NSAIDs for Children

Too little high-quality research has been done to provide a solid basis for guidelines for pain relief in children.

1. If a child needs drug treatment for pain due to acute otitis media, soft-tissue injury, fracture or surgical removal of adenoids or tonsils, there is no evidence for a clinically relevant added value of NSAIDs relative to paracetamol.

2. Nor is there clinically relevant added value in combining NSAIDs with paracetamol or morphine, relative to paracetamol alone or paracetamol with codeine.

3. In the case of migraine there is some evidence that ibuprofen can be expected to be more effective than paracetamol after two hours, but the studies reporting this were of poor quality and were done in settings which bear little resemblance to routine medical practice.

4. There is some evidence for an association between the use of NSAIDs and exacerbations of asthma among toddlers.

5. The available evidence from randomised studies does not provide arguments for prescribing NSAIDs instead of paracetamol to children reporting acute pain.

6. Paracetamol remains the drug of first choice for medicinal pain relief in children.

7. The analgesic effect of NSAIDs should not be overestimated, as there is no evidence to support it.

Literature references


The literature refers to the Dutch text

Authors

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