

# Opioid abuse linked to mood and anxiety disorders

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Individuals suffering from mood and anxiety disorders such as bipolar, panic disorder and major depressive disorder may be more likely to abuse opioids, according to a new study led by researchers from the Johns Hopkins Bloomberg School of Public Health. They found that mood and anxiety disorders are highly associated with non-medical prescription opioid use. The results are featured in a recent issue of the *Journal of Psychological Medicine*.

Prescription opioids such as oxycontin are a common and effective treatment for chronic and acute pain. Non-medical use of prescription opioids has increased dramatically and, according to the Substance Abuse and [Mental Health Services](#) Administration, prescription opioids are the second most frequently used illegal drug in the U.S. after marijuana. Prescription opioids are highly addictive and prolonged use can produce [neurological changes](#) and physiological dependence. For the study, researchers examined the association between individuals with mood and anxiety disorders with non-medical prescription opioid use and opioid disorder.

"Lifetime non-medical prescription opioid use was associated with the incidence of any [mood disorder](#), [major depressive disorder](#), bipolar disorder and all anxiety disorders. Non-medical opioid-use disorder due to non-medical prescription opioid use was associated with any mood disorder, any anxiety disorder, as well as with several incident mood disorders and anxiety disorders," said Silvia Martins, MD, PhD, lead author of the study and an associate scientist with the Bloomberg

School's Department of Mental Health. "However, there is also evidence that the association works the other way too. Increased risk of incident opioid disorder due to non-medical use occurred among [study participants](#) with baseline mood disorders, major [depressive disorder](#), dysthymia and panic disorder, reinforcing our finding that participants with mood disorders might use opioids non-medically to alleviate their mood symptoms. Early identification and treatment of mood and anxiety disorders might reduce the risk for self-medication with prescription opioids and the risk of future development of an opioid-use disorder."

Using data from the National Epidemiologic Study on Alcohol and Related Conditions (NESARC), a longitudinal face-to-face survey of individuals aged 18 years and older between 2001 to 2002 and 2004 to 2005, researchers assessed participants for a history of psychiatric disorders. Non-medical use of prescription opioids was defined to participants as using a prescription opioid without a prescription or in greater amounts more often or longer than prescribed or for a reason other than a doctor's instruction to use them. Logistic regression was used to determine whether lifetime non-medical prescription opioid use and opioid disorders due to this use predicted incident mood and anxiety disorders and the reverse. Researchers believe these findings provide support for a bi-directional pathway between non-medical prescription opioid use and opioid-use disorder due to non-medical use and several mood and anxiety disorders.

"With the current increased use of non-medical prescription drugs, especially among adolescents, the association with future psychopathology is of great concern. Using opioids, or even withdrawal from opioids, might precipitate anxiety disorders, suggesting that there is a subgroup of people who are vulnerable to future development of anxiety disorders," said Carla Storr, ScD, author of the study and an adjunct professor with the Bloomberg School's Department of Mental Health. Individuals using prescription opioids need to be closely

monitored not only for the possibility of engaging in non-medical use, but also for the development of co-morbid psychiatric disorders.

"Additional studies are needed to examine the relationship between non-medical prescription opioid use and prescription opioid-use disorder with mood and [anxiety disorders](#) since they could co-occur due to shared genetic or environmental risk factors," Martins adds.

Provided by Johns Hopkins University Bloomberg School of Public Health

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