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Abstract

Despite the widespread use of opioid medications to treat chronic pain, there is no significant evidence to support this practice. A recent article reviewing the evidence regarding the use of opioids to treat chronic non-cancer pain concluded, there is no high- quality evidence on the efficacy of long-term opioid treatment of chronic non-malignant pain. A recent Cochrane review comparing opioids to placebo in the treatment of low back pain came to a similar conclusion. This review said that there may be some benefit over placebo when used for short term treatment, but no evidence supports opioids are helpful when used for longer than four months.

Keywords: Medications; Opioids; Chronic pain; Back and neck pain; Epidemiology; Therapy

Introduction

Although there is some benefit over placebo when used short term, there is no evidence of benefit over non-opioid medications when used for less than four months. Several other reviews have also concluded that no evidence exists to support long term use longer than four months of opioids to treat chronic pain. Epidemiologic studies have also failed to confirm the efficacy of chronic opioid therapy for chronic non-cancer pain [1]. A large study from Denmark showed that those with chronic pain who were on COT had higher levels of pain, poorer quality of life, and were less functional than those with chronic pain who were not on COT. In