



Short communication

Pain management perceptions among prescription opioid dependent individuals



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ABSTRACT

Background: Nearly two-thirds of prescription opioid dependent individuals report chronic pain conditions as both an initial and current motivation for prescription opioid use. However, to date, limited information exists regarding perceptions of the adequacy of pain management and pain management behaviors among prescription opioid dependent individuals with a history of treatment for chronic pain. **Methods:** The current study examined perceptions of the medical management of chronic pain among community-recruited individuals ($N=39$) who met DSM-IV-TR criteria for current prescription opioid dependence and reported a history of treatment for chronic pain. Prescription opioid dependence, symptoms of depression, and pain management perceptions were assessed using the Structured Clinical Interview for DSM disorders, Beck Depression Inventory, and the Pain Management Questionnaire, respectively.

Results: Reports of insufficient pain management were common (46.2%), as was utilization of emergency room services for pain management (56.4%). Nearly half reported a physician as their initial source (46.2%) and pain management as their primary initial reason for prescription opioid use (53.8%), whereas 35.9% reported pain relief as their primary reason for current prescription opioid use. Symptoms of depression were common (51.3%), as was comorbid abuse of other substances and history of treatment for substance abuse.

Conclusions: Results highlight the complicated clinical presentation and prevalent perception of the under-treatment of pain among this population. Findings underscore the importance of interdisciplinary approaches to managing the complex presentation of chronic pain patients with comorbid prescription opioid dependence. Implications for future research are discussed.

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1. Introduction

The medical treatment of pain is one of the most common reasons for physician visits (Centers for Disease Control, 2011). Chronic pain conditions account for up to \$635 billion in annual public health expenditures and are a leading cause of high-cost emergency department utilization (Neighbor et al., 2007). Prescription opioids (PO) are commonly and increasingly used for the management of acute and chronic pain conditions (Kuehn, 2007; Volkow et al., 2011). Over the past two decades analogous increases in rates of PO

misuse (i.e., use other than as directed by a physician), abuse (i.e., a pattern of misuse that leads to significant distress or impairment), and dependence (i.e., physical symptoms of withdrawal and/or tolerance, as well as loss of control over use) have been observed (Manchikanti et al., 2012).

Clinicians in frontline healthcare settings are often tasked with balancing the adequate management of pain with the risks associated with chronic PO use, which include risk of misuse and development of physical and psychological dependence (Passik and Kirsh, 2008). Nearly two thirds (61%) of PO dependent individuals report experiencing chronic pain. More than half indicate that the management of chronic pain is a primary motivation for their continued use of POs (Barth et al., 2013; Hartwell et al., 2012; Passik et al., 2006). Further, many individuals first obtain POs from physicians and continue to be in need of effective management of chronic pain conditions (Back et al., 2011; Barth et al., 2013; Labianca et al.,

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2012). Comorbid depression often further complicates clinical presentation of chronic pain and PO dependence (POD); moderate to severe depression is experienced by an estimated 18–35% of chronic pain patients (Fishbain, 2013).

The aim of this study was to characterize the prevalence and types of pain management perceptions and behaviors, as well as report the prevalence of comorbid depression and comorbid abuse of additional substances, among community-recruited POD individuals reporting a history of treatment for chronic pain.

2. Methods

2.1. Participants

Participants in the current study were individuals who met current (i.e., past 6 months) Diagnostic and Statistical Manual, Fourth Edition (DSM-IV; American Psychiatric Association, 2000) criteria for substance dependence on POs but were not currently seeking addiction treatment ($n = 122$), and responded 'yes' to the question of whether they had sought medical treatment for a chronic pain condition in the past ($n = 39$).

2.2. Procedure

Participants were informed about all study procedures. IRB-approved written informed consent was obtained before any study procedures occurred. Participants were recruited as part of a larger study on the relationship between stress, drug cues, and hypothalamic-pituitary-adrenal (HPA) axis function. Participants were recruited through media outlets (e.g., newspaper, advertisements, Craigslist), as well as local pain and substance abuse clinics, and were initially screened over the phone for study eligibility. Exclusion criteria included: pregnancy or nursing; BMI ≥ 39 ; major medical problems or medications that could effect the HPA axis (e.g., antihypertensive medications, beta-blockers, synthetic glucocorticoid therapy); younger than 18 years of age; current comorbid psychiatric diagnosis (e.g., major depressive disorder or post-traumatic stress disorder, current or history of bipolar affective disorder or a psychotic disorder as assessed by the M.I.N.I. (Sheehan et al., 1998)); or use of methadone or other opioid replacement therapies in the past three months. Individuals who met DSM-IV-TR criteria for abuse of or dependence on other substances identified POs as their primary drug of choice.

Following screening, participants presented for an in-person baseline visit consisting of a series of Structured Clinical Interviews to assess substance use disorders and comorbid psychiatric conditions, self-report measures assessing constructs related to POD including sleep and depression, a urine drug screen and breathalyzer test, and a history and physical examination. Participants were compensated \$50 for completing the assessment battery. The current study received approval from the Institutional Review Board at the Medical University of South Carolina in April, 2008.

