



LETTERS

WHO ANALGESIC LADDER

WHO analgesic ladder and chronic pain: the need to search for treatable causes

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Ballantyne and colleagues' important message on the overuse of opioids in treating chronic pain is long overdue.¹ As they point out, opioids are usually ineffective and they have major potential complications. The end result may be to blur the distinction between symptoms related to complications, particularly addiction, and those related to the underlying illness.

There is another important dimension to the problem. Chronic pain is not a diagnosis. Following a treatment paradigm without investigating and understanding the cause of the pain means that specific and remediable causes may be neglected. Establishing the cause of chronic pain often allows targeted treatment. This is well illustrated in the case of neuropathic pain (caused by abnormalities in the somatosensory nervous system), which comprises about 17% of chronic pain.² We have found that the diagnostic yield of neurological examination, electrophysiology, imaging, and other investigations in establishing the site and cause of neuropathic pain, including several treatable conditions, is the same as in similar neurological conditions without neuropathic pain.³⁻⁵

Establishing the cause of chronic pain is not simply an intellectual exercise—it may lead to successful treatment of the pain by specifically tackling its causes.

Competing interests: None declared.

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