Avoiding Opioid Overuse
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Story from the Front Lines:

A man in his 60s presented to clinic for a medication refill. He had a history of chronic low back pain for which he was prescribed long and shorting acting opioids totaling 540 morphine milligram equivalents (MME) per day by clinicians at a chronic pain clinic. The patient said he had been using opioids to treat his pain for the past 41 years, but had recently been slowly tapering his medications after he was "kicked out" of his pain clinic due to a "simple misunderstanding" between he and his physician. He was currently taking 90 MME of oxycodone per day. Per his chart, the patient was discharged from pain clinic due to documented misuse of pain medications as well as pharmacists where his prescriptions were filled.

The patient lived over three hours away from the clinic and had already been evaluated by two different practitioners in his hometown. The patient's request for opioids was denied at each of these appointments, but he was not offered any other treatments to help relieve his chronic pain.

The patient was not provided with opioids at his most recent clinic visit. We discussed that his history of opioid misuse was very concerning and that we would not be prescribing such medications for treatment of his chronic pain. The patient was upset that he would not be receiving refills of his opioids but opted to receive two topical medications that were offered as alternatives and had not been attempted in the past. He was also counseled on the use of non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of his pain.

Teachable Moment:

Opioid-related overdose deaths have steadily increased over the past 15 years with a 2.8 fold increase in the rate of opioid related death between 2002 and 2015.[1] In 2016 there were over 42,000 deaths attributable to narcotics with more than 40% of these deaths involving prescription opiates.[2] The addictive properties and deleterious side effects of opioids are now well known, but these medications were widely prescribed in the 1990's when pharmaceutical companies marketed them as non-addictive pain killers.[2] Patients and clinicians are now dealing with the aftermath of this unfortunate prescribing trend. This case illustrates the unintentional harm that many patients have experienced due to use of opioids for chronic pain instead of using alternative medications. Even short-term use of opioids after surgery can result in long-term addiction and subsequent morbidity and mortality from this dangerous class of medications.[3]

Recent evidence shows that opioids for the treatment of moderate to severe chronic back, hip or knee pain related to osteoarthritis is less efficacious at improving pain than non-opioid options including NSAIDs and duloxetine.[4] Although this is now an established fact, transitioning patients from chronic opioids to alternate therapies can be difficult as patients may be resistant to making this change. For our patient, it was of particular importance that he transition off of opioids as his age, history of depression, and long term use of more than 100 MME/day all placed him at higher risk for overdose and death.[5]

It takes courage on behalf of the physician to address this issue and to teach the patient about the lack of evidence for using opioids to treat chronic pain. Patients also deserve the opportunity to be educated on the benefits of trying non-opioid alternatives to help treat their pain. By becoming more educated on the available options patients have, providers can help reduce rates of over-prescribing and resultant misuse, morbidity, and potential mortality of opioid pain medications.

References:

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