

Intrathecal analgesics

Intrathecal drug therapy has been established as an effective **treatment** option for patients with **chronic pain** of **malignant** or non-malignant origin, with an established safety profile and fewer **adverse effects**, compared to **oral** or **parenteral pain medications**. **Morphine** (a μ -opioid receptor agonist) and **ziconotide** (a non-opioid **calcium channel antagonist**) are the only IT agents approved by the US **Food and Drug Administration** for **chronic pain treatment**. Although both are considered first-line IT therapies, each drug has unique properties and considerations.

A review of Chalil et al. will evaluate the pivotal **trials** that established the use of morphine and ziconotide as first-line IT therapy for patients with chronic pain, as well as safety and efficacy data generated from various retrospective and prospective studies.

Morphine and ziconotide are effective IT therapies for patients with chronic malignant or non-malignant pain that is refractory to other interventions. IT **ziconotide** is recommended as first-line therapy due to its efficacy and avoidance of many adverse effects commonly associated with opioids. The use of IT morphine is also considered first-line; however, the risks of **respiratory depression**, withdrawal with drug discontinuation or pump malfunction, and the development of tolerance require careful patient selection and management ¹⁾.

¹⁾
Chalil A, Staudt MD, Harland TA, Leimer EM, Bhullar R, Argoff CE. A safety review of approved intrathecal analgesics for chronic pain management. Expert Opin Drug Saf. 2021 Feb 15. doi: 10.1080/14740338.2021.1889513. Epub ahead of print. PMID: 33583318.

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