

The Utilization of Atypical Antipsychotics in the Pain Medicine Physician's Armamentarium

By Omar Viswanath

DEAR EDITOR

I read with great interest the recent article by Jimenez et al, A Systematic Review of Atypical Antipsychotics in Chronic Pain Management: Olanzapine Demonstrates Potential in Central Sensitization, Fibromyalgia, and Headache/Migraine.¹ The article states “many psychopharmacologic agents are used as primary or adjuncts in pain management. Atypical antipsychotics (AA) have also been used as adjuncts in pain management regimens in a variety of manners; however, their efficacy in this capacity is unclear. Few studies have been conducted to evaluate the analgesic effects of AAs. The collective findings of multiple studies evaluating olanzapine in pain syndromes suggest a high, yet preliminary level of evidence of efficacy, warranting prospective studies in various pain syndrome contexts.”

As a pain medicine physician, I too am cognizant that the shift in the medical world away from non-cancer pharmacologic treatment with opioids further emphasizes the need for alternative types of medicines to treat our chronic pain patients. Although I have been trained to be familiar in treating fibromyalgia, central sensitization, and migraines with psychopharmacologic agents including tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors such as duloxetine, and neuropathic medications including gabapentin, pregabalin, carbamazepine and topiramate, I am far less familiar and comfortable with atypical antipsychotics. Although we as providers know the definitive role of atypical antipsychotics in treating psychosis and mood disorders, we tend to rely on our psychiatrist colleagues to prescribe and treat with this category of medications.

Viswanath, MD, Harvard Medical School, Department of Anesthesiology, Critical Care, and Pain Medicine, Beth Israel Deaconess Medical Center, Boston, Massachusetts.

To whom correspondence should be addressed: Omar Viswanath, MD, Department of Anesthesiology, Critical Care, and Pain Medicine, Beth Israel Deaconess Medical Center, 330 Brookline Ave, Rabb-239, Boston, MA 02215. Phone: 630-881-9591; E-mail: oviswana@bidmc.harvard.edu, viswanoy@gmail.com

A lot of this unfamiliarity has to do with the few studies that have tried to assess the particular mechanism of analgesic action, efficacy and utility of atypical antipsychotics and their potential role in treating certain chronic pain disease states and thus their current lack of commonality in most pain providers pharmacologic treatment regimen. The authors' systematic review of studies revealed that certain atypical antipsychotics, particularly olanzepine, shows promise as an effective adjunct particularly with regards to treating headaches, migraines, and fibromyalgia conditions which are syndromes associated with both psychiatric comorbidity and with central sensitization.¹

Given this promise, it is imperative that there be further studies including randomized controlled studies to assess the preliminary promise to provide substantiated evidence for their potential role in certain chronic pain syndromes. In addition, it is my hope that this article will propagate discussion and confidence in pain medicine providers to consider adding olanzepine, if properly correlated to the risks and benefits, to specific chronic pain patient's regimen as a pharmacologic adjunct to ultimately provide better symptom and possibly analgesic relief of their chronic pain disease state. In addition, if a large majority of patients with fibromyalgia or headaches/migraines have concurrent psychological comorbidities including mood, anxiety and psychiatric disorders, treating this group with olanzepine can provide benefit to both the pain and mood disorder. ♣

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Viswanath

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COMPETING INTERESTS

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REFERENCES

1. Jimenez XF, Sundararajan T, Covington EC. A Systematic Review of Atypical Antipsychotics in Chronic Pain Management: Olanzapine Demonstrates Potential in Central Sensitization, Fibromyalgia, and Headache/Migraine. *Clin J Pain*. 2018 Jun;34(6):585–591.