

Pain management failing as fears of prescription drug abuse rise

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Millions of Americans with significant or chronic pain associated with their medical problems are being under-treated as physicians increasingly fail to provide comprehensive pain treatment - either due to inadequate training, personal biases or fear of prescription drug abuse.

A pharmaceutical expert in pain management in the College of Pharmacy at Oregon State University says the issue is reaching crisis proportions, and in two new professional publications argues that health consumers must be aware of the problem and in many cases become more informed, persistent advocates for the care they need and deserve.

"We have more sophisticated pain management techniques available now than ever before," said Kathryn Hahn, a pharmacist, affiliate faculty member at OSU and chair of the Oregon Pain Management Commission. "But many doctors are not fully informed about all the options available, and also often turn patients away because they're very concerned about the problems with prescription [drug abuse](#)."

"Because of this, many people suffer needlessly with pain that could be treated, and almost 80 percent of visits to community pharmacies involve pain issues," Hahn said. "We're in the middle of a storm here, and have to figure out some way to navigate through it."

Adequate pain treatment has always been a concern, Hahn said, in part because it's not a major part of most physician's medical training. Even though they will often see a stream of patients with pain problems

throughout their careers, they may only get a few hours of education on the use of opioids in medical school.

In recent years, the problems have dramatically increased due to concerns about prescription drug abuse, in which drugs such as [oxycodone](#) are often stolen from homes or otherwise misused. In a 2006 survey of teenagers, 62 percent said prescription pain relievers were easy to get from their parents' medicine cabinet. One analysis concluded that admissions to federally supported treatment programs for prescription opioid abuse increased 342 percent from 1996 to 2006 - a comprehensive problem that is also estimated to cost insurance companies tens of billions of dollars a year.

Concerns about this within the medical profession are sufficiently high, Hahn said, that many doctors prefer not to even work with patients who have ongoing pain issues. They also fear criticism from other doctors if they have high numbers of pain-related cases or prescribe significant amounts of pain medications, she said.

"I see patients every week who have lost their doctors, don't know what to do and these people are scared," Hahn said. "It's particularly bad with elderly and Medicare patients. Prescription drug abuse is a very real problem, we do have to take necessary steps to address it, but right now the pendulum has swung too far, and legitimate pain problems are not being managed."

Long-term solutions, Hahn said, will take education and responsibility by all parties involved, including consumers, physicians, nurses and pharmacists.

Among the steps that may help:

- Doctors and nurses should accept that patients are the final arbiter of determining that something is painful, believe them and work with them on their concerns.
- Patients should cooperate with their health care providers on pain relief plans that may include a range of options, including [prescription drugs](#) but also alternative approaches such as chiropractic care, exercise, acupuncture, meditation, implantable devices, massage, or physical and occupational therapy.
- Even within the umbrella of medications, there are a huge range of opioids, over-the-counter pain relievers, antidepressants and other medications to carefully consider for specific problems.
- Consumers must acknowledge the seriousness of the prescription drug abuse issue and lock up their medications securely - literally in a home safe in some circumstances. The unlocked medicine cabinet is the foundation of a cottage industry of drug abuse in America today.
- All involved parties should understand that psychological addiction or physical dependence on drugs is rarely a major concern in a properly managed and prescribed pain management program.
- Individuals should try to work and communicate patiently with their health care providers, not switch doctors arbitrarily, educate themselves if necessary, but be persistent in having their pain concerns taken seriously.
- Physicians must stay up to date on the latest approaches and full spectrum of pain management options, and recognize that pain control and management is a key part of overall health care.

Hahn outlined some of these issues in two new publications, one in the *Journal of Pain and Palliative Care Pharmacotherapy*, and the other in *The Rx Consultant*.

"Surveys show that at least 30 percent of patients with moderate chronic pain and more than 50 percent of those with severe chronic pain fail to achieve adequate pain relief," she wrote in one article. "The economic impact of acute and chronic pain exceeds \$100 billion per year in the U.S. alone."

Community pharmacists, she said, are often on the front lines of this issue and constantly see individuals with pain concerns and inadequate pain management by their health care providers. They can often help serve as advocates, improve lines of communication between patients and their doctors, and help patients manage their prescribed drug therapies.

Health insurers also have an important role to play in reducing prescription drug abuse, Hahn said. They can help educate physicians on appropriate use, advocate for universal precautions in use of pain medicines, restrict off-label uses of readily diverted [opioids](#), pay for multidisciplinary [pain management](#) programs, and take other steps.

Provided by Oregon State University

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