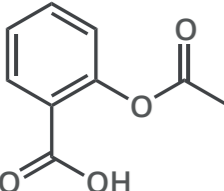
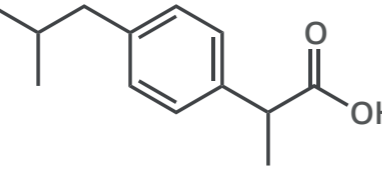
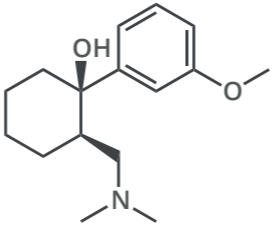
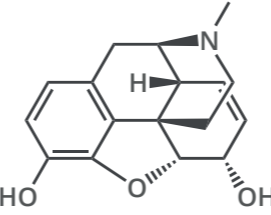
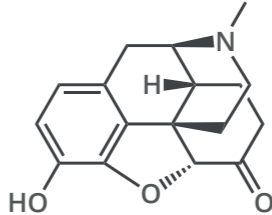
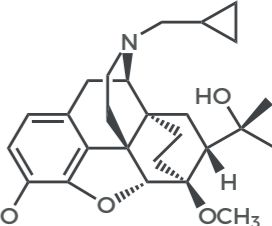
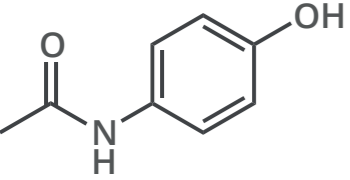
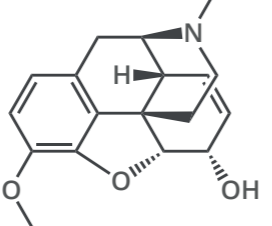
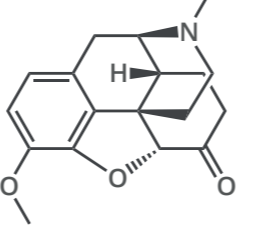
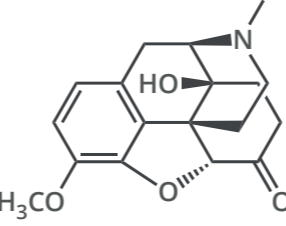
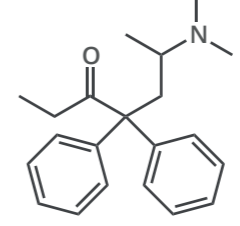
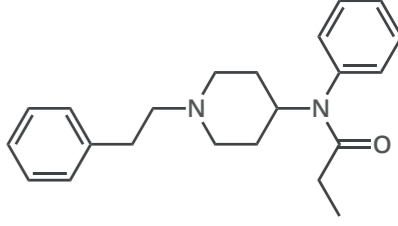


A BRIEF GUIDE TO SELECTED COMMON PAINKILLERS

THERE ARE TWO MAIN CLASSES OF PAINKILLERS - PARACETAMOL IS AN EXCEPTION. **Key:** **N** NON-STEROIDAL ANTI-INFLAMMATORY DRUGS **P** PARACETAMOL **O** OPIOID ANALGESICS