2.3. Measures

Demographics, age of first use of POs (*How old were you when you first used POs?*), and types of POs used (*Which POs do you currently take? List all that apply*) were assessed using forms created for the current study. POD and age of onset of POD were assessed with the Structured Clinical Interview for DSM-IV Disorders (SCID; First et al., 2002), and consistent with DSM-IV, included both physical dependence (e.g., tolerance and withdrawal) and loss of control over use as criteria. The SCID was also used to assess additional substance use characteristics. The Beck Depression Inventory-II (BDI; Beck et al., 1996) assessed depressive symptoms experienced in the past two weeks. The Pain Management Questionnaire (PMQ; Adams et al., 2004) assessed pain management perceptions/behaviors.

2.4. Analyses

Frequency statistics are reported for key variables. SPSS v.22 was used for all analyses.

3. Results

3.1. Demographics

The final sample of POD individuals reporting a history of treatment for chronic pain ($N = 39$) was a mean of 42.23 (SD = 12.46) years of age. Approximately half ($n = 20$; 51.3%) of participants were female. Most were Caucasian ($n = 33$; 84.6%), single/unmarried or divorced ($n = 23$; 59.0%), had completed at least some college ($n = 23$; 59.0%), and were unemployed at the time of the study ($n = 30$; 76.9%).

Table 1

Prescription opioid formulations participants' ($N = 39$) indicating they were currently taking.

Prescription opioid brand name (generic name)	Yes, n (%)
Oxycodone	23 (59.0%)
Oxycontin (Oxycodone)	19 (48.7%)
Percocet (Oxycodone/Acetaminophen)	24 (61.5%)
Percodan (Oxycodone/Aspirin)	5 (12.8%)
Roxicodone (Oxycodone Hydrochloride)	6 (15.4%)
Tylox (Oxycodone/Acetaminophen)	4 (10.3%)
Hydrocodone	23 (59.0%)
Vicodin (Hydrocodone/Acetaminophen)	18 (46.2%)
Lortab (Hydrocodone/Acetaminophen)	30 (76.9%)
Hycodan (Hydrocodone/Homatropine Methylbromide)	3 (7.7%)
Dolophine (Methadone Hydrochloride)	3 (7.7%)
Morphine	10 (25.6%)
Duramorph (Morphine)	0
Roxanol (Morphine Sulfate)	1 (2.6%)
MS Contin (Morphine Sulfate)	7 (17.9%)
Oramorph (Morphine)	0
Dilaudid (Hydromorphone Hydrochloride)	8 (20.5%)
Fentanyl	3 (7.7%)
Duragesic (Fentanyl)	1 (2.6%)
Sublimaze (Fentanyl Citrate)	0
Actiq (Fentanyl)	0
Buprenorphine	3 (7.7%)
Subutex (Buprenorphine)	1 (2.6%)
Suboxone (Buprenorphine/Naloxone)	4 (10.3%)
Buprenex (Buprenorphine Hydrochloride)	0
Codeine	8 (20.5%)
Empirin (Aspirin/Codeine)	0
Tylenol 1, 2, or 3 (Acetaminophen/Codeine)	5 (12.8%)
Demerol (Meperidine Hydrochloride)	4 (10.3%)
Darvon (Propoxyphene)	4 (10.3%)

3.2. Substance use characteristics

All participants reported daily cigarette use. As indicated by SCID assessment, comorbid (to POD) substance abuse was common: 7.7% (current alcohol abuse), 25.6% (history of alcohol abuse), 7.7% (current marijuana abuse), 23.1% (history of marijuana abuse), 12.8% (history of cocaine abuse), 2.6% (current sedative abuse), and 10.3% (history of sedative abuse). Participants reported taking an average of 5.56 (SD = 3.42) brands/types of opioids. On average, POD individuals were 25.38 (SD = 11.55) years of age at the onset of their PO use and an average of 31.77 (SD = 11.38) years of age at the onset of PO dependence. Nearly half ($n = 18$; 46.2%) reported a physician as their initial source and more than half ($n = 21$; 53.8%) reported pain relief as their primary motive for initial PO use, whereas only 6 (15.4%) individuals reported experimentation/getting high as their primary motive for initial use. More than one-third ($n = 14$, 35.9%) reported pain management as their main reason for current use. POs taken by this sample are detailed in Table 1.

3.3. Pain management, depression, and substance abuse treatment

PMQ item response prevalence rates are presented in Table 2. The mean BDI score for this sample (15.62, SD = 8.86) was in the 'mild depression symptom' range. Scores ranged from 3 to 37, with 45.9% ($n = 17$) endorsing no/minimal symptoms, 19% ($n = 7$) endorsing mild symptoms, 27% ($n = 10$) endorsing moderate symptoms, and 8.1% ($n = 3$) endorsing severe symptoms of depression in the two weeks prior to baseline assessment. Nearly 2 in 5 (38.5%) reported a history of addiction treatment.

4. Discussion

To our knowledge, this is the first study to explore perceptions of pain management among POD individuals with a history of

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