

THE ROLE OF NSAIDS AS ADJUVANT AND OPIOID SPARING ANALGESICS IN THE MANAGEMENT OF CANCER PAIN: A META-ANALYSIS

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Background: Many experts have long advocated the use of non-steroidal anti-inflammatory agents (NSAIDs) in the management of cancer pain; however, there is little evidence for this. We performed a meta-analysis of randomized controlled trials (RCTs) that compared the use of NSAIDs and No NSAIDs in the management of cancer pain.

Methods: We searched several electronic sources for articles published between 1966 and 2001, including the Cochrane Controlled Trials Register (CCTR), MEDLINE, and EMBASE. Relevant articles were retrieved through a manual review of references. No language restrictions were applied. A study was considered eligible for inclusion if it was a randomized controlled trial or a cross-over trial and examined the role of NSAIDs as adjuvant or opioid sparing analgesics in the management of cancer pain.

Results: We found seven studies that involved a total of 140 patients with cancer pain. Most of the included studies were cross-over studies, one of them was a parallel double blind RCT. Most of the included studies were of good quality on Jadad score (≥ 3). NSAIDs showed a statistically significant improvement in pain score by 14% (95% CI -26.72, -1.32) and a statistically significant reduction in opioid dose by 25.96% (95% CI -45.25, -6.68). NSAIDs did not show a statistically significant benefit in patients with cancer pain secondary to bone metastasis. We were not able to do a meta-analysis of the adverse effects, as they were not detailed in the included studies.

Discussion: The adjuvant analgesic and opioid sparing benefits of NSAIDs was not large enough to be used as a standard of care in the management of cancer pain. NSAIDs should not be added if opioids alone is well tolerated while achieving good level of analgesia.

Conclusion: NSAIDs do not have a clinically significant role in the management of cancer pain.