Article:
Provider Perspectives on Topical Analgesics

Smith MA, Cho K, Rodgers P


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Review: Respondents included faculty prescribers (64.6%) and non-faculty/resident prescribers (35.4%). The patch was more commonly prescribed as compared to cream. Lidocaine was used more commonly than NSAIDs (though lidocaine was also more easily available); morphine was only rarely used. Most commonly reported reason for prescribing topical analgesics was anecdotal experience.

Strengths: Analyzed prescribing patterns from a variety of specialties. 240 respondents.

Weaknesses: Based out of a single large academic medical centre in Michigan so may be influenced by local practice/prescribing trends. Varying availability of topical analgesics – ex. lidocaine available without restriction, NSAIDs not on the inpatient formulary, and topical morphine restricted to particular prescribers. Different availabilities of topical analgesics may strongly influence prescribing practices at different locations. No demographics on patients being treated. Aside from specialty and training level, no other demographics on prescribers. Data was collected via survey rather than direct collection of data for prescribed medications. Survey response rate was only 15% which may introduce selection bias. Not documented which prescriptions were inpatient vs outpatient. Article states their institution has clinical practice guidelines and chronic pain guideline but does not elaborate what is included/recommended in those guidelines. Survey for participants was not included. No timeframe of the survey was specified.

Relevance to Palliative Care:
Pain is a very commonly encountered symptom in palliative care and there remains a lack of data on topical treatments for pain. This may provoke some discussion on when topical treatment may be an option and to stimulate discussion on what is influencing prescribing practices (i.e., availability of topical formulations; anecdotal vs evidence-based). This will hopefully highlight the need for more research into the utility of topical analgesics and evidence-based treatment guidelines.