

Opioids may not spell relief for chronic back pain sufferers with depression, anxiety

July 9 2015

Although opioids are frequently prescribed to treat chronic lower back pain, new research suggests these powerful medications may be less effective in some patients. A study published in the Online First edition of *Anesthesiology*, the official medical journal of the American Society of Anesthesiologists (ASA), found patients who were prescribed opioids to treat chronic lower back pain experienced significantly less pain relief and were more likely to abuse their medication when they had psychiatric disorders such as depression or anxiety.

"High levels of depression and anxiety are common in [patients](#) with chronic lower back [pain](#)," said Ajay Wasan, M.D., study author and professor of anesthesiology and psychiatry at the University of Pittsburgh School of Medicine. "Learning that we are able to better predict treatment success or failure by identifying patients with these conditions is significant. This is particularly important for controlled substances such as opioids, where if not prescribed judiciously, patients are exposed to unnecessary risks and a real chance of harm, including addiction or serious side effects."

Chronic [lower back pain](#) affects 50 million adults in the United States. Patients with lower back pain may experience depression or anxiety in response to their [chronic pain](#).

In the prospective cohort study, researchers examined 55 chronic lower back pain patients with low- to-high levels of depression or anxiety symptoms. Patients were given morphine, oxycodone or a placebo to

take orally for the pain as needed over a six-month period. Patients recorded their pain levels and the doses taken daily.

Patients with high levels of depression or anxiety experienced 50 percent less improvement in back pain (21 percent vs. 39 percent pain improvement), 75 percent more opioid abuse (39 percent vs. eight percent), and increased side effects when compared to patients with low levels of depression or anxiety symptoms.

"It's important for physicians to identify psychiatric disorders prior to deciding whether to prescribe opioids for chronic back pain as well as treat these conditions as part of a multimodal treatment plan," said Dr. Wasan. "Rather than refusing to prescribe opioids, we suggest that these conditions be treated early and preferably before lower back pain becomes chronic. For those prescribed opioids, successful treatment of underlying psychiatric disorders may improve [pain relief](#) and reduce the chance of opioid abuse in these patients."

The authors note that further testing is needed to confirm whether treating [psychiatric disorders](#) early in the course of lower back pain can solely improve pain and function without the use of [opioids](#) or other treatments.

Provided by American Society of Anesthesiologists

Citation: Opioids may not spell relief for chronic back pain sufferers with depression, anxiety (2015, July 9) retrieved 17 July 2023 from <https://medicalxpress.com/news/2015-07-opioids-relief-chronic-pain-depression.html>

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