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ORIGINAL ARTICLE

Long-term usage of narcotic analgesics by chronic intractable noncancer pain patients in Taiwan from 2003 to 2012



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KEYWORDS

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long-term use;
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Background/Purpose: Chronic pain is a common and important medical problem worldwide. Patients with chronic intractable noncancer pain (CINCP) are treated primarily with narcotics. We analyzed the characteristics of patients with CINCP and the pain prescriptions of Taiwan's physicians.

Methods: We enrolled 644 patients from 66 hospitals approved by the Taiwan Food and Drug Administration to use long-term narcotics for CINCP between 2003 and 2012.

Results: The majority (61.8%) of patients were 40–49-year-old men who had been treated with pethidine more often than with fentanyl in the 20–49 years age group. More than 50% of CINCP patients live in northern Taiwan, and most were treated in the department of pain; the major diagnosis (men 28.9%; women 27.7%) was neuropathy. The most frequently prescribed single analgesic was morphine (52.2%); the most frequently prescribed two-drug combination was morphine plus fentanyl (50.8%). Pethidine, however, was the most frequently prescribed analgesic in the neurology (78.0%) and plastic surgery (50.0%) departments.

Conclusion: To decrease malaise and addiction in patients with CINCP, Taiwan's physicians need more education on narcotic analgesics, and greater professional cooperation to develop therapeutic guidelines that will improve pain care for patients with CINCP.

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Introduction

Chronic pain is a common and important medical problem worldwide. The American Pain Society Clinical Guidelines¹ define chronic noncancer pain as “back pain, osteoarthritis, fibromyalgia, and headache.” The United States National Institutes of Health categorize pain as “acute pain, chronic cancer pain, and chronic intractable noncancer

pain (CINCP),” all of which can affect physiological function and produce adverse psychological effects such as depression and other negative emotions.

Patients with CINCP are treated primarily with narcotic analgesics. To prevent iatrogenic addiction caused by inappropriate long-term narcotic prescriptions for CINCP, the Taiwan Food and Drug Administration (TFDA) has stipulated clinical standards and guidelines for prescribing

Table 1 Demographic characteristics and diagnoses of patients with CINCP (chronic intractable noncancer pain) in Taiwan between 2003 and 2012.

Variables ^a	Male (n = 398)	Female (n = 246)	Total (N = 644)	p
	n (%)	n (%)	N (%)	
Age (y) ^b				<0.001*
≤19	4 (1.0)	3 (1.2)	7 (1.1)	
20–29	28 (7.0)	13 (5.3)	41 (6.4)	
30–39	117 (29.4)	46 (18.7)	163 (25.3)	
40–49	126 (31.7)	60 (24.4)	186 (28.9)	
50–59	47 (11.8)	34 (13.8)	81 (12.6)	
60–69	33 (8.3)	25 (10.2)	58 (9.0)	
70–79	30 (7.5)	36 (14.6)	66 (10.2)	
≥80	13 (3.3)	29 (11.8)	42 (6.5)	
Geographical area ^b				<0.001*
North	197 (50.1)	129 (51.4)	326 (50.6)	
South	112 (28.5)	94 (37.5)	206 (32.0)	
Central	64 (16.3)	23 (9.2)	87 (13.5)	
East	20 (5.1)	5 (2.0)	25 (3.9)	
Medical department ^b				0.253
Pain	214 (54.2)	151 (60.6)	365 (56.7)	
Internal medicine	54 (13.7)	30 (12.0)	84 (13.0)	
Other departments ^c	29 (7.4)	17 (6.8)	46 (7.2)	
General surgery	30 (7.6)	10 (4.0)	40 (6.2)	
Anesthesiology	24 (6.1)	16 (6.4)	40 (6.2)	
Neurosurgery	17 (4.3)	13 (5.2)	30 (4.7)	
Orthopedics	11 (2.8)	4 (1.6)	15 (2.3)	
Plastic surgery	8 (2.0)	4 (1.6)	12 (1.9)	
Neurology	8 (2.0)	4 (1.6)	12 (1.9)	
Narcotics ^b				0.134
Morphine	249 (55.0)	140 (47.9)	389 (52.2)	
Fentanyl	70 (15.5)	62 (21.2)	132 (17.7)	
Pethidine	63 (13.9)	35 (12.0)	98 (13.2)	
Buprenorphine	39 (8.6)	26 (8.9)	65 (8.7)	
Codeine	32 (7.1)	28 (9.6)	60 (8.1)	
Opium	0 (0.0)	1 (0.3)	1 (0.1)	
Type of pain diagnosed ^b				<0.001*
Neuropathy	136 (28.9)	75 (27.7)	211 (30.7)	
Chronic pancreatitis	95 (20.2)	12 (4.4)	107 (15.6)	
Other pain	29 (6.2)	48 (17.7)	77 (11.2)	
FBSS	42 (8.9)	33 (12.2)	75 (10.9)	
Fracture, osteoarthritis	38 (8.1)	36 (13.3)	74 (10.8)	
Spinal cord injury	43 (9.1)	24 (8.9)	67 (9.7)	
Low back pain	15 (3.2)	13 (4.8)	28 (4.1)	
Autoimmune diseases	8 (1.7)	18 (6.6)	26 (3.8)	
Hematological diseases	11 (2.3)	12 (4.4)	23 (3.3)	

* $p < 0.05$.

FBSS = failed back surgery syndrome.

^a Each noncancer pain patient may be prescribed two or more opioids and might have two or more comorbid diseases.

^b χ^2 test.

^c Other departments included urology, occupational and environmental medicine, and obstetrics and gynecology.

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