

Medications to Use with Caution



If you've been injured at work, it's likely that you have one of the most common workplace injuries: muscle strains and sprains, fractures, or head injuries. In some cases, workplace stress can also cause or contribute to mental injuries such as depression or anxiety.

There are a variety of medications doctors prescribe to treat patients with these conditions. And while they may be effective, specific medications also come with safety risks and/or side effects for certain patients. If you are prescribed one of the following medications, it's important to know these risks and proceed with caution:

- **Antidepressants**
- **Benzodiazepines**
- **Buprenorphine**
- **Central Nervous System (CNS) Stimulants**
- **Gabapentinoids**
- **Opioids**
- **Sedative Hypnotics**
- **Skeletal Muscle Relaxants**



Antidepressants

Prescribed for: Depression, anxiety, PTSD, chronic pain

Examples: Amitriptyline, desipramine, imipramine, nortriptyline, paroxetine, duloxetine, venlafaxine

- **Side effects:** Blurred vision, dizziness, headache, constipation, problems with sex, weight change, and sleep changes. Note that different antidepressants have different side effects. The side effects listed here do not apply to all antidepressants.
- **Possible risks:** Antidepressants have the potential to worsen depression and risk of suicidal thinking and behavior specifically for children, adolescents, and young adults.
- **What to know:** If a doctor prescribes an antidepressant, they should have you go “low and slow” – start with the lowest dose and increase it slowly to avoid harmful effects. Recommended doses for pain management are generally lower than those for mood disorders. If you and your doctor decide that you will stop taking an antidepressant, they should slowly decrease your dose rather than stopping suddenly.

Benzodiazepines

Prescribed for: Anxiety disorders, panic disorder, seizures, alcohol withdrawal, sleep disorders, muscle spasms

Examples: Alprazolam, clonazepam, diazepam, lorazepam, temazepam

- **Side effects:** Dizziness, drowsiness, headache, fatigue, and upset stomach.
- **Possible risks:** Benzodiazepines can be dangerous when used with opioids, CNS depressants, or skeletal muscle relaxants. Safety risks include increased sedation, fall risk, breathing problems, and death. Benzodiazepines may cause dependence, meaning you can get addicted to them. You can also build a tolerance to them, meaning they stop having the desired effects.
- **What to know:** Benzodiazepines should be taken only as needed; continuous use is not recommended, especially if you are also taking an opioid. Do not stop the medication abruptly. Rather, work with your provider to determine a gradual dose reduction schedule to avoid withdrawal symptoms. Your doctor should prescribe the lowest dose for the shortest amount of time needed. If your doctor prescribes a benzodiazepine for the stress and anxiety of daily life, discuss safer alternative medications or non-medication treatment options such as talk therapy or meditation.

Buprenorphine

Prescribed for: Opioid use disorder, pain

Examples: Buprenorphine/naloxone, Belbuca (buccal film), Butrans (buprenorphine patches), sublocade

- **Side effects:** Constipation, headache, nausea/vomiting, dizziness, sleepiness, insomnia, sweating, dry mouth, tooth decay, muscle aches, fever, blurred vision, tremors, sweating, and disturbance in attention.
- **Possible risks:** Buprenorphine can be misused. Mixing other medications with buprenorphine or taking it in combination with alcohol, illegal drugs, or drugs that slow breathing (sedatives/tranquilizers) can lead to overdose and death.
- **What to know:** Buprenorphine is a certain type of opioid called a “partial opioid agonist” that is used to treat people with opioid use disorder and chronic pain. It is thought to be “safer” compared with traditional opioids, but it is important to know there are still serious risks.

CNS Stimulants

Prescribed for: ADHD, narcolepsy, obesity

Examples: Amphetamine/dextroamphetamine, phentermine, methylphenidate, modafinil, amphetamine, dexmethylphenidate, atomoxetine, lisdexamfetamine

- **Side effects:** Dizziness, headache, insomnia, increased blood pressure, increased breathing, irritability, depression, anxiety, loss of appetite, manic symptoms, panic attacks, restlessness, tremors, rapid heart rate, and weight loss.
- **Possible risks:** CNS stimulants carry the risk of addiction, overdose, and dependence. If you take them in large quantities or take them more often than needed, safety risks include panic attacks, hostility, paranoia, psychosis, violent behavior, and seizures. Combining CNS stimulants with benzodiazepines or opioids may lead to overdose. Additionally, mixing them with alcohol increases the risk of dehydration, kidney damage, and heart damage.
- **What to know:** Before taking a CNS stimulant, talk to your doctor if you have heart problems (including high blood pressure) or untreated hypothyroidism or glaucoma. CNS stimulants should not be used to treat the side effects of other medications, including CNS depressants.

