(e.g., gabapentin, carbamazepine, clonazepam) for neuropathic pain (Rastogi and Campbell, 2014). Other medications commonly prescribed include stool softeners and laxatives for constipation, antiemetics for nausea and vomiting, diphenhydramine for itching, steroids for inflammation and bone pain, and dextroamphetamine and caffeine for possible increased pain and sedation (Table 5-9).

## Safety Alert

The use of placebos to determine whether the patient is having pain is unjustified and unethical; a positive response to a placebo, such as a saline injection, is common in patients who have a documented organic basis for pain. Therefore the deceptive use of placebos does not provide useful information about the presence or severity of pain. The use of placebos can cause side effects similar to those of opioids, can destroy the patient's trust in the health care staff, and raises serious ethical and legal questions. The American Society of Pain Management Nursing has issued a position statement against the use of placebos to treat pain (Amstein, Broglio, Wuhrman, et al, 2011).

TABLE 5-8
Coanalgesic Adjuvant Drugs

| D               | D                   | T. 1' C       | C                                      |
|-----------------|---------------------|---------------|----------------------------------------|
| Drug            | Dosage              | Indications   | Comments                               |
| Antidepressants |                     |               |                                        |
| Amitriptyline   | 0.2-0.5 mg/kg PO    | Continuous    | Provides analgesia by blocking         |
|                 | hs                  | neuropathic   | reuptake of serotonin and              |
|                 | Titrate upward by   | pain with     | norepinephrine, possibly slowing       |
|                 | 0.25 mg/kg q 5-7    | burning,      | transmission of pain signals           |
|                 | days prn            | aching,       | Helps with pain related to insomnia    |
|                 | Available in 10-    | dysesthesia   | and depression (use nortriptyline if   |
|                 | and 25-mg tablets   | with insomnia | patient is oversedated)                |
|                 | Usual starting      |               | Analgesic effects seen earlier than    |
|                 | dose: 10-25 mg      |               | antidepressant effects                 |
| Nortriptyline   | 0.2-1.0 mg/kg PO    | Neuropathic   | Side effects include dry mouth,        |
|                 | AM or bid           | pain as above | constipation, urinary retention        |
|                 | Titrate up by 0.5   | without       |                                        |
|                 | mg q 5-7 days       | insomnia      |                                        |
|                 | Maximum: 25         |               |                                        |
|                 | mg/dose             |               |                                        |
| Anticonvulsants |                     |               |                                        |
| Gabapentin      | 5 mg/kg PO hs       | Neuropathic   | Mechanism of action unknown            |
|                 | Increase to bid on  | pain          | Side effects include sedation, ataxia, |
|                 | day 2, tid on day 3 | •             | nystagmus, dizziness                   |
|                 | Maximum: 300        |               |                                        |
|                 |                     |               |                                        |