chronickému užívání až vzniku závislosti. Pro zajištění efektivního managementu bolesti je nezbytné minimalizovat dávky opioidů, kombinovat je s non-opioidní formou farmakoterapie a vyhnout se monoterapii. Léčba musí být individualizovaná, zohledňující odlišnou toleranci každého pacienta a proměnlivou reakci na stejné dávky – tzv. farmakogenetický polymorfismus. To souvisí s možnou změnou farmakokinetiky léků u popáleninových úrazů, zejména v počátečních fázích léčby, kdy dochází k neustálým změnám cirkulujícího objemu v důsledku reakce na popáleninový šok a objemovou resuscitaci.

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