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Prescription Opioids: A Band-Aid for Chronic Low Back Pain

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Abstract
Pain is one of the most common reasons patients seek medical care in the outpatient clinic and emergency department setting.

Research Questions
1. For patients with CLBP, what are the non-pharmacologic, complementary and/or alternative therapies available and what is their efficacy?
2. During initiation or continuation of prescription opioid use for CLBP, what guidelines are available to aid clinicians in management of safe and effective patient care?

Introduction
Pain is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage” (Kiviat et al., 2016).

• Acute (present for < 3 months)
• Chronic (lasting > 3 months)

“Chronic neck and back pain are conditions that people live with the longest” (Slade et al., 2016).

Management of CLBP is multifaceted.

Complementary Alternative Medicine (CAM)• Physical Therapy / Home Exercise Programs
• Chiropractic Care / Massage Therapy
• Acupuncture / Acupressure
• TENS units
• Cognitive Behavioral Therapy / Biofeedback
• Multidisciplinary Biopsychosocial Rehabilitation
• Nonopioid pharmacotherapy
• Interventional Pain Management

Applicability to Clinical Practice
• Use of CAM therapies, as well as nonopioid medications, are recommended as first-line treatment and management of both acute and CLBP.
• Use of the CDC’s 2016 Guideline for Prescribing Opioids for Chronic Pain is highly recommended. A summary of the CDC guidelines include:
  • Use of nonpharmacologic and nonopioid medications are considered first-line treatments.
  • Avoid expensive and unnecessary imaging early on (pain for less than 3 months).
  • Consider coexisting psychosocial diagnoses including anxiety, depression, and insomnia; providing treatment when appropriate.
  • Thoroughly educate the patient of the risks associated with opioid use.
  • Discuss, with the patient, ways to securely store their controlled substance(s) at home.
  • Start with low doses of immediate-release opioids and titrate to the minimum dose for effective pain relief; avoid doses higher than 50MME as this increases the risk of overdose and death; prescribe no more than needed; establish goals.
  • Avoid concomitant use of benzodiazepines and other narcotics.
  • Regularly evaluate the patients pain and function status to allow for appropriate titrations, with the intention of discontinuing (opioid) medications as soon as possible.
  • Diligent use of your states’ prescription drug monitoring program.
  • For select individuals, perform random urine drug screens.
  • Arrange treatment for opioid use disorder if needed.

Discussion
Limited studies are available regarding the effects of complementary therapies for CLBP. Experts recommend that further studies on alternative and complementary therapies should be conducted to prove efficacy and clinicians should be educated on these safe and effective alternatives to prescription opioids.

Two common types of treatment approaches are CAM therapies and nonpharmacological therapies.

CAM therapies have been noted to provide significant benefits to patients with CLBP.

Nonpharmacological treatments have been noted to provide significant benefits to patients with CLBP.

References

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