平衡在分娩期间的阿片类药物处方

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在这期《麻醉学》杂志中，Bateman et al.¹ 提出了一项对美国私人群体数据库中阿片类药物处方行为的分析。从“InVision”数据库中提取的信息表明，医疗和处方信息来自美国私人群体。作者确定了分娩期间阿片类药物处方的高患病率（14%），并且表现出显著的地区性差异。大多数阿片类药物处方被识别为短期治疗，只有2.2%包括两个或更多的复方。

这项工作很重要，因为美国人群中分娩期间阿片类药物处方的绝对患病率比早期美国研究²,³或斯堪的纳维亚研究⁴–⁶中发现的要高得多。此外，地区性差异进一步表明了治疗母亲与儿童的风险之间的不同平衡。美国疼痛学会在20世纪90年代末推广了“疼痛作为第五重要体征”运动，美国卫生部⁷和美国卫生医疗机构认证委员会⁸于2000年采纳“疼痛作为第五重要体征”运动，以制定标准，通过筛查、评估和记录疼痛管理计划来改善疼痛治疗。

associations between codeine and other opioid use and birth defects including atrial and ventricular septal defects, hypoplastic left heart syndrome, spina bifida, and gastrochisis in newborns. It is not clear whether differences in study design between the large cohort trials and case control trials might play a role in the difference in findings. However, the findings from recent case control trials should play a role in consideration of the best treatment for maternal pain and risk to the fetus. Maternal treatment with opioids in the third trimester, near the time of birth, is clearly a risk factor for neonatal abstinence syndrome and requires careful attention by the pediatricians caring for the newborn to avoid associated morbidity.9

Pain is very common in pregnancy as a result of weight gain, postural change, hormonally induced ligamentous relaxation, and pelvic floor dysfunction. Other studies have suggested that low back pain and pelvic pain are present in two thirds and one fifth of pregnancies, respectively, and are potentially improved by exercise and acupuncture.10 Approximately 10% of the total prescriptions in the Bateman cohort were related to surgical procedures and approximately 1% was for women who were chronically using opioids before pregnancy. If opioids are considered obligatory for those patients, the remaining 89% of patients might consider alternative means for pain management. The majority of the indications for opioid treatment in the Bateman cohort were back pain (37%), abdominal pain, migraine, joint pain, and fibromyalgia, pain syndromes that are not particularly opioid responsive and are amenable to treatment with other drugs including nonsteroidal antiinflammatory drugs, physical and psychological therapy.

The use of nonsteroidal antiinflammatory drugs during pregnancy has been considered a risk factor for congenital malformation, but a recent study of more than 90,000 Norweigan mother–child pairs did not identify any increase in the risk for congenital malformation.11 Nonsteroidal antiinflammatory drugs are used not only for pain but also for tocolysis later in pregnancy. Use of these drugs after 30 weeks of gestation is associated with 15-fold higher risk of premature closure of the ductus arteriosus before birth which can be complicated by persistent pulmonary hypertension.12 The use of other drugs and treatments for pain management is not studied in this cohort; therefore, we do not know whether the opioids were prescribed after failure of other therapy.

The findings by Bateman et al. suggest that at least in some areas of the United States, the balance between inadequate pain management for the mother and risk to the fetus has shifted. Current studies continue to raise the specter of a small increased relative risk and benefits of the available therapies for pain management in pregnancy and lactation. Minerva Anestesiolog 2013 [Epub ahead of print]

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