

# USING OPIOIDS FOR CHRONIC NON-MALIGNANT PAIN

WHAT ARE OPIOIDS? OPIOIDS ARE MORPHINE-LIKE DRUGS THAT INCLUDE THE MULTITUDE OF NARCOTIC PAIN PILLS AND PAIN PATCHES SOMETIMES USED TO MANAGE PAIN. OPIOIDS MAY BE USED FOR ACUTE PAIN OR CHRONIC PAIN. PAIN LASTING LONGER THAN SIX MONTHS IS CONSIDERED CHRONIC. OPIOIDS ACT ON THE BRAIN RATHER THAN ON THE SITE OF PAIN. WHEN USED LONG-TERM, OPIOIDS MAY RELIEVE PAIN BY CHANGING HOW YOU FEEL ABOUT PAIN, BUT THEY DO NOT TREAT THE UNDERLYING CAUSE OF PAIN.

Some patients do well on low doses of long-term opioids and are able to reduce pain and improve functional abilities using these medications over time. Other patients, however, experience a decrease in functional ability and a reduced quality of life while taking opioid medication.

Although patients who take stable doses of chronic opioids may be able to work, drive and operate machinery, boats or airplanes safely and without impairment, opioids do have the potential to impair operator function. You should not drive or operate vehicles or equipment if you feel sleepy or mentally impaired in any way by your opioid or if you are increasing the dose or the type of your opioid. If you are driving or operating any type of land, sea or air vehicle, and are then involved in an accident, the presence of opioids in your system could be considered by law enforcement or by a plaintiff's attorney to have caused impairment and to be grounds for arrest, prosecution and/or litigation.

## SHORT-TERM VS. LONG-TERM TREATMENT WITH OPIOIDS

Although the short-term use of opioids to control acute and subacute pain is a common and well-accepted medical practice, the use of long-term, daily opioids to control chronic pain is somewhat controversial. At MAPS, we try to minimize the need for long-term use of opioids by effectively diagnosing and treating pain using interventional procedures, physical therapy and psychology-based treatments. We make every effort to reduce our patients' use of opioids over time because we believe that the long-term use of daily opioids could lead to a decrease in quality of life. In many cases, our psychologists can help our patients develop effective strategies to cope with pain without drugs. We use structured chronic pain management programs to accomplish this goal.

These programs can help you to reduce pain, anxiety, fear, anger and reliance on opioids and on the healthcare system, and may enable you to increase your function and return to an active lifestyle by helping you to effectively control your pain. In one study, over 90% of the patients who completed a chronic pain rehabilitation program had a significant decrease in pain without the use of opioids. In comparing participation in a chronic pain rehabilitation program to treatment with long-term opioid medication, patients have consistently shown comparable rates of pain reduction without opioid use in rehabilitation programs.

Recent research has shown that when using opioids, pain rarely decreases by more than 50% in the first year and after the first year pain reduction is only about 30%. In addition, some studies have shown that opioids are only helpful in the first 32 weeks, and thereafter have decreased effectiveness. Tolerance to opioids (the requirement for a higher dose of medication to obtain the same effect) may develop with continued use. Thus, with time, standard doses of opioids may become ineffective. This may present problems with pain management for future acute injury or illness. Physical dependence develops in anyone who takes long-term opioid medication. This dependence occurs as the body becomes accustomed to the opioid medication. Once physical dependence is established, stopping the medication will result in a "withdrawal" reaction with nausea, body aches and flu-like symptoms.

Psychological addiction occurs when a patient loses control over their use of the opioid medication and/or continues to use it despite personal harm. Examples of addictive behaviors may include:

- using more opioid medications than prescribed
- obtaining prescriptions of opioid medications from multiple healthcare providers at the same time
- using opioid medications from friends or relatives
- stealing or buying opioids on the streets or from internet pharmacies

Addictive behaviors may occur over time in very subtle ways. At first, these behavioral changes might seem fully justified, but over time can become very problematic for the patient and the well-being of the patient's family. Many studies show that the rate of addiction among chronic pain patients who take long-term opioid medications is approximately 20% (two out of every ten patients). Daily opioids may also reinforce fear and avoidance of pain. The daily use of opioid may become a subtle yet constant reminder that you are vulnerable to pain and must rely on something outside yourself to cope with it. As a result, you may become psychologically dependent on the drug and the healthcare system that provides it.

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## OPIOIDS AND PUBLIC HEALTH

Another reason we are conservative in our use of opioids is the fact that opioids can be dangerous for many reasons. Studies show that from 1990-92 there was a 91% increase in deaths from prescription opioids. During that same period, heroin and cocaine deaths increased by only 12%. In 2002, there were over 4,000 deaths attributed to prescription opioids.

## MAPS PHILOSOPHY

At MAPS, we believe the best way to help you manage your chronic pain effectively and improve your quality of life is to provide state-of-the-art interventional pain management coordinated with physical therapy and psychology treatments. We will do all we can to help you to achieve optimal pain relief without opioids and will work continuously to offer you effective alternatives to pain pills.



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