

Risks of opioids outweigh benefits for headache, low back pain, other conditions

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According to a new position statement from the American Academy of Neurology (AAN), the risk of death, overdose, addiction or serious side effects with prescription opioids outweigh the benefits in chronic, non-cancer conditions such as headache, fibromyalgia and chronic low back pain. The position paper is published in the September 30, 2014, print issue of *Neurology*, the medical journal of the American Academy of Neurology.

Opioids, or narcotics, are [pain medications](#) including [morphine](#), codeine, oxycodone, methadone, fentanyl, hydrocodone or a combination of the drugs with acetaminophen.

"More than 100,000 people have died from prescription opioid use since policies changed in the late 1990s to allow much more liberal long-term use," said Gary M. Franklin, MD, MPH, research professor in the Department of Environmental & Occupational Health Sciences in the University of Washington School of Public Health in Seattle and a Fellow with the AAN. "There have been more deaths from prescription opioids in the most vulnerable young to middle-aged groups than from firearms and car accidents. Doctors, states, institutions and patients need to work together to stop this epidemic."

Studies have shown that 50 percent of patients taking opioids for at least three months are still on opioids five years later. A review of the available studies showed that while opioids may provide significant short-term pain relief, there is no substantial evidence for maintaining [pain](#)

[relief](#) or improved function over long periods of time without serious risk of overdose, dependence or addiction.

The AAN recommends that doctors consult with a pain management specialist if dosage exceeds 80 to 120 (morphine-equivalent dose) milligrams per day, especially if pain and function have not substantially improved in their patients.

The statement also provides the following suggestions for doctors to prescribe opioids more safely and effectively:

- Create an opioid treatment agreement
- Screen for current or past drug abuse
- Screen for depression
- Use random urine drug screenings
- Do not prescribe medications such as sedative-hypnotics or benzodiazepines with [opioids](#)
- Assess pain and function for tolerance and effectiveness
- Track daily morphine equivalent dose using an online dosing calculator
- Seek help if the morphine-equivalent dose reaches 80 to 120 milligrams and pain and function have not substantially improved
- Use the state Prescription Drug Monitoring Program to monitor all [prescription drugs](#) the patient may be taking

"More research and information regarding opioid effectiveness and management is needed, along with changes in state and federal laws and policy to ensure that patients are safer when prescribed these drugs," said Franklin.

Provided by American Academy of Neurology

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