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The Management of Chronic Pain letter

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Dear reader

Nowadays morphine derivates have a dramatic impact on human health care and in public health care as well. The scope of the article *"The Management of Chronic Pain: Investigation of Strategies for Combining Drug Therapies for Optimal Efficacy, Safety, and Cost-Effectiveness"* is to write a study that can underline the safety, the efficacy, and the cost effectiveness of tramadol itself by comparing the drug combination with paracetamol against paracetamol only. It aims to criticise tramadol and its similar use. As paracetamol doesn't have any effect on chronic pain by itself. The article is comprehensive in all the details about clinical trial evaluation processes. It also evaluates the best type of clinical trial to assess the endpoints of the clinical test on chronic pain treatment. The randomised controlled trial is the king of clinical treatment compering. The endpoints are efficacy, safety, and cost-effectiveness. Their assessment aims to measure whether oral administering of paracetamol is more effective, safety and expensive than paracetamol by itself. The clinical test is based on Patient, Intervention, Comparison, Outcome and Time (PICOT) outlining method. On balance, randomised prospective crossover trial is a second possible alternative, but its washing period would spoil pain measurement definitively. It furtherly confirms that a randomised controlled double-blind trial with a ratio of 1:1, is the best clinical test for tramadol impact on chronic pain. Two approaches identify chronic pain, firstly the International Identification of Diseases realised by the World Health Organisation that considers 7 types of chronic pain such as 1 chronic primary pain, 2 chronic cancer pain, 3 chronic post-traumatic pain, 4 neuropathic pain, 5 chronic and orofacial pain, 6 chronic visceral pain, 7 chronic musculoskeletal pain. Secondly, pain measurement is also based on the McGill pain questionnaire which identifies promptly the severity and the intensity of pain by a questionnaire. Their outcome set the advantage measurement on the primary outcome (efficacy) by measuring the injury by the pathology type also giving the pathology type interaction by its level of pain. The second type of assessment aims to evaluate the level of pain through the comparison of the intervention. Secondary outcomes are ADRs (Adverse Drug Reaction) identification by their collection in both arms of the RCT (Randomised Controlled Trial) as well as possible drug interaction. Time is set on a medium rate of chronic pain duration. It extends the treatment to 135 days also calculating the cost-effectiveness features of tramadol treatment with the comparator. Data collection methods are based on outcomes collection itself. Most of the attention gets close to bias minimization considering random errors and systematic errors as well as observational errors and inclusion and attribution bias. It concludes that blinding and masking procedure thank to a double blinding procedure can minimise part of the bias in which investigators could incur during the data collection. The measurement is based on appropriate statistical methods. Significance is effectively assured by the appropriate sample size calculation, power evaluation, confidence interval and error margin attribution. Moreover, the ethical evaluation includes the principles that base the trial participants' designation on fundamental ethical principles that are basic for inclusion end exclusion criteria. In conclusion, public interest could measure the effectiveness of tramadol and its burdens against no opioid's treatment at all. It aims to assess public health maintenance and definitive efficacy and safety of chronic pain impact on human health.