cyclic antidepressants (often used as an adjunct to pain management) or monoamine oxidase inhibitors.13

There is a role for opiates in arthritis pain management for elderly patients. The necessary dose is lower than for cancer pain management. Codeine, in combination with acetaminophen, is useful for moderate to moderately severe pain.13 In one trial of oxycodone, the drug maintained pain control at a stable dose for 18 months without evidence of tolerance or interference with ADLs. Oxycodone combined with acetaminophen given around the clock can significantly reduce pain intensity and improve quality of sleep.

Opioids are underused in OA management. Consider them especially for inflammatory OA flares when NSAIDs and acetaminophen provide insufficient control. In elderly patients, a bowel regimen is always necessary to prevent severe constipation. Other concerns include sedation, cognitive impairment and nausea.

Transdermal fentanyl (Duragesic) is a useful way to manage pain in some elderly people. Because of the ease of administration and because it is dosed every 3 days, many older adults find this treatment convenient. Fentanyl is temperature-dependent, and patients who are febrile absorb the drug more quickly.12 An oral formulation of fentanyl (Actiq) is available in the form of a lozenge whose active ingredient is absorbed in the buccal mucosa within 15 minutes. Pain relief starts within 5 minutes. The half-life of this preparation is 7 hours, compared with 17 hours for transdermal fentanyl.12

Certain pain drugs are contraindicated in elderly patients; these are listed in Table 4.

Other Treatments
A newer form of treatment for OA, an interleukin-1 beta inhibitor called diacerein, appears to slow the progression of OA of the hip.14 In a 3-year study of more than 500 patients, diacerein demonstrated no effect on OA symptoms but produced a 47% lower joint space loss (controversial significance). It did seem to improve function and pain level to a significant degree. This drug is not available in the United States at this time.

Neuropathic pain can occur with arthritis, especially in the neck and back. Topical capsaicin is recommended as initial therapy.12 The next step is a tricyclic antidepressant, such as desipramine or nortriptyline, or an anticonvulsant, such as gabapentin. Tramadol may be useful and opioids may be tried, but there are mixed reviews about their efficacy in neuropathic pain. For chronic moderately severe pain that impacts quality of life and doesn’t respond to one of these therapies, refer the patient to a pain clinic or consider

---

### Table 9
**Factors That Precipitate Gout**

- Diuretics
- Initiation of antihyperuricemic therapy (acute change)
- Intravenous heparin
- Cyclosporine
- Trauma
- Venesection
- Alcohol ingestion
- Foreign protein therapy
- Surgery
- Infections
- Dietary excess (obesity)
- Radiographic therapy
- Hemorrhage