

OPIOID THERAPY FOR CHRONIC NON-MALIGNANT PAIN: HARMS SIGNIFICANT WHILE STUDIES OF BENEFITS ARE LACKING

QUALITY OF EVIDENCE: LOW



Why is this important?

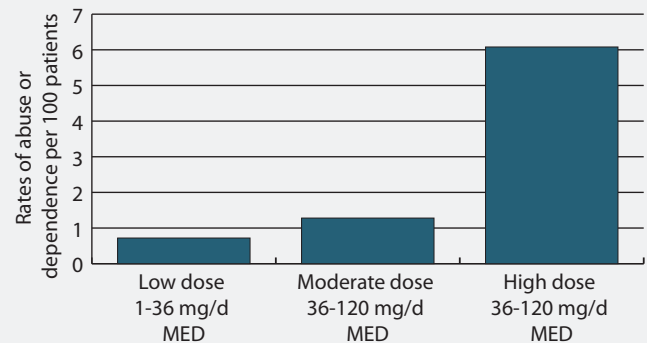
Opioid therapy for non-malignant pain has increased substantially over the past 15 years paralleling an increase in abuse, diversion, addiction, and unintentional overdose. However, the benefits and harms of long term therapy are poorly understood.

Facts

- A systematic review¹ evaluated the benefits and harms of long term opioid therapy (>1 year) compared with placebo, no opioid therapy, or non-opioid therapy for nonmalignant pain.
- No studies evaluated long term outcomes of benefit related to pain, function, or quality of life.
- 19 observational studies assessed harms; Variability in reporting precluded meta-analysis. Most data is available from single studies.
- Annual rates of abuse or addiction in primary care settings varied from 0.6% to 8%;dependence ranged from 3% to 26%. (3 studies) Both increased in a dose dependent fashion with greatest risk at doses ≥ 120 mg/d morphine equivalent. (1 study, n = 568,640)²
- Annual rates of overdose also increased in a dose-dependent fashion; when compared with morphine equivalent doses (MED) <20mg/d there was a 9 fold increase rate of overdose at higher doses (MED>100 mg/d)³ and a 3 fold increase in opioid-related mortality (MED>200 mg/d).⁴

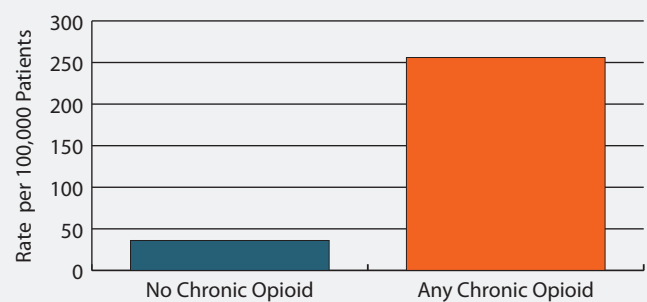
- Other harms included increased risk of fracture, MI, erectile dysfunction, and motor vehicle accidents.
- The predictive ability of risk assessment instruments for predicting abuse or misuse is unclear.

Opioid Abuse or Dependence²



*MED=morphine equivalent dose

Annual Rate of Overdose³



THE BOTTOM LINE

Long term opioid therapy for non-malignant pain is associated with an increased risk of harm while benefits remain unknown. Additional studies are needed to better determine the balance of benefit and harm.

Quality of Evidence

(Adapted from Guyatt G BMJ, 26 April 2008)

This refers to the degree to which the findings of this study are likely to be free of bias.

⊕ ⊕ ⊕ ⊕	High
⊕ ⊕ ⊕ ○	Moderate
⊕ ⊕ ○ ○	Low
⊕ ○ ○ ○	Very low

Tips for Discussion of Results with Patients

- Although short term benefit of opioid therapy is understood, the benefit of long term use for non-malignant pain has not been studied.
- Higher opioid therapy is associated with increased risk most notably at doses ≥ 120 mg/d of morphine equivalent.

References

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2. Edlund MJ, et al. The role of opioid prescription in incident opioid abuse and dependence among individuals with chronic noncancer pain: the role of opioid prescription. *Clin J Pain,* 2014;30:557-64
3. Dunn KM et al. Opioid prescriptions for chronic pain and overdose: a cohort study. *Ann Intern Med.* 2010;152:85-92.
4. Gomes T, et al. Opioid dose and drug-related mortality in patients with nonmalignant pain. *Arch Intern Med;* 2011;171(7):686-91

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The Bottom Line summaries reflect the expertise and opinions of the SGIM EBM Task Force as of the date of release of this summary.