

The role and position of antipsychotics in managing chronic pain

Department of Anesthesiology and Pain Medicine, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Korea

Young Hoon Kim

Chronic pain has a close relationship with several psychiatric conditions, such as anxiety, depression, and sleep disturbance. Because chronic pain is an important factor in both the occurrence and the persistence of psychiatric problems, and vice versa, its proper psychopharmacological management might be a meaningful treatment for improving patients' quality of life [1].

A pharmacological focus on antidepressants and anxiolytics is relatively well-known and well-established in pain management [1,2]. Antidepressants and anxiolytics could contribute to pain reduction as well as to the improvement of coexisting anxiety, depression, or sleep disturbance. When antipsychotics are used in the treatment of accompanying psychiatric conditions such as schizophrenia, major depressive disorder, and bipolar disorder, their analgesic properties may help lower the severity of chronic pain as adjuvant analgesics. However, the use of antipsychotics in pain management is still under debate, because of the low quality of evidence regarding the efficacy of antipsychotics in improving pain, sleep disturbance, depression, and anxiety.

The effect of antipsychotics has been studied in the treatment of headaches, post-herpetic neuralgia, trigeminal neuralgia, and fibromyalgia [3]. While antipsychotics

showed some potential for analgesic properties, their major adverse reactions such as extrapyramidal symptoms (acute dystonia, pseudo-parkinsonism, akathisia, and tardive dyskinesia), anticholinergic effects, and prolactin elevation are associated with the limitation of their use, especially in the use of typical antipsychotics (the first generation antipsychotics) [3-5]. Nowadays, atypical antipsychotics, also referred to as second generation antipsychotics, which are known to have fewer extrapyramidal side effects and additional benefits, are available. This novel group of antipsychotics needs to be investigated for their analgesic potential.

In this issue of *The Korean Journal of Pain*, Shin et al. [6] reviews the classification and the pharmacology of antipsychotics including their mechanisms of action, clinical applications, and adverse reactions. Even though there is limited evidence regarding the efficacy of antipsychotics in the management of chronic pain conditions, this review article would be the cornerstone for pain physicians to take note of the role of antipsychotics. Control of chronic pain using atypical antipsychotics can be expected to have an opioid-sparing effect and to improve many of the coexisting psychiatric conditions associated with chronic pain. Further studies are warranted on atypical antipsychotics

Received December 11, 2018. Accepted December 12, 2018.

Correspondence to: Young Hoon Kim

Department of Anesthesiology and Pain Medicine, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, 222 Banpo-daero, Seocho-gu, Seoul 06591, Korea

Tel: +82-2-2258-1330, Fax: +82-2-537-1951, E-mail: aneyh@catholic.ac.kr

© This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Copyright © The Korean Pain Society, 2019

for pain management, and for the treatment of co-occurring psychiatric conditions.

REFERENCES

1. Khouzam HR. Psychopharmacology of chronic pain: a focus on antidepressants and atypical antipsychotics. *Postgrad Med* 2016; 128: 323–30.
2. Cheatle MD, Foster S, Pinkett A, Lesneski M, Qu D, Dhingra L. Assessing and managing sleep disturbance in patients with chronic pain. *Anesthesiol Clin* 2016; 34: 379–93.
3. Seidel S, Aigner M, Ossege M, Pernicka E, Wildner B, Sycha T. Antipsychotics for acute and chronic pain in adults. *Cochrane Database Syst Rev* 2013: CD004844.
4. Walitt B, Klose P, Üçeyler N, Phillips T, Häuser W. Antipsychotics for fibromyalgia in adults. *Cochrane Database Syst Rev* 2016: CD011804.
5. Seehusen DA, Bain R. Antipsychotics for fibromyalgia in adults. *Am Fam Physician* 2017; 96.
6. Shin SW, Lee JS, Abdi S, Lee SJ, Kim KH. Antipsychotics for patients with pain. *Korean J Pain* 2019; 32: 3–11.