



# Revista Clínica Española

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## BRIEF ORIGINAL

# Use and dependence on opioid drugs in the Spanish population with chronic pain: Prevalence and differences according to sex<sup>☆</sup>

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Received 23 January 2017; accepted 29 March 2017

### KEYWORDS

Chronic pain;  
Opioid drugs;  
Dependence;  
Sex differences

### Abstract

**Objectives:** To analyze the prevalence in the use and dependence on opioid drugs in the Spanish population with chronic pain and evaluate the differences according to sex.

**Patients and methods:** The demographic variables, opioid treatment characteristics and use of other substances were assessed in 229 users of opioid drugs. A descriptive bivariate analysis of the data was performed.

**Results:** Forty-six percent of the patients met the criteria of dependence on opioid drugs (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition [DSM-IV-TR]). Alcohol and cannabis consumption was greater in the men. The rates of dependence on the use of opioid drugs were significantly higher in the extended treatments.

**Conclusions:** Planning for treatments with opioids and strategies for preventing inappropriate use should not depend on the patient's sex. We need further studies on the medical and psychological variables related to the use of and dependence on opioids.

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### PALABRAS CLAVE

Dolor crónico;  
Fármacos opioides;  
Dependencia;  
Diferencias de género

### Uso y dependencia de fármacos opioides en población española con dolor crónico: prevalencia y diferencias de género

### Resumen

**Objetivos:** Analizar la prevalencia del uso y la dependencia a fármacos opioides en población española con dolor crónico y evaluar diferencias de género.

<sup>☆</sup> Please cite this article as: Coloma-Carmona A, Carballo JL, Rodríguez-Marín J, Pérez-Carbonell A. Uso y dependencia de fármacos opioides en población española con dolor crónico: prevalencia y diferencias de género. Rev Clin Esp. 2017. <http://dx.doi.org/10.1016/j.rce.2017.03.007>

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*Pacientes y métodos:* En 229 usuarios de fármacos opioides se evaluaron variables sociodemográficas, características del tratamiento con opioides y uso de otras sustancias. Se realizó un análisis descriptivo y bivariado.

*Resultados:* El 46% cumplía criterios de dependencia de fármacos opioides (*Diagnostic and Statistical Manual of Mental Disorders, 4th Edition [DSM-IV-TR]*). El consumo de alcohol y cannabis fue mayor en hombres. Las tasas de dependencia en el uso de fármacos opioides fueron significativamente superiores en los tratamientos prolongados.

*Conclusiones:* La planificación de tratamientos con opioides y las estrategias de prevención de uso inadecuado deben ser independientes del género. Son necesarios más estudios que profundicen en las variables médicas y psicológicas relacionadas con el uso y la dependencia de opioides.

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## Background

Chronic pain is a significant health problem, with an estimated prevalence of 20% in the Spanish adult population.<sup>1</sup> Despite reservations concerning their long-term safety and efficacy,<sup>2</sup> opioid drugs have become the treatment of choice for patients with chronic pain of medium-high intensity,<sup>3</sup> representing 34% of the prescribed drugs for this purpose.<sup>4</sup>

Although there are no updated data for Spain, it is estimated that the use of opioids has progressively increased,<sup>5,6</sup> multiplying by 14 in the last 2 decades.<sup>7</sup> The increase in prescriptions has been related to an increase in the rates of abuse of and dependence on these drugs. Although there is no agreement on the prevalence data, there are several studies that have placed these rates above 35%.<sup>8,9</sup> There are few studies that have analyzed the influence of an individual's sex on the use and abuse of prescription opioids, despite the importance of the differences between men and women in the consumption of other substances.<sup>10</sup>

The aim of this study is to analyze the prevalence of dependence on opioids in a sample of Spanish patients with chronic pain and to assess the potential sex differences in opioid use and dependence on them.

## Material and methods

The study had 254 participants who consumed opioids for chronic nononcologic pain. We collected data from September 2014 to January 2017 from all patients who attended the pain management unit of a general university hospital. The study inclusion criteria were an age greater than 18 years and outpatient medical treatment with opioid analgesics for at least the last 3 months (80% consumed opioids for more than 12 months). We did not include patients who could not be evaluated properly due to their inability to understand the questions (due to the effects of a substance or neurological problems) or who did not agree to undergo the entire evaluation. The definitive sample ultimately consisted of 229 patients. The sample's mean age

was  $59 \pm 14$  years (range, 25–94 years), 69% were women, and 31% were men.

After signing an informed consent form and in individual 30 min meetings conducted by trained psychologists, the patients underwent an ad hoc semi-structured interview during which the following variables were recorded: demographic characteristics (e.g., age and marital status), characteristics of the opioid drug treatment (type of drug, treatment duration, administration routes and use of psychoactive drugs as adjuvants) and consumption of other substances. Dependence on opioid drugs was assessed with a 7-item list with dichotomous responses (yes/no), as shown in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV-TR).<sup>11</sup>

Given the lack of agreement on the prevalence rates of abuse and dependence on opioid drugs, the sample size was calculated considering the percentage of the population afflicted by chronic pain. With an expected rate of 20% for chronic pain in the Spanish population, a 5% margin of error and a 95% confidence interval, the minimum sample size required was 249 participants.

## Data analysis

The data were analyzed using the IBM<sup>®</sup> statistical program SPSS<sup>®</sup> Statistics for Macintosh, version 20.0.<sup>12</sup> We performed a bivariate analysis, using the chi-squared test as the contrast statistic for the noncontinuous variables and Student's *t*-test for independent samples in the continuous variables. We calculated Cohen's *d* effect size for the continuous variables and Cramer's Phi for the noncontinuous variables. To reduce the type I error as much as possible, we used the Bonferroni correction for an error  $\alpha$  of 0.05 in groups of related variables.

## Results

The demographic characteristics of the sample were homogeneous for both sexes (Table 1).

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