

Chronic pain remains the same or gets better after stopping opioid treatment: study

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Sterling McPherson. Credit: WSU

Stopping long-term opioid treatment does not make chronic, non-cancer-related pain worse and, in some cases, makes it better, Washington State University researchers have found.

The research marks a crucial first step towards understanding how

ending long-term opioid [therapy](#) affects patients with different types of [chronic pain](#) and could help medical practitioners identify effective, alternative treatments to opioids.

"On average, pain did not become worse among patients in our study a year after discontinuing long-term opioid therapy," said Sterling McPherson, associate professor and director for biostatistics and clinical trial design at the WSU Elson F. Floyd College of Medicine. "If anything, their pain improved slightly, particularly among patients with mild to moderate pain just after discontinuation. Clinicians might consider these findings when discussing the risks and benefits of long-term opioid therapy as compared to other, non-opioid treatments for chronic pain."

In the study

McPherson and colleagues at the Veteran Affairs Portland Health Care System and the Oregon Health & Science University used survey responses from 551 VA patients who had been on long-term opioid therapy for chronic, non-cancer-related pain for at least a year before discontinuing the medication.

Eighty-seven percent of the patients were diagnosed with [chronic musculoskeletal pain](#), 6 percent with neuropathic pain, and 11 percent with headache pain, including migraines.

Survey subjects rated their pain over two years, scoring it on a scale of 0-10 where 0 equals no pain and 10 equals the worst possible pain. The researchers used biostatistical analysis and computer modeling to characterize changes in pain intensity 12 months before the patients ended opioid therapy and the 12 months after.

While patients differed widely in the intensity of pain they experienced

before and after stopping opioids, as a whole, their pain did not get worse and remained similar or slightly improved.

"Our results indicate that long term opioid therapy does not effectively manage patient pain intensity any more effectively than not receiving long-term opioid therapy," McPherson said. "There are a variety of treatments available for the management of chronic pain other than opioids and our hope is that this research will help promote conversations about these alternatives between doctors and their patients."

Next steps

McPherson plans to collect additional data and conduct qualitative interviews with patients over the next year to try and determine why some patients experience greater reductions in pain than others after discontinuing long-term opioid therapy

"As part of our study, we grouped our [patients](#) into one of four categories based on the amount of pain they reported before and after discontinuing long-term opioid therapy," McPherson said. "We are now going to try and understand what different mechanisms may be at work for reducing or increasing chronic pain for each of these sub-groups. Our hope is this will lead to being able to target specific sub-populations with different types of treatment for their chronic pain. In addition, we hope to continue to characterize potential adverse effects from being discontinued from long-term opioid therapy."

A national problem

Backaches, headaches and other chronic, non-cancer-related pains affect one-third of Americans and will afflict even more as the prevalence of

diabetes, obesity, arthritis and other diseases grows in the United States' aging population.

From the early 1990s through 2012, powerful opioid painkillers were increasingly used to treat these maladies in the United States. But a growing number of opioid-related overdose deaths has caused U.S. doctors and policymakers to reexamine this approach. According to the Centers for Disease Control and Prevention, more than 63,600 Americans died from drug overdose deaths in 2016, a toll five times higher than in 1999. Two thirds of these deaths, 42,249, involved opioids.

McPherson's study, which appears in the June edition of the journal *Pain*, is one of the first to investigate what, if any, are the potential adverse effects of discontinuing long term [opioid](#) therapy for chronic, non-cancer-related [pain](#).

More information: Sterling McPherson et al, Changes in Pain Intensity Following Discontinuation of Long-Term Opioid Therapy for Chronic Non-Cancer Pain, *PAIN* (2018). [DOI: 10.1097/j.pain.0000000000001315](#)

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