

Certain teens more likely to get hooked on opioids

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(HealthDay)—Teenagers with any mental health problem are more

prone to painkiller dependence after receiving a prescription opioid, a new study finds.

The odds of progressing to long-term [opioid](#) therapy can double, triple or more, depending on the kid's diagnosis and the other drugs prescribed to treat their disorder, the researchers said.

The findings mirror earlier studies showing that adults with [mental health conditions](#) are more likely to take [prescription opioids](#) on a long-term basis, said study author Patrick Quinn.

Doctors prescribing drugs like oxycodone (OxyContin) or hydrocodone (Vicodin) for chronic pain might want to screen for mental disorders, said Quinn, a postdoctoral fellow with Indiana University, in Bloomington. If there's a deeper psychiatric problem driving their pain, it might be addressed without resorting to addictive narcotics.

This study highlights that these patients "might be already carrying some risk for [addiction] problems, even before they start taking opioids," Quinn added.

Faced with an epidemic of opioid addiction in the United States, researchers are trying to determine who is most vulnerable. Quinn and his colleagues analyzed commercial health insurance records for more than 1.2 million teens, aged 14 to 18, who had been prescribed an opioid.

The researchers looked to see if the [teen](#) had a previous diagnosis of a mental condition, including anxiety, mood disorders, attention-deficit/hyperactivity disorder, psychosis, sleep disorders or substance abuse problems.

The investigators then looked past the initial prescription to see whether

these teens were more likely to end up taking opioids on a long-term basis.

Overall, about three out of every 1,000 teenagers prescribed opioids wound up taking them long-term, Quinn said.

But those numbers were consistently higher for teens struggling with mental disorders:

- 7 out of 1,000 teens with schizophrenia.
- 8 out of 1,000 teens with anxiety disorders.
- 9 out of 1,000 teens with depression.
- 10 out of 1,000 teens with bipolar disorder.
- 11 out of 1,000 teens with a sleep disorder.

Kids already taking a psychoactive medication for their [mental health problem](#) were even more likely to wind up on opioids long-term. For example, odds rose higher for teens with anxiety who take benzodiazepines (such as Xanax); kids with mood [disorders](#) who take an SNRI (such as Cymbalta); and those taking antipsychotics for schizophrenia (such as Abilify).

The study, published online March 12 in *JAMA Pediatrics*, didn't examine the reasons for the higher odds of painkiller dependence.

But it might be that their underlying mental disorder makes them more likely to feel their pain more intensely or persistently, Quinn said.

These teens also might come in to doctors' offices in more obvious need of immediate care, prompting doctors to reach for opioids as a powerful treatment, he added.

"They're displaying more distress and showing more need to be taken

care of," Quinn said.

Based on this study, doctors should do a little more digging before they hand out an opioid prescription, said Dr. Scott Krakower. He's assistant unit chief of psychiatry at Zucker Hillside Hospital in Glen Oaks, N.Y.

"We need to spend more time trying to figure things out as opposed to just jumping to a medication for patients who may not have needed that opioid agent," Krakower said. "If you're writing [the prescription for] the opioid agent, maybe it's a good idea for you to make sure you're not missing other pieces that are going on with the case."

Treating teens' mental problems could help ease their pain, Krakower suggested. He wasn't involved in the new study.

Doctors also could reach for less powerful and addictive pain relievers, Krakower and Quinn said. Both noted a recent study in the *Journal of the American Medical Association* that found that over-the-counter remedies such as acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) are better than opioids at easing the intensity of chronic back pain.

On the other hand, some mentally disturbed teens will legitimately need an opioid to treat pain after surgery, for example, Krakower said.

In those cases, doctors need to make sure the patients and their families understand that this will not become a long-term treatment.

Still, Krakower said patients need to be told, "We're going to do a short-term supply to get through the hurdles, and there's going to be an end point."

More information: Patrick D. Quinn et al. Association of Mental Health Conditions and Treatments With Long-term Opioid Analgesic

Receipt Among Adolescents, *JAMA Pediatrics* (2018). [DOI: 10.1001/jamapediatrics.2017.5641](https://doi.org/10.1001/jamapediatrics.2017.5641)

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