

# Clinical Use of Tramadol and Impact of Potential Scheduling Recommendation on Access for Legitimate Medical Needs in Pain Treatment and Palliative care

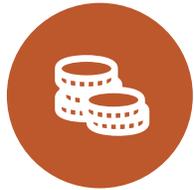
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WHO, GENEVA  
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# International Association for Hospice and Palliative Care (IAHPC)

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Public charity based in USA



In consultative status with the UN Economic and Social Council



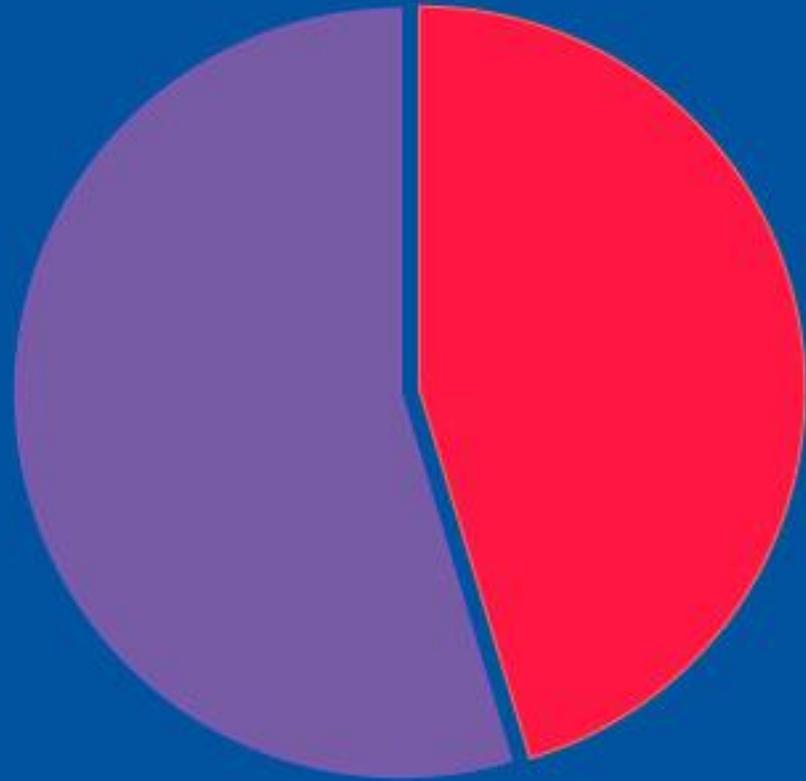
Dedicated to the development and advancement of hospice and palliative care to assure that any patient's and family caregiver's suffering is relieved to the greatest extent possible.



Global membership-based organization with >1,000 members worldwide.



In official relations with the World Health Organization since 2009



**Every year, 25.5 million people die with serious health-related suffering that requires palliative care. That is nearly half of all deaths.**

Over 80% live in low-income and middle-income countries where access is severely lacking.

*The Lancet* Commission on Global Access to Palliative Care and Pain Relief

# Aim of IAHPC Membership Survey

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- To explore the clinical use of tramadol and the impact that scheduling may have on access for legitimate medical needs in pain treatment and palliative care among IAHPC members who are licensed to prescribe opioids.

# Method

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- In October 2018 an online survey was sent to 672 physician prescribers worldwide and 470 participants responded (RR 70%).
- Participants represented providers in 74 countries, of which 134 were located in Lower-middle and Low-income countries and in all regions of the world.

