

Alcohol use with opioids common even without abuse past

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Alcohol or sedative use during chronic opioid therapy for non-cancer pain puts patients at risk for adverse events such as respiratory depression or sedation, and the risk of concurrent use of central nervous system depressants is not limited to patients with a history of substance abuse, according to a study published in the March issue of *The Journal of Pain*.

(HealthDay) -- Alcohol or sedative use during chronic opioid therapy (COT) for non-cancer pain puts patients at risk for adverse events such as respiratory depression or sedation, and the risk of concurrent use of central nervous system (CNS) depressants is not limited to patients with a history of substance abuse, according to a study published in the March issue of *The Journal of Pain*.

In an effort to assess the prevalence and risk factors associated with concurrent use of alcohol and sedatives, Kathleen W. Saunders, J.D., of

the Group Health Research Institute in Seattle, and associates surveyed 1,848 [integrated care](#) plan members who were prescribed COT for chronic non-cancer pain.

The researchers found that 29 percent of patients with no substance use disorder (SUD) history used sedatives concurrently with COT, compared with 39 percent of those with a SUD background, and rates of concurrent alcohol use were similar at about 12 to 13 percent in each group. Data showed that predictors of concurrent use of sedatives included SUD history, female gender, depression, and taking opioids at higher doses and for more than one pain condition. Male gender was found to be the only predictor of concurrent alcohol use.

"Risk factor profiles for concurrent sedative and alcohol use differed greatly, including by gender," the authors write. "Given the high rates of concurrent use of CNS depressants, even among patients at 'low risk' for misuse, and the risks associated with concurrent use of other CNS depressants, the absence of a SUD history alone does not adequately define a low risk COT patient population."

Several authors disclosed [financial ties](#) to pharmaceutical companies.

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