

**Opioids for chronic non-cancer pain:  
A position paper of the American Academy of Neurology**

***Neurology***  
**September 30, 2014; Vol. 83; pp. 1277-1284**

Gary M. Franklin, MD, MPH

From the Departments of Occupational and Environmental Health Sciences, Neurology, and Health Services, University of Washington, Seattle.

The Patient Safety Subcommittee of the American Academy of Neurology requested a review of the science and policy issues regarding the rapidly emerging public health epidemic of prescription opioid-related morbidity and mortality in the US:

The commonly used opioids listed in this article include (oral/transdermal):

Morphine	Codeine	Fentanyl
Hydrocodone	Hydromorphone	Oxycodone
Oxymorphone		

**KEY POINTS FROM THIS ARTICLE:**

- 1) "Over 100,000 persons have died, directly or indirectly, from prescribed opioids in the United States since policies changed in the late 1990s."
- 2) "The total number of opioid-related deaths in the United States (>100,000 between 1999 and 2010) far exceeds the number of US military casualties in the Vietnam War (58,000)."
- 3) "Opioid-related deaths have increased dramatically since the late 1990s, reaching 16,651 deaths in 2010, constituting a national epidemic and public health emergency."
- 4) "In the highest-risk group (age 35–54 years), these deaths have exceeded mortality from both firearms and motor vehicle accidents."
- 5) By 2005, opioid deaths "exceeded deaths from both firearms and motor vehicle accidents in persons aged 35–54 years."
- 6) Fifty percent of patients taking opioids for 3 months are still on opioids 5 years later, indicating physical dependence and addiction.
- 7) Although opioid pain drugs give short-term pain relief, the pain relief is NOT maintained.
- 8) Opioid pain drugs do NOT give "improved function over long periods of time without incurring serious risk of overdose, dependence, or addiction."

- 9) Prior to the latter part of the 1990s, the use of long-term opioid therapy for chronic non-cancer pain (pain lasting > 3 months) was prohibited.
- 10) Pain advocacy groups and pain specialists successfully lobbied state Medical Boards and legislatures to lift the prohibition on opioid use in the chronic non-cancer pain population. In the late 1990s laws allowed a dramatic liberalization in the use of opioids for chronic non-cancer pain. Some of the organizations and individuals involved in the lobbying efforts have recently come under investigation both in the press and in the US Senate.
- 11) A rise in deaths related to unintentional poisoning from prescription opioids was first reported within 2 years of the change in the law.
- 12) Incredibly, when the opioid pain drug laws were liberalized, there was no ceiling on dose: "No disciplinary action will be taken against a practitioner based solely on the quantity and/or frequency of opioids prescribed." **[Crazy]**
- 13) There is No evidence from clinical trials that opioids could be safely and effectively used in patients with chronic non-cancer pain.
- 14) Opioids are not recommended in treating tension headaches.
- 15) Most of the randomized controlled trials used to advocate for the use of long-term opioid pain drugs were shorter than 4 weeks, and none were longer than a few months. Thus, "there is no substantial evidence for maintenance of pain relief over longer periods of time, or significant evidence for improved physical function."
- 16) Studies show that long-term use of opioid pain drugs causes them to lose their analgesic effect because of drug tolerance or opioid-induced hyperalgesia. This tolerance cannot be overcome by dose escalation.
- 17) The use of opioid drugs on low back-injured workers does not cause meaningful improvement in pain and function. **[Important]**
- 18) Adverse events most commonly reported from opioid use include constipation, nausea and vomiting, dizziness, and drowsiness.
- 19) Serious long-term adverse events from opioid use include inhibition of endogenous sex hormone production, hypogonadism, infertility, immunosuppression, falls / fractures, neonatal abstinence syndrome, cardiac issues including prolonged QT, sleep-disordered breathing, opioid-induced hyperalgesia, nonfatal overdose hospitalizations, emergency department visits, and death from unintentional poisoning.
- 20) When workers are given opioids for low back injuries, there is a doubling of the development of long-term disability.

- 21) "Increasing opioid doses are strongly related to large increases in risk of overdose morbidity and mortality." **[increased by 270-360%]**
- 22) Opioid use causes breathing disorders during non-REM sleep. Opioids strongly depress central respirations.
- 23) The authors advocate a strong statement "recommending against use of opioids for mild to moderate pain conditions, such as chronic musculoskeletal conditions, headache, and fibromyalgia." **[Important]**
- 24) "In the long run, the use of opioids chronically for most routine conditions, such as chronic low back pain, chronic headaches, or fibromyalgia, will not prove to be worth the risk." **[Important]**
- 25) "Patients who are discovered to be misusing opioids, obtaining opioids from multiple prescribers or emergency departments, or otherwise placing themselves at risk by not fulfilling their responsibilities as outlined in the signed treatment agreement may be discharged from practice."
- 26) "Cognitive-behavioral therapy, structured exercise, spinal manipulation, and interdisciplinary rehabilitation, although proven to be moderately effective in treating subacute and chronic low back pain, are often either not available or not adequately funded." **[Nice plug for spinal manipulation]**
- 27) Reversing the current opioid overdose epidemic will not be accomplished by informal or even mandatory education alone. States with mandatory education for many years has not reversed the overdose trends.
- 28) "Current opioid prescribing practices have been associated with substantial morbidity and mortality of epidemic proportions."
- 29) "Opioid therapy should be only part of a multifaceted approach to pain management."
- 30) "The risks for chronic opioid therapy for some chronic conditions such as headache, fibromyalgia, and chronic low back pain likely outweigh the benefits."

#### COMMENTS FROM DAN MURPHY

- Opioid pain drugs kill more than 16,000 Americans per year, and have killed >100,000 since lobbied politicians liberalized the use of these drugs.
- This article advocates for spinal manipulation, exercise, and rehabilitation in the treatment of patients with subacute and chronic low back pain.
- Rhetorically, rounded to the nearest whole number, how many patients do chiropractors kill per year? **Answer: ZERO**