid treatment.

>> After treatment is started, patients should be routinely evaluated for signs and symptoms of hormone deficiency, including sexual dysfunction.

>> When hormonal deficiency is suspected, appropriate laboratory testing should be ordered.

>> An important treatment in men often is testosterone supplementation. Topical, buccal, or transdermal formulations are preferred over intramuscular injections.

>> In women, testosterone treatment is controversial and supplementation with DHEA/DHEAS may be preferred due to its ability to raise hormone levels without significant side effects. Alternatively, rotation from one opioid medication to another may be effective.

In sum, opioid treatment is intended to reduce patients' pain, and to improve physical and social functioning. Opioid-induced hormonal deficiencies and associated sexual dysfunctions are common and often overlooked consequences of opioid therapy. If left untreated, they may negate the potential benefits of this analgesic. It is hoped that through a better understanding of these problems opioid therapy can be more effectively used in the treatment of chronic pain.



The complete article (8 pages) is available for free access at:
http://pain-topics.org/clinical_concepts/comments.php#Colameco

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