

Researchers find anti-depressants reduce pain in opioid-dependent patients

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In what is believed to be the first study of its kind to demonstrate an association between the antidepressant escitalopram and improved general pain, researchers from Boston University School of Medicine (BUSM), have found that opioid-dependent patients treated with escitalopram experienced meaningful reductions in pain severity and pain interference during the first three months of therapy. These findings appear in the journal *Pain*.

Pain is common in opioid-dependent patients yet pharmacologic strategies are limited. Among methadone-treated patients, estimates of chronic pain prevalence range between 37-61 percent. Management of pain in opioid-dependent patients is a clinical challenge given concerns for opioid abuse and misuse among individuals with prior substance use disorders. Yet unresolved pain may be a risk factor for relapse among patients whose pain is not fully treated.

According to the authors antidepressants may constitute an appealing option for treating pain in opioid-dependent patients because of the frequent coexistence of depression in this population. The use of [selective serotonin reuptake inhibitors](#) (SSRIs) for chronic pain conditions has been less well studied.

The study used [longitudinal data](#) from a randomized, controlled trial that evaluated the effects of escitalopram on treatment retention in patients with [depressive symptoms](#) who were initiating [buprenorphine/naloxone](#) for treatment of opioid dependence. Participants were randomized to receive 10 m.g. of escitalopram or a placebo daily. Changes in pain severity, pain interference and depression were assessed at one, two and three-month visits with the visual analog scale, Brief Pain Inventory, and the [Beck Depression Inventory II](#), respectively.

"This study found that treatment with escitalopram

resulted in significantly decreased pain severity and interference over time, with a nearly 30 percent reduction in pain severity after one month compared to control," explained lead author Judith Tsui, MD, MPH, assistant professor of medicine at BUSM. "Adjusting for within-subject changes in depression scores did not affect the effects of escitalopram, suggesting the analgesic properties of escitalopram were independent of its antidepressant effects," she said.

Tsui stresses that more research is needed on the use of nonnarcotic medications such as SSRIs to treat pain in opioid-dependent populations. "Alternative, non-opioid pharmacologic therapies are needed to address pain in opioid-dependent populations."

Provided by Boston University Medical Center

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