Gabapentinoids

Prescribed for: Nerve pain, seizures, headaches

Examples: Gabapentin, pregabalin

- **Side effects:** Dizziness, sleepiness, weight gain, trouble concentrating, increased appetite, blurred vision, and dry mouth.
- **Possible risks:** When combining gabapentinoids with other CNS depressants (including opioids) that can slow your breathing, there is a risk of serious breathing difficulties that can lead to death. Drinking alcohol with gabapentin or pregabalin could increase sleepiness or dizziness.
- **What to know:** If you already have a breathing disorder (such as Chronic Obstructive Pulmonary Disease or asthma) or are elderly, talk to your doctor before taking a gabapentinoid. The side effects of gabapentinoids can be worse for older adults or those taking multiple medications. Patients with a history of drug addiction should use gabapentinoids with caution. Avoid driving or dangerous activity until you know how a gabapentinoid will affect you, as dizziness or sleepiness can cause falls or accidents.

Opioids

Prescribed for: Moderate to severe acute (short-term) pain, or pain from chronic conditions such as cancer

Examples: Codeine, fentanyl, hydrocodone/acetaminophen, morphine, oxycodone, tramadol, oxycodone/acetaminophen, tapentadol

- **Side effects:** Low blood pressure, sleepiness, constipation, nausea/vomiting, depression, confusion, and hormonal imbalance.
- **Possible risks:** Opioids have a very strong risk of addiction and misuse or abuse. High doses can lead to unintentional overdose and death. When used with other CNS depressants, benzodiazepines, or alcohol, they can also cause breathing difficulties and death. There is a risk of liver damage because opioids such as codeine and hydrocodone are commonly available in combination with acetaminophen. This is problematic if you are also taking over-the-counter products containing acetaminophen, such as Tylenol or cough/cold products.
- **What to know:** According to guidelines, the most appropriate use of an opioid is for sudden pain arising from an injury (acute pain), and you should take it for no more than four weeks following the injury. Opioids cause physical dependence, which can lead to withdrawal symptoms when the medication is stopped abruptly. The risk of addiction increases the longer you take an opioid. Your doctor should begin with a low dose, increase the dose slowly, and evaluate frequently to determine whether the opioid is still needed. Opioids are rarely appropriate for long-term (chronic) pain. Before considering an opioid, try safer alternatives such as Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) or acetaminophen.

Sedative Hypnotics

Prescribed for: Insomnia

Examples: Zolpidem, zaleplon, eszopiclone

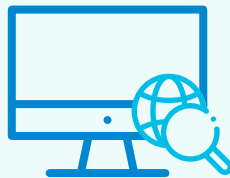
- **Side effects:** Drowsiness, memory or attention loss, increased fall or accident risk, dizziness, headache, and mild digestion disturbances.
- **Possible risks:** When misused, sedative hypnotics can lead to accidental overdose, which may result in severe side effects or death. Pre-existing medical conditions, such as liver and kidney disease, and older age can increase the risk of harmful effects, as can taking a sedative hypnotic in combination with other sedating medications. Certain sedative hypnotics may cause dangerous sleep behaviors, including sleepwalking, sleep driving, and engaging in other activities while not fully awake.
- **What to know:** For insomnia, short-term use (less than two weeks) is preferred. Whenever possible, alternative non-medications (such as proper sleep hygiene habits) and non-sedative-hypnotic medications should be considered first. Patients taking extended-release zolpidem should not drive or engage in other activities that require complete mental alertness the day after taking the drug.

Skeletal Muscle Relaxants

Prescribed for: Muscle spasms, musculoskeletal pain (sprains and sprains)

Examples: Carisoprodol, chlorzoxazone, cyclobenzaprine, metaxalone, methocarbamol, orphenadrine, tizanidine, baclofen

- **Side effects:** Dizziness, drowsiness, headache, blurred vision, dry mouth, and low blood pressure (tizanidine only).
- **Possible risks:** Specific muscle relaxants come with specific safety risks: Tizanidine may increase the risk of abnormal heart rhythms and cyclobenzaprine may cause a fast heart rate. When used with CNS depressants, safety risks for muscle relaxants include increased sleepiness and fall risk. Skeletal muscle relaxants also have toxic effects when combined with illegal drugs or alcohol.
- **What to know:** Muscle relaxants are not typically recommended for long-term use or for chronic (continuous) pain. Guidelines recommend using them for two to three weeks at most.



For more topics related to care of your workplace injury, see the Patient Central webpage at healthsystems.com/patient-central-educational-series 