

Researchers say 30% of patients taking opioids experience adverse drug interactions

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Patients who do not disclose use of other medications are at higher risk of adverse drug interactions and addiction, according to new research in *The Journal of the American Osteopathic Association*.

A new article outlines common drug-[drug interactions](#) that alter how the body metabolizes certain opioids, causing decreased efficacy that ultimately can lead to misuse and overdose. The authors estimate that around 30 percent of patients experience such interactions; however, very few are detected and reported.

"The concern we have is that patients may not get the proper amount of pain relief due to an undetected interaction with some other [medication](#) they're taking," says Kevin Bain, MPH, PharmD, co-founder and medical director at Biophilia Partners and lead author on this article.

"That can lead to them taking [higher doses](#) of their prescribed [opioid](#) and more frequently, which over time can lead to a [substance use disorder](#) or even an overdose."

Bain adds that physicians should take a thorough medication history and consult a pharmacist before prescribing opioids if they have any concerns. However, he encourages patients to advocate for themselves by offering relevant information proactively.

He says commonly prescribed medications that can cause interactions with several opioids include those from antidepressant and antipsychotic classes, as well as some cardiovascular drugs used to treat arrhythmia and [high blood pressure](#).

Preventing complications

The article notes several steps physicians can take to mitigate adverse interactions, when patients take opioids and other medications concurrently.

Patients often take all their medications at once, usually in the morning, to establish a routine and ensure none are forgotten. Bain points out that this method significantly increases the likelihood of a drug interaction.

He recommends staggering the interacting medications a couple hours apart, often taking the opioid first to ensure it metabolizes without interference, because pro-drug opioids like codeine and tramadol usually "suffer" from drug interactions.

When timing fails to avoid drug interactions, physicians can prescribe an alternate opioid less likely to interact with the patient's other medications. Conversely, physicians can consider changing the non-opioid prescription to one less likely to cause an interaction.

"The possible combinations that might result in a drug interaction are vast," says Bain. "The best approach is for physicians and patients to partner closely with a pharmacist who can advise on potential complications, especially at the start of an opioid prescription."

He adds that patients who find an opioid ineffectively manages their pain should consult their [physician](#) and never independently alter their dosage or frequency. Communication between patients and physicians is paramount to identifying and mitigating opioid-involved [drug](#) interactions, Bain concludes.

More information: Kevin T. Bain et al, Role of Opioid-Involved Drug Interactions in Chronic Pain Management, *The Journal of the American Osteopathic Association* (2019). [DOI: 10.7556/jaoa.2019.136](https://doi.org/10.7556/jaoa.2019.136)

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