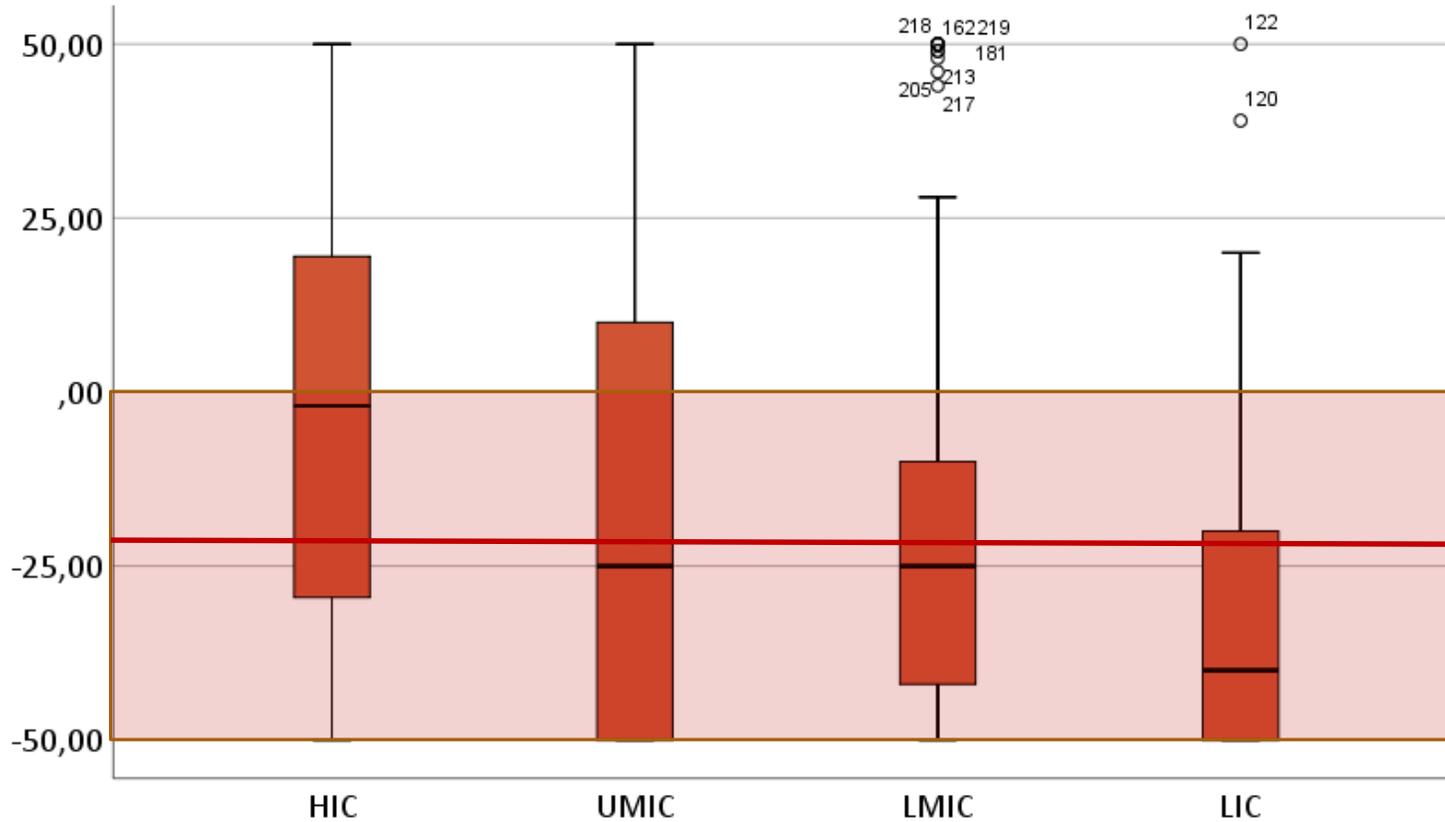
# Results: Clinical Use

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- 88% use tramadol for pain treatment
- 60% work full time in palliative care
- 41% prescribe tramadol daily and 32% at least once a week
- They prescribe tramadol for the treatment of mild to moderate pain (53%) and moderate to severe pain (43.4%)
- 4% of participants from 9 countries use it for all levels of pain, **having no other analgesic available.**

# Effect on Access to Pain Treatment if Tramadol is Placed Under International Control

Extremely positive



Extremely negative

Mean 72.0 ± 32.46  
(ANOVA, p≤0.000)



# Selected comments from the IAHPC survey

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# Morphine is Not Accessible

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“... we prescribe tramadol when there is no oral morphine...and for those patients who have no attendant to pick oral morphine from Hospice (the only dispensary for morphine), I prescribe for them tramadol.” (**Kampala, Uganda**)

“Morphine is only available in two sites among the whole country! In this dessert, tramadol is the only water.” (**Dhaka, Bangladesh**)

# Only Available Pain Medicine

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“In my country the access to effective pain control medication is very limited... (tramadol) it's all people have to attenuate pain while waiting for stronger or proper pain control.” (**Guatemala City, Guatemala**)

“It is the only drug which is accessible all over the country and many times the only one to treat people with severe pain, included cancer pain. If tramadol becomes controlled there will be hundreds of thousands without pain control” (**Mexico City, Mexico**)



Zainabu Sesay, at her home in Sierra Leone, receives hospice care, but no morphine is available to ease the pain of breast cancer. She can only receive tramadol and NSAIDs.

# Please, No More Restrictions

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“While we still strive for morphine, putting tramadol under regulatory control will have extremely negative impact on pain control and management. I believe that its fundamental right of each patient to live pain free life, and our role is to make it as easy and smooth we can make it. Please don’t complicate it.” (**Jamnagar, India**)

“Please do not put more barriers in access to pain treatment.” (**Ho Chi Minh City, Vietnam**)

# Please, No More Restrictions

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“Without access to weak opioids it would be difficult to treat pain effectively. The demand for strong opioids would increase and physicians who prescribe them would not have the capacity to treat everyone who needs their pain managed.” (**Beirut, Lebanon**)

“We already have too many restrictions to contend with. Do not let tramadol go the same way. Our patients already suffer a lot, don't increase the burden.” (**Petaling Jaya, Malaysia**)

# Consequences

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“This would create a humanitarian crisis” (translated from Spanish) (**Porlamar, Venezuela**)

“I hope this does not happen. The restrictions to morphine in our country is already too much such that access is a very big problem as it is.” (**Los Banos, Philippines**)

“Currently in Uganda a few class of medical professionals are allowed to prescribe class A drugs, yet many people are suffering in a lot of pain. If similar restrictions like morphine are put into place for tramadol, then many people will suffer the more.” (**Mbale, Uganda**)

# Conclusion

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Tramadol plays an extremely important role in palliative care and pain relief in countries around the world.

Placing it under international control would limit the access of millions of patients to pain treatment, especially in countries where there is limited or no access to other strong analgesics such as morphine.

# Recommendations

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Tramadol has been extensively reviewed by previous WHO ECDDs, which have consistently agreed that the reports of abuse and diversion *do not* merit international control and have recommended that governments experiencing high levels of non-medical use adopt appropriate *national* controls.

Many barriers to opioids for legitimate medical use remain in place - especially in LMIC and LIC.

Until these are eliminated to ensure availability and rational use for pain treatment and palliative care, we urge the members of the 41st ECDD to consider the ethical and public health implications of placing such a widely used pain medication under international control in the already acute global context of severe health related suffering.

# Thank you

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Additional information:

IAHPC

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<https://hospicecare.com>

