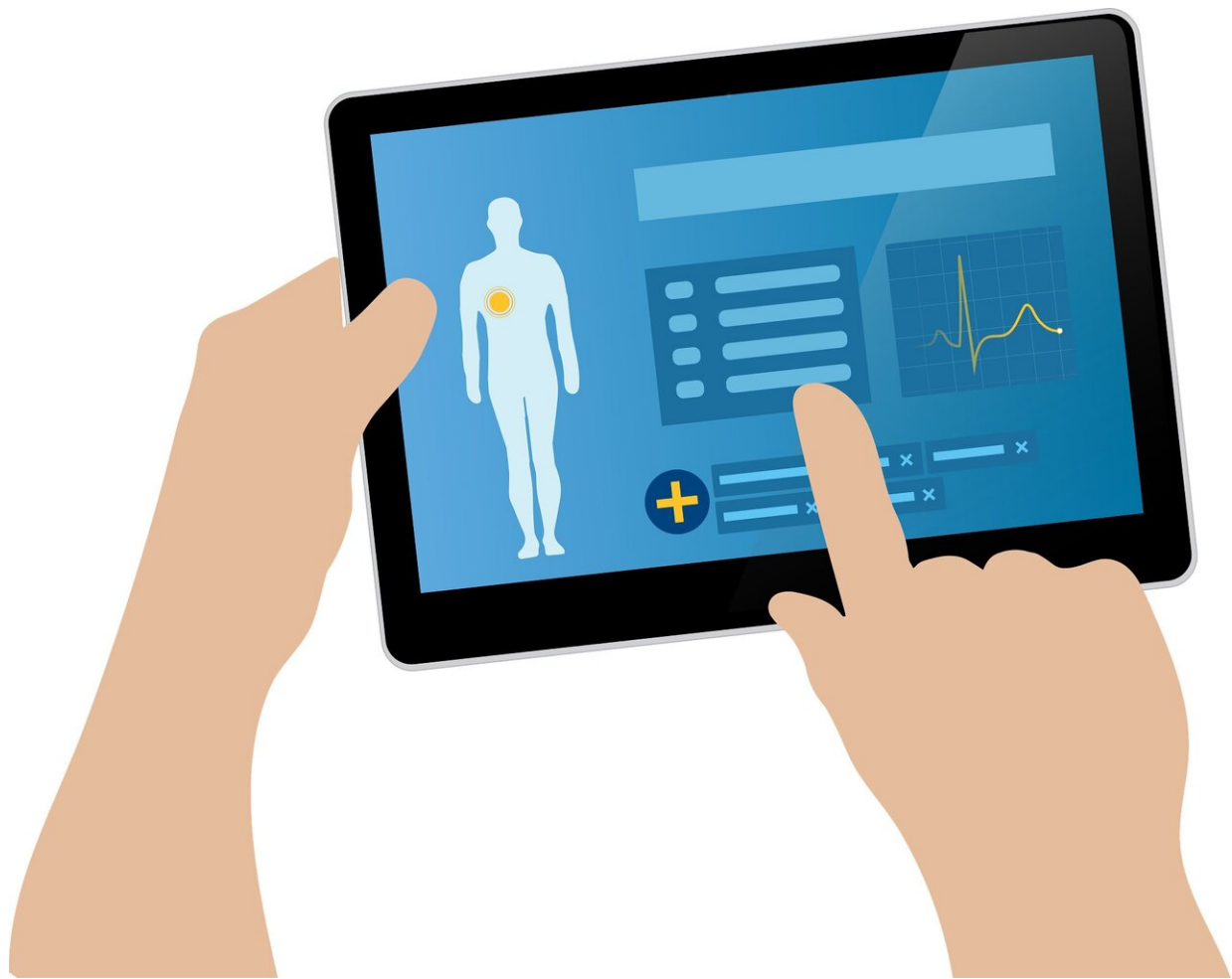


E-health reduces patient pain, opioids in clinical study

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An online "e-health" program helped more people with chronic pain reduce their opioid medications and pain intensity than a control group that had only regular treatment in a recent clinical study.

In the study published in the [journal *Pain*](#), about 400 participants who had been prescribed long-term [opioid treatment](#) for their pain were divided into two groups: one received treatment as usual and another received treatment and access to a self-guided, e-health program. Of the e-health group, more than half, 53.6%, were able to reduce their [opioid medications](#) by 15% or more after six months compared to 42.3% of patients in the control group.

"These were very encouraging findings: not only were they reducing opioids but also their pain was not becoming worse," said Marian Wilson, a Washington State University nursing associate professor and the study's lead author. "Some people are hesitant to stop their opioid medication because they fear their pain will increase, but we found that at least on average in this population, they could reduce their opioids a bit and not have increased pain symptoms."

An estimated 50 million people in the U.S. have [chronic pain](#) and about 18 million are prescribed long-term opioid treatment. Since opioid use risks include addiction and even [accidental death](#), researchers are searching for alternatives to help these patients.

At the start of this study, all the participants rated their chronic pain at an average intensity of 5 or 6 on a 0 to 10 point scale with 10 being the most extreme pain. Chronic pain can arise from a range of conditions that have no cure, and the study participants had a range of diagnoses including arthritis, back pain, fibromyalgia and migraines.

At the end of the study, 14.5% of the e-health group reported that their pain was reduced by 2 points or more. Only 6.8% in the [control group](#)

had the same level of pain decrease. The researchers also observed the patients improved their pain knowledge, confidence managing pain and coping skills.

For this study, the researchers used a psychologist-designed e-health program, called [Goalistics Chronic Pain Management](#). This self-guided course aims to help people manage their own pain and its many impacts on their lives. The program contains a mix of pain tracking tools, [cognitive therapy](#), exercise tips and relationship advice as well as information about opioid use and risks.

The program provides content similar to what a patient might receive from a psychologist who specializes in pain, a treatment that isn't easily accessible for everyone, said Wilson.

While similar programs exist, the researchers chose this one because it is widely available in the U.S. and delivered fully online. Wilson also tested the Goalistics program in previous research providing preliminary data for this study's large, randomized trial.

Since pain is such an individualized experience, the authors argue that patients can benefit from self-management programs so they can track their pain levels and experiment with different strategies.

"The idea is to put the patient in the driver's seat because we can give them a prescription for opioids, and that will work for a little while, but over time for chronic pain, it's not usually going to be the solution to fix all their troubles," she said.

Wilson added that chronic pain patients often have mood, social and physical functioning issues that also need attention.

The findings provide more evidence that online self-management

programs are beneficial for chronic pain patients, and a variety of agencies, including the Centers for Disease Control and Prevention, support their widespread use.

At the time of this study, the e-health program had a monthly \$30 fee. While relatively inexpensive compared to treatment by a [pain](#) psychologist, these types of programs are not covered by most insurance in the U.S. Other countries including Canada and Australia provide similar programs to [patients](#) for free, and Wilson is currently working on a project that aims to achieve greater access in the U.S.

In addition to Wilson, study co-authors include Rowena Dolor of Duke University as well as Daniel Lewis, Sandra Regan, Mary Beth Vonder Meulen and T. John Winhusen of University of Cincinnati.

More information: Marian Wilson et al, Opioid dose and pain effects of an online pain self-management program to augment usual care in adults with chronic pain: a multisite randomized clinical trial, *Pain* (2022). [DOI: 10.1097/j.pain.0000000000002785](https://doi.org/10.1097/j.pain.0000000000002785)

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