

Long-term use of prescription painkillers for back pain linked to erectile dysfunction in men

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Regularly taking prescription painkillers, also known as opioids, is associated with a higher risk of erectile dysfunction (ED) in men, according to a study published online today in the journal *Spine*.

The researchers included more than 11,000 [men](#) with [back pain](#) in the study and examined their [health records](#) to find out if men taking prescription painkillers were more likely to also receive prescriptions for testosterone replacement or ED medications.

More than 19 percent of men who took high-dose [opioids](#) for at least four months also received ED prescriptions, while fewer than 7 percent of men who did not take opioids received ED prescriptions.

In the study, men over 60 were much more likely to receive ED prescriptions, but even after researchers adjusted for age and other factors, men taking high-dose opioids were still 50 percent more likely to receive ED prescriptions than men who did not take [prescription painkillers](#).

"Men who take opioid [pain medications](#) for an extended period of time have the highest risk of ED," said lead author Richard A. Deyo, MD, MPH, investigator with the Kaiser Permanente Center for [Health Research](#) and Professor of Evidence-based [Family Medicine](#) at Oregon Health & Science University.

"This doesn't mean that these medications cause ED, but the association is something patients and clinicians should be aware of when deciding if opioids should be used to treat back pain." Deyo added.

Opioid use is growing in the U.S. According to the Centers for Disease Control and Prevention's Mortality and Morbidity Report, prescription opioid sales quadrupled between 1999 and 2010. Another recent survey, published in the journal *Pain*, estimates 4.3 million adults in the U.S. use these opioid medications on a regular basis. The most commonly used prescription opioids are hydrocodone, oxycodone, and morphine.

"There is no question that for some patients opioid use is appropriate, but there is also increasing evidence that long-term use can lead to addiction, fatal overdoses, sleep apnea, falls in the elderly, reduced hormone production, and now erectile dysfunction," says Deyo, who has spent more than 30 years studying treatments for back pain.

For this study, Deyo and colleagues identified 11,327 men in Oregon and Washington enrolled in the Kaiser Permanente health plan who visited their doctors for back pain during 2004. The researchers examined the men's pharmacy records for six months before and after the back pain visit to find out if they had filled prescriptions for opioids and for ED or testosterone replacement.

Opioid use was categorized as "none" for men who did not receive a prescription for opioids; "acute" for men who took opioids for three months or less; "episodic" for men who took opioids for more than three months, but less than four months and with fewer than 10 refills; and "long-term" for men who took opioids (a) for at least four months or (b) for more than three months with 10 or more refills. Anything more than 120 mg of morphine equivalent was categorized as high-dose use.

More than 19 percent of the men who took high-dose opioids for at least

four months also received ED medications or testosterone replacement. More than 12 percent of men who took low-dose opioids (under 120 mg) for at least four months also received ED medications or testosterone replacement. Fewer than 7 percent of men who didn't take opioids received ED medications or [testosterone](#) replacement.

Researchers found that age was the factor most significantly associated with receiving ED prescriptions. Men 60 to 69 were 14 times more likely to receive prescriptions for ED medication than men 18 to 29.

Depression, other health conditions (besides back pain), and use of sedative hypnotics like benzodiazepines also increased the likelihood that men would receive ED prescriptions.

But even after researchers adjusted for these factors, long-term opioid use increased the likelihood of also receiving [prescriptions](#) for ED medication by 50 percent.

This study was made possible in part by Kaiser Permanente's comprehensive electronic health record system, one of the largest private systems in the world. The organization's integrated model and electronic health record system securely connects 9 million people, 611 medical offices, and 37 hospitals, linking patients with their health care teams, their personal health information and the latest medical knowledge. The system coordinates patient care between the physician's office, the hospital, radiology, the laboratory and the pharmacy, and helps eliminate the pitfalls of incomplete, missing, or unreadable charts. It also connects Kaiser Permanente's researchers to one of the most extensive collections of longitudinal medical data available, facilitating studies and important medical discoveries that shape the future of [health](#) and care delivery for patients and the medical community.

Provided by Kaiser Permanente

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