Is there a revolutionary choice for non-opioid analgesia? Think outside of the box!

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Introduction

It can be challenging to manage an acute flare up of chronic pain in a patient on chronic opioid medications. The concern of unsatisfactory pain relief is very likely in the setting of opioid dependence and tolerance. Suzetrigine is a new Food and Drug Administration (FDA) approved non-opioid medication used to treat short-term acute pain in the moderate to severe pain severity range.

Methods

This paper is devoid of patient identifiable information and, therefore, exempt from IRB review requirements per institutional policy. Informed consent was obtained from the patient for this case report.

Case Report

74-year-old patient with chronic neck, shoulder, and arm pain of two-year duration now presenting after accidental mechanical ground level fall with acute worsening of previous pain sites as well as back and leg pain. The patient stated their pain was most prominent in the neck and shoulder, describing it as "tight as a rock" in addition to left radicular arm pain with numbness. Past medical history was notable for prostate cancer (status post radical prostatectomy and radiation), anterior cervical discectomy and fusion at C5-C7, and left cubital tunnel release.

Primary care and neurology had recently stopped bupropion and tramadol due to episodes of confusion and involuntary movement concerning for neurological adverse effects and possible seizures while traveling in Europe. Buprenorphine patch and pregabalin were continued.

Hydrocodone was initially prescribed for the acute flare up; however, hydrocodone was discontinued after a few doses due to a cloudy and foggy brain with increasing somnolence over 48 hours. We discussed using a non-opioid analgesic, like suzetrigine, to minimize further neurocognitive impairment. After the initiation of suzetrigine, the patient reported progressive improvement in their acute pain without the unpleasant systemic side effects associated with escalating opioid medications.

Discussion

Suzetrigine works by blocking pain-sensing nerves from transmitting pain signals to the spinal cord and brain. Suzetrigine's mechanism of action involves selectively blocking NaV1.8, a sodium channel on peripheral nociceptive sensory neurons. This inhibits pain signals bound for the spinal cord and brain while minimizing central nervous system adverse effects.

Suzetrigine is prescribed as 50 mg every 12 hours after an initial loading dose of 100 mg for a duration period of two weeks for acute pain. Suzetrigine should be avoided in patients with severe hepatic impairment, and concomitant use with strong CYP3A4 inhibitors is contraindicated. As an inducer of CYP3A4, suzetrigine may potentially reduce the efficacy of opioids that are CYP3A4 substrates, which include methadone, fentanyl, oxycodone, hydrocodone, and codeine.

References

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