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Tapentadol vs tramadol in pain control and tolerability of head and neck carcinoma patients

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Introduction
Pain is the major symptom in carcinoma patients to control, in head and neck carcinoma pain contributes to decreased appetite and malnourishment and dehydration, hence control of pain is a challenge and helps to improve performance and quality of life of carcinoma patients.

Aim
The aim of the study was to assess the pain control and tolerability between tapentadol and tramadol in head and neck carcinoma patients

Method and Materials
Two groups (40 patients in each group) of locally advanced head and neck squamous cell carcinoma treated with concurrent chemoradiation were taken. For pain control, Group-A had tapentadol 50mg twice daily if pain persisted dose were increased up 200mg per day, Group-B had tramadol 50 mg was given twice daily, if the patient had complaints of vomiting or sedation patients were given anti emetics and drugs were stopped and changed to duragesic patch or tablet. Morphine10 mg 4 th hourly. Pain was assessed by pain score, which is by facial expression of the patient as per WHO criteria.

Results
In group-A, of 40 patients 36 (90%) had good pain relief with pain score0-1 of which 31 patients showed pain relief with 50mg twice daily and 4 had dose escalation of 50mg four times daily , 1 patient showed skin allergy with good pain control, 4 patients were switched to tab. morphine 10gm every 4th hour. In group-B, 32 (80%) patients had good pain relief with pain score 0-1, of 32 patients 14 patients did not tolerate due to emesis or sedation in spite of good pain relief, 8 patients who did not have pain control were switched to duragesic patch 0.25mcg or tab. morphine 10mg every 4th hourly. Patients who developed symptoms were given antiemetics and supportive care.

Table1

Pain control	Group A	Group B
Good response	90%	80%
Poor response	10%	20%

Table 2

Adverse effect	Group A	Group B
Vomiting	0	30%
Giddiness	0	22%
Skin reaction	2.5%	0

Discussion

There was better response in pain control with tapentadol than tramadol, and another finding is that there is a better tolerabllity in patients taking tapentadol than tramadol. Vomiting and giddiness was present with considerable number of patients whi were given tramadol. Patients were to given anti emetic measures and supportive care.

Conclusion

Tapentadol statistically had better pain control than tramadol and was better tolerated by the patients without emesis and giddiness. But this study has to be expanded with more number of patients for a strong statistical significance and clinical data.

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