

No clear answer to whether prescribed opioid use in children leads to later drug misuse

December 2 2021, by Gillian Rutherford



The U of A research team developed infographics to help physicians, parents and youth have open conversations about prescribed opioid use. Credit: Michele Dyson)

Pediatric researchers are calling for more rigorous research into the possible link between short-term opioid use for pain management in childhood and opioid use disorder later in life.



The University of Alberta team reviewed the results of 21 previous studies but found no definitive answer to the question, according to a new study published this week in the journal *Pediatrics*.

"Parents see stories about overdoses in the news and are afraid for their children, while physicians and prescribers are also worried because they don't know what the evidence is," said senior author Michele Dyson, assistant professor of pediatrics in the Faculty of Medicine & Dentistry and associate director of the Alberta Research Centre for Health Evidence.

"Health-care providers don't want to cause harm, and at the same time, they still want to be able to treat pain appropriately."

The ongoing opioid crisis takes four lives per day in Alberta alone.

Although one of the studies reviewed by the U of A researchers did show a potential link between short-term exposure and later abuse, Dyson said, most of the study results were not definitive because they did not specify duration of exposure or did not have a <u>control group</u>.

"We actually didn't find a lot of evidence to directly answer our question," Dyson said.

Until further research is done, Dyson recommended continued cautious use of opioids for children.

"If opioids are used as indicated, they can be a safe and effective strategy for <u>pain management</u>," she said. "In some cases, they really are part of the best treatment plan to manage a child's pain."

Balancing the risks



Opioids are typically prescribed to children for 14 days or fewer for moderate to severe pain from fractures or surgery when other forms of treatment have proven insufficient.

Untreated or under-treated pain causes unnecessary suffering and can lead to <u>chronic pain</u>, anxiety and future avoidance of health care, Dyson said.

"While we can't say for sure that a short-term prescription for pain is linked with misuse, there is some evidence that that could happen," she explained. "There is likely some risk, but it needs to be balanced with the harms of stigmatizing opioid use and under-treating pain, which comes with its own significant short- and long-term consequences."

Dyson encouraged parents to work with their child's health-care team to create a treatment plan that also includes psychological support (such as distraction), physical pain treatments (such as physiotherapy, splints, ice or heat) and non-opioid pain medications like Tylenol or Advil.

She recommended open conversations between children, parents and physicians about how to use <u>opioids</u> safely—storing them properly, never sharing with others and following dosage directions.

"If your child's pain isn't managed, then it's essential to go back to the clinician rather than make potentially dangerous decisions like just increasing the dosage on your own," she said.

More information: Malema Ahrari et al, Nonmedical Opioid Use After Short-term Therapeutic Exposure in Children: A Systematic Review, *Pediatrics* (2021). DOI: 10.1542/peds.2021-051927



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