

# WHO Analgesic Ladder

The [opioid](#) epidemic challenges current attitudes toward [pain management](#) and necessitates the reexamination of the [World Health Organization](#) (WHO) 3-step analgesic ladder, introduced in 1986 for [cancer pain](#) management.

WHO has developed a three-step “ladder” for [cancer pain](#) relief in adults. If [pain](#) occurs, there should be prompt oral administration of drugs in the following order: nonopioids ([aspirin](#) and [paracetamol](#)); then, as necessary, mild opioids ([codeine](#)); then strong opioids such as [morphine](#), until the patient is free of pain.

To calm fears and [anxiety](#), additional drugs – “adjuvants” – should be used.

To maintain freedom from pain, drugs should be given “by the clock”, that is every 3-6 hours, rather than “on demand” This three-step approach of administering the right drug in the right dose at the right time is inexpensive and 80-90% effective. Surgical intervention on appropriate nerves may provide further pain relief if drugs are not wholly effective.

Surgical treatment of pain is a logical extension of the original [guideline](#), which is often absent in conversations with patients about treatment options for their pain and consequentially underutilized. However, with concerns growing regarding opioid use, a shift in the stepwise approach of the WHO analgesic ladder in an age of developing technology and surgical offerings could have profound implications for patients and [public health](#). Surgical interventions potentially provide a long-term, cost-effective management strategy to reduce opioid use. A review of canvasses surgical options, highlights literature on failed back surgery syndrome and spinal cord stimulation and reconsiders the current ladder approach to pain management <sup>1)</sup>.

<sup>1)</sup>

McGuire LS, Slavin K. Revisiting the WHO Analgesic Ladder for Surgical Management of Pain. AMA J Ethics. 2020;22(1):E695-E701. Published 2020 Aug 1. doi:10.1001/amajethics.2020.695

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