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ORIGINAL ARTICLE

Long-term use of opioids in 210 officially registered patients with chronic noncancer pain in Taiwan: A cross-sectional study



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Received 26 August 2016; received in revised form 30 October 2016; accepted 31 October 2016

KEYWORDS

chronic pain;
noncancer;
opioid

Background/purpose: Prescribing opioids for chronic noncancer pain has been strictly regulated for two decades in Taiwan. The aim of this study was to survey the patients' perspectives and potential drawbacks following long-term use of opioids.

Methods: An observational cross-sectional survey using the Taiwanese version of Brief Pain Inventory was conducted among outpatients with chronic noncancer pain registered by the Taiwan Food and Drug Administration. Patients were also asked about their sexual behavior, depression, opioid misuse behaviors, and use of complementary and alternative medicine.

Results: For 210 of 328 outpatients (64.0%), the median pain duration was 96 months and opioid treatment duration was 57 months. The median morphine equivalent dose was 150 mg/d, with 30.5% of patients exceeding the daily watchful dose, defined as 200 mg of morphine equivalent dose. Pain reduction after taking opioids was ~50% in the past week. The top three diagnoses were chronic pancreatitis, spinal cord injury, and neuralgia. The leading side effects were constipation (46.7%), and decreased sexual desire (69.5%) and satisfaction (57.9%). Depression was currently diagnosed in 55.2% of patients. Twenty patients

Conflicts of interest: The authors have no conflicts of interest relevant to this article.

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<http://dx.doi.org/10.1016/j.jfma.2016.10.015>

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(9.5%) displayed at least one aberrant behavior in the past month. Only 76 (36.2%) patients had ever received nerve block procedures, and 118 (56.2%) tried complementary and alternative medicine.

Conclusion: This nationwide survey described the concurrent pain intensity, daily function, and various adverse effects by long-term opioids among 210 monitored outpatients with chronic noncancer pain in Taiwan. More efforts are suggested to reduce opioid prescriptions in the 30% of patients exceeding daily watchful dose.

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Introduction

All chronic pain disorders outside of cancer pain or pain at the end of life are collectively labeled "chronic noncancer pain" (CNCP).¹ Prescribing opioids for CNCP started in the late 1990s² and became widespread when it was shown to be effective in numerous randomized controlled trials of CNCP patients.³ However, the long-term use of opioids has become increasingly controversial owing to concerns about efficacy for pain relief, daily life function, and tolerance.⁴ Prescription opioid misuse/abuse and associated morbidity and mortality are additional concerns.⁵ Despite the widespread use of opioids, significant research gaps exist with limited data from observational or epidemiological studies about long-term use of opioids in CNCP patients.^{4,6–12}

Taiwan began to reform its universal National Health Insurance program in 1995. Comprehensive coverage for more than 99% of Taiwan's 23 million population was achieved in 2007,¹³ including cancer patients¹⁴ and registered CNCP patients who were vulnerable to unemployment because of their chronic pain. Chronic opioid treatment has been strictly regulated in Taiwan since 1996, and each CNCP outpatient is required to be assessed by the hospital's opioid committee following consultations with an anesthesiologist or a pain specialist, a psychiatrist, and other relevant specialists, and eventually approved by the Taiwan Food and Drug Administration for legal long-term use of opioids.¹⁵ Oral (morphine or meperidine) and transdermal (fentanyl) prescriptions for strong opioids are limited to 2 weeks, whereas prescriptions for opioid injections must be renewed weekly. Every 4 months, the treating hospital is expected to submit a report on opioid therapy with patient evaluations to the Taiwan Food and Drug Administration for surveillance. Patients with aberrant behaviors suggestive of possible opioid misuse or abuse must be reported to the hospital committee for determination of discontinuation of opioid treatment.¹⁵

In 2001, we first interviewed 61 registered CNCP patients in Taiwan,⁷ who were compliant to chronic opioid therapy and obtained improved pain relief and daily function. Based on a 55% increase in opioid consumption in Taiwan from 2002 to 2007,¹³ this study was undertaken to interview the growing population of noncancer pain patients in Taiwan¹⁶ for their concurrent perceptions of pain relief and adverse effects by chronic opioid treatment, including drug misuse, daily function, depression, and sexual activity.

Methods

Participants

After obtaining approval and a grant from the Taiwan Food and Drug Administration in January 2010, all 328 registered CNCP patients were included in this study. To protect the patients' privacy, the list omitted the patients' Chinese first names and excluded their personal identification numbers, addresses, and telephone numbers, but contained the names of their treating physicians and hospitals. In the following 8 months, the study interviewers (the physician investigator or a trained research assistant) visited the outpatient departments of these hospitals and requested that the treating physicians identify the patients and their conditions. Patients were then briefly interviewed to determine their interest in this study. After signing the written informed consent approved by the Tri-Service General Hospital Institutional Review Board (TSGHIRB-098-05-254), Taipei, Taiwan, participants completed the questionnaires by themselves or with verbal help from the interviewer.

Study instrument

The Chinese language questionnaire was largely based on prior similar surveys^{1,7,17,18} but refined to achieve greater content validity by the review committee of six senior specialists with expertise in CNCP management, including one pain specialist experienced with clinically managing CNCP outpatients, one neurologist, one neurosurgeon, one psychiatrist, one physician-lawyer, and one epidemiologist. The first section of the questionnaire included the Taiwanese version of Brief Pain Inventory,¹⁸ which uses a numeric scale of 0 to 10 in order to evaluate pain intensity at its worst (10), least (0), and on average in the past week along with how pain interferes with daily function, including general activities, mood, ability to walk, normal work activities, relationships with other people, sleep, and enjoyment of life prior to and after taking opioids. The survey also asked the patient's reduction in pain intensity, stated as a percentage, after taking opioids in the past week. Adverse effects were recorded and opioid prescriptions were verified by the treating physicians at the outpatient departments and converted to a daily oral morphine equivalent dose (MED).¹⁹ Thus, oral morphine 30 mg was equivalent to 10 mg of intramuscular morphine

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