<p>N ASPIRIN</p> <p>MORE COMMONLY PRESCRIBED FOR BLOOD CLOT PREVENTION</p>  <p>Salicylate drug</p> <p>TRADE NAMES Aspirin, Acuprin, Ecotrin</p> <p>Inhibits cyclo-oxygenase enzymes, (COX) preventing formation of prostaglandins and reducing inflammation & pain.</p>	<p>N IBUPROFEN</p> <p>POTENTIAL FOR SERIOUS SIDE EFFECTS LESS THAN OTHER NSAIDS</p>  <p>A phenylpropanoic acid</p> <p>TRADE NAMES Advil, Nurofen, Motrin, Brufen</p> <p>Exact mode of action unknown. However, it is known to inhibit COX enzymes, and thus the formation of prostaglandins.</p>	<p>O TRAMADOL</p> <p>METABOLISED IN THE BODY TO A MORE POTENT OPIOID</p>  <p>Synthetic opioid</p> <p>TRADE NAMES Ryzolt, Tramal, Ultram</p> <p>Binds to opioid receptors in the central nervous system, & inhibits noradrenaline & serotonin reuptake, inhibiting pain transmission.</p>	<p>O MORPHINE</p> <p>THE FIRST INDIVIDUAL PLANT ALKALOID EVER ISOLATED</p>  <p>Naturally-occurring opioid</p> <p>TRADE NAMES MS Contin, Oramorph, Sevredol</p> <p>Precise mechanism unknown; binds to opioid receptors in the central nervous system responsible for transmitting pain.</p>	<p>O HYDROMORPHONE</p> <p>MOSTLY USED INTRAVENOUSLY IN A HOSPITAL SETTING</p>  <p>Semi-synthetic opioid</p> <p>TRADE NAMES Palladone, Dilaudid</p> <p>Precise mechanism unknown; binds to opioid receptors in the central nervous system responsible for transmitting pain.</p>	<p>O BUPRENORPHINE</p> <p>ALSO COMMONLY USED TO TREAT OPIOID DEPENDENCE</p>  <p>Semi-synthetic opioid</p> <p>TRADE NAMES Suboxone, Subutex, Zubsolv</p> <p>Precise mechanism unknown; binds to opioid receptors in the central nervous system. Also has potent local anaesthetic properties.</p>
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<p>P PARACETAMOL</p> <p>A.K.A ACETAMINOPHEN, OR TYLENOL IN THE USA</p>  <p>Antipyretic analgesic</p> <p>TRADE NAMES Acetaminophen, Tylenol, Panadol</p> <p>Mode of action not well understood; it's thought it may act in a similar manner to aspirin, but also have effects in the brain.</p>	<p>O CODEINE</p> <p>THE MOST WIDELY USED OPIATE IN THE WORLD</p>  <p>Naturally occurring opioid</p> <p>TRADE NAMES Co-codamol (with paracetamol)</p> <p>Precise mode of action unknown; binds to opioid receptors in the central nervous system responsible for transmitting pain.</p>	<p>O HYDROCODONE</p> <p>AROUND 99% OF WORLDWIDE SUPPLY CONSUMED IN THE USA</p>  <p>Semi-synthetic opioid</p> <p>TRADE NAMES Vicodin (with paracetamol)</p> <p>Precise mode of action unknown; binds to opioid receptors in the central nervous system responsible for transmitting pain.</p>	<p>O OXYCODONE</p> <p>ONE OF THE MOST ABUSED PRESCRIPTION OPIOIDS</p>  <p>Semi-synthetic opioid</p> <p>TRADE NAMES Roxicodone, OxyContin, Oxecta</p> <p>Precise mode of action unknown; binds to opioid receptors in the central nervous system responsible for transmitting pain.</p>	<p>O METHADONE</p> <p>COMMONLY USED TO PREVENT HEROIN WITHDRAWAL SYMPTOMS</p>  <p>Synthetic opioid</p> <p>TRADE NAMES Methadose, Dolophine, Symoron</p> <p>Precise mode of action unknown; binds to opioid receptors in the central nervous system responsible for transmitting pain.</p>	<p>O FENTANYL</p> <p>OFTEN USED FOR PAIN RELIEF DURING SURGICAL PROCEDURES</p>  <p>Synthetic opioid</p> <p>TRADE NAMES Actiq, Durogesic, Abstral</p> <p>Precise mode of action unknown; binds to opioid receptors in the central nervous system responsible for transmitting pain.</p>
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Note: Potency values are for oral administration. Numeric measures of potency are variable; the figures given are merely general approximations, and can be affected by a number of factors.

