

# Researchers define traits associated with prescription drug disorders in a primary care setting

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Researchers at Boston University School of Medicine (BUSM) have identified clinical characteristics associated with prescription drug use disorder (PDUD) in primary care patients with chronic pain. The study found that by identifying characteristics of prescription drug abuse, primary care clinicians can identify those at risk and provide appropriate treatment. This study currently appears on-line in *Journal of Pain*.

Opioid analgesic medication has been increasingly prescribed over the past decade, despite limited evidence of its effectiveness for chronic non-cancer [pain](#). Many physicians report apprehension when prescribing this treatment, due to suspicions that patient medication requests are motivated by addiction rather than pain.

Researchers at BUSM conducted a study to examine the clinical characteristics of individuals with lifetime PDUD, among a population of primary care patients with chronic pain. They compared those afflicted with PDUD to individuals with other substance use disorders (SUD) as well as those without any history of SUD. Participants recruited for the study experienced [chronic pain](#) for more than three months, reported use of prescription or non-prescription pain medications.

Of the nearly 600 participants studied, researchers found that 18 percent had lifetime PDUD of which in this subgroup 90 percent had an

additional substance addiction. More than 24 percent had an SUD other than PDUD, and 57 percent had no lifetime history of any substance problem. Of note however, only 60 were female, and 60 percent were of African decent and likely to be unemployed and poor.

The study identified a number of factors associated with PDUD, including jail time, severely disabling pain, cigarette smoking, family history of substance abuse, white, male and post-traumatic stress disorder. Except for race, the same factors also predicted having other SUD compared to those without any substance problem. Insurance, employment, income, education and age were not associated with substance use disorders of any type in this sample.

"This data strongly suggests that physicians treating patients with pain should assess for SUD prior to prescribing opioid analgesics," lead author Jane M. Liebschutz, MD, MPH, FACP, an associate professor of medicine and social and behavioral sciences at BUSM and a physician in the section of General Internal Medicine at Boston Medical Center.

"This research may help direct care, including treatment for pain substance use disorders, as [primary care](#) physicians may not be as aware of the overlap between pain and addictions. In particular, physicians may not think of assessing for time spent in jail, which was the largest predictor of having PDUD," said Liebschutz.

Provided by Boston University Medical Center

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