

# Research finds opioids may help chronic pain, a little

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Jason Busse, lead author of the study and a researcher with the Michael G. DeGroote Institute for Pain Research and Care at McMaster University. Credit: McMaster University

Use of opioids for patients with chronic, non-cancer pain may help, but

not a lot.

In a study published today by the *Journal of the American Medical Association* (JAMA), McMaster University researchers reviewed 96 [clinical trials](#) with more than 26,000 participants and found opioids provide only small improvements in pain, [physical functioning](#) and sleep quality compared to a placebo.

The opioids, however, also increase the risk of vomiting, drowsiness, constipation, dizziness, nausea, dry mouth, and itching.

The researchers' analysis also found low to moderate quality evidence showing similar benefits for pain and physical functioning between opioids and non-[opioid](#) alternatives such as nonsteroidal anti-inflammatories, antidepressants, and synthetic cannabinoids.

The study is important as there are an estimated 50 million Americans and six million Canadians living with chronic non-cancer pain, many who are prescribed opioid medications.

"Despite widespread use, there is not enough known about the benefits and harms of opioids for chronic non-cancer pain," said Jason Busse, lead author of the study and a researcher with the Michael G. DeGroote Institute for Pain Research and Care at McMaster University.

"We found that, compared to a placebo, 12 per cent more patients treated with opioids will experience [pain relief](#), 8 per cent more will notice an improvement in their physical functioning, and about 6 per cent more will find improvement in their sleep quality.

"These are very modest effects, and opioids were not associated with any important improvement in social, role, or emotional functioning," said Busse, who is also an associate professor of anesthesia at McMaster.

"In addition to the side effects we found can result from opioid use, these medications are associated with addiction, overdose, and death. Given their risks, modest benefits, and the comparable effectiveness of alternatives, our results support that opioids should not be first line therapy for chronic non-cancer [pain](#)," he said.

**More information:** *Journal of the American Medical Association* (2018). [jamanetwork.com/journals/jama/ ... 1001/jama.2018.18472](https://jamanetwork.com/journals/jama/.../1001/jama.2018.18472)

Provided by McMaster University

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