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Re-Thinking The Use Of Opioids For Chronic Pain: Update On The State Of The Research

THE EPIDEMIC REMAINS UNCHECKED

The evidence continues to mount regarding the epidemic of opioid overuse in this country. As of 2010, Americans made up 4.6% of the world's population, but used 80% of the world's opioid supply, 99% of the world's hydrocodone supply, and two-thirds of the world's illegal drugs. Opioid-related deaths have increased every year since the late 1990's, when concerted lobbying by pain advocacy groups and pharmaceutical companies succeeded in liberalizing the use of opioids for chronic pain. While overdose deaths among men have increased by 265%, the percentage increase in overdose deaths among women is at 400%. The total number of overdose deaths between 1999 and 2010 is close to double the number of US military casualties in the Vietnam War. Current estimates suggest that there are over 17,000 deaths by overdose annually, as well as countless nonfatal emergency room and hospital admissions, in addition to huge financial end emotional costs associated with skyrocketing substance abuse. It has been noted that the incidence of overdoses closely parallels the rate of opioid prescriptions, indicating that it is medically prescribed opioids that are being abused.

While promoters of opioids argue that these are due to diversion and misuse by people without a legitimate prescription, a review found that about two-thirds of overdoses occurred among patients who were being treated for pain and obtained their opioids from physician prescriptions.

STILL THE PREDOMINANT TREATMENT MODEL FOR PAIN

Despite this, opioids are still the most common treatment for patients with chronic pain. A 2013 study in the U.S. found that 30% of physician visits for back and/or neck pain resulted in a prescription for opioids. Opioids are the most common means of treatment for chronic pain-- as many as 90% of pain management patients in the U.S. receive opioids for chronic pain.

However, the crucial, yet often overlooked, fact is that to date there are no studies documenting any benefit to chronic pain patients from long-term opioid use. Fifty percent of patients who take opioids daily for 90 days are still taking them daily five years later—and the evidence indicates that they are still experiencing high levels of pain and a poor quality of life. Research suggests that patients treated with opioids demonstrate poorer function and greater delays in returning to work, or no return to work at all, compared to those who are not prescribed opioids. It has been proposed that this could be due in part to pharmacological tolerance or to opioid-induced hyperalgesia, leading to further physical disuse and loss of function.

The evidence of benefit offered by proponents of opioids is largely anecdotal. There have been no controlled studies of long-term opioid treatment. While there have been some short-term observational studies documenting moderate analgesia, these have failed to show any evidence of improved function and quality of life.

A recent NIH workshop (NIH Pathways to Prevention Workshop: The Role of Opioids in the Treatment of Chronic Pain, held in September 2014) gathered various researchers and clinicians but did not arrive at any clear consensus on guidelines for opioid prescription despite these data.

Proponents of opioids argued that doctors have an ethical obligation to provide opioids for patients with chronic pain. However, as noted by Sullivan and Howe in a recent review, published in 2013 in the journal **Pain,** this argument "is not complete without proof that opioid treatment can provide lasting pain relief." (Sullivan and Howe, 2013).

Pain researcher Daniel Clauw, MD, of the University of Michigan, noted that the effectiveness and safety of opioids have never been proven. He argued that if opioids were a newly developed class of drugs they would probably not be considered for FDA approval as a treatment for chronic pain.

Another deleterious and important consequence of the use of of opioids as a first, if not only, tool in the medical armamentarium for chronic pain is that they get used in place of more comprehensive and appropriate treatments with documented efficacy.

Dr. Jane Ballantyne noted at the NIH workshop that opioids have essentially become "a distraction from the effective management of chronic pain." Patients are frequently treated with opioids to the neglect of established efficacious therapies including exercise, cognitive-behavioral and rehabilitative interventions.

EPIDEMIOLOGICAL DATA

The goal of opioid prescription is presumably to allow pain sufferers to experience improved pain control and resume some semblance of normal life and function. However, large-scale epidemiological studies conducted in Europe revealed inferior outcomes with opioid use. One study of over 10,000 patients in Denmark showed that patients who took opioids for non-cancer pain reported higher levels of pain, poor self- rated health, elevated levels of unemployment, lack of leisure-time physical activity, greater use of health care, and a lesser quality of life. Consistent with clinical observations noted earlier, a large-scale study from Norway revealed that three quarters of people using opioids persistently reported severe or very severe pain in spite of their supposedly analgesic medication.

CHANGES UNDERWAY AS A RESULT OF RECENT EVIDENCE

As a result of recent reviews failing to find any evidence for the benefits trumpeted by proponents of opioids, there have been numerous calls for institutional changes regarding access to opioids throughout the United States.

The State of Washington has been at the vanguard, establishing legislation that offers best practices guidelines for opioid prescribing based on evidence about the increased risks associated with long-term opioid use, and particularly with long-acting and high-dose opioids. Other states are also working toward adopting similar guidelines. On December 26, 2014, Michigan's Workers' Compensation Agency implemented new rules preventing reimbursement for opioid treatment beyond 90 days for non-cancer related chronic pain unless physicians meet detailed reporting requirements.

The FDA recently revised its scheduling of hydrocodone products from Schedule III to Schedule II, limiting somewhat ease of access.
In addition to the FDA, the DEA and the White House Office of National Drug Control Policy has provided additional national guidance related to the opioid epidemic.

The American Academy of Neurology (AAN) published a position paper on opioids for chronic pain, in which they effectively argued for a substantial reduction in the nationwide prescription of opioids. Among their recommendations, they proposed avoiding entirely the use of opioids for chronic back pain, fibromyalgia, or headache, given that the risks exceed the potential benefits.

They also argued for:

- the use of opioid treatment agreements
- random urine drug screening to monitor for diversion and unprescribed substances
- avoiding the concomitant prescription of benzodiazepines or sedative-hypnotics
- tracking pain and function to assess tolerance and effectiveness
- tracking daily morphine equivalent dose (MED) and seeking help if the MED reaches 80-120 mgs and pain or function have not improved
- using state prescription drug monitoring programs to monitor all controlled substances

They state further that "opioid therapy should be only part of a multifaceted approach to pain management."

At The Rehab Center, we continue to champion a comprehensive interdisciplinary treatment model for chronic pain consistent with these findings, emphasizing positive coping, improvements in function and emotional status, and decreasing reliance on medications.

The Rehab Center welcomes referrals for all of its various services by phone, (704) 375-8900, fax, (704) 335-7178, or online.

The website, www.TheRehabCenter.com, has a handy online referral form, or you may contact the Program Coordinator, Cristy Dyar, directly at CDyarCDyar@TheRehabCenter.com

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