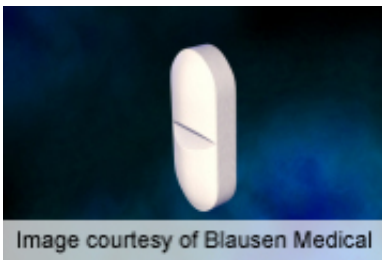


# Added corticosteroid deemed ineffective for cancer pain

July 16 2014

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(HealthDay)—The addition of methylprednisolone (MP) to opioid therapy does not appear to increase the analgesic effect for cancer pain, according to research published online July 7 in the *Journal of Clinical Oncology*.

Ørnulf Paulsen, M.D., of the Telemark Hospital Trust in Skien, Norway, and colleagues randomly assigned 50 adult patients receiving opioids for cancer pain to either [corticosteroid therapy](#) with MP or placebo (PL).

At day seven, the researchers observed no difference between the groups in pain intensity (MP, 3.60 versus PL, 3.68;  $P = 0.88$ ) or relative analgesic consumption (MP, 1.19 versus PL, 1.20;  $P = 0.95$ ). Patients receiving MP, compared with those receiving PL, experienced reduced fatigue (−17 versus 3 points;  $P = 0.003$ ), decreased appetite loss (−24 versus 2 points;  $P = 0.003$ ), and increased [patient satisfaction](#) (5.4 versus

2.0 points;  $P = 0.001$ ). No differences in adverse effects were observed between the groups.

"MP 32 mg daily did not provide additional analgesia in patients with cancer receiving opioids, but it improved fatigue, appetite loss, and patient satisfaction," the authors write. "Clinical benefit beyond a short-term effect must be examined in a future study."

**More information:** [Abstract](#)  
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