

# Tapentadol vs Tramadol — Printable Comparison Cheatsheet

Two atypical opioids compared side-by-side: strength, mechanism, DEA schedule, dosing, and clinical trade-offs.

## Side-by-Side Comparison

Feature	Tapentadol (Nucynta/Aspadol)	Tramadol (Ultram/ConZip)
Generic Name	Tapentadol	Tramadol
Brand Names	Nucynta, Aspadol, Palexia	Ultram, ConZip
Mechanism	Mu-opioid agonist + norepinephrine reuptake inhibitor (NRI)	Weak mu-opioid agonist + SNRI
Relative Potency	~2–3x stronger (between tramadol and morphine)	Weakest prescription opioid
Onset of Action	About 30 minutes	30–60 minutes
Duration (IR)	4–6 hours	4–6 hours
Active Metabolite	None — works directly	Yes (O-desmethyl via CYP2D6)
DEA Schedule	Schedule II	Schedule IV
Serotonin Syndrome Risk	Lower (minimal serotonin effect)	Higher (significant serotonin reuptake)
Seizure Risk	Lower	Higher, especially >400mg/day

## Strengths at a Glance

### Tapentadol (Nucynta/Aspadol)

- Stronger pain relief for moderate-to-severe pain
- Works directly — no CYP2D6 metabolism required
- FDA-approved (ER) for diabetic neuropathy
- Lower serotonin syndrome and seizure risk
- Less constipation at equivalent relief

### Tramadol (Ultram/ConZip)

- Milder option — often tried first
- Schedule IV — refills allowed
- SNRI activity helps mixed pain
- Widely available and inexpensive generic
- Decades of clinical use, well-known dosing

## Typical Dosing

### Tapentadol (Nucynta/Aspadol)

- Starting: 50mg every 4–6 hours (IR)
- Maximum: 600mg/day (day 1: 700mg)
- Aspadol 100mg = common single dose
- ER (nerve pain): 50–250mg twice daily

### Tramadol (Ultram/ConZip)

- Starting: 25–50mg every 4–6 hours (IR)
- Maximum: 400mg/day (300mg if >75 y)
- Tramadol 100mg = common moderate-pain dose
- ER: 100–300mg once daily

## Bottom Line

Tapentadol is roughly 2–3x stronger than tramadol and acts directly without needing liver conversion, making relief more predictable. Tramadol is milder and more accessible (Schedule IV vs II) but carries higher serotonin-syndrome and seizure risk and depends on CYP2D6 metabolism — about 7% of people are poor metabolizers who get little relief from it.

## Which Should You Choose?

### Choose Tapentadol (Nucynta/Aspadol) if

- Tramadol isn't relieving your pain adequately
- You have neuropathic (nerve) pain such as diabetic neuropathy
- You take SSRIs/SNRIs — lower serotonin risk
- You're a CYP2D6 poor metabolizer

### Choose Tramadol (Ultram/ConZip) if

- Your pain is moderate and being treated for the first time
- You want a lower-schedule medication with refills
- You have no history of seizures
- Cost is a major factor — generic tramadol is cheaper

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Educational reference only — not medical advice. Always follow your prescriber's directions. Full guide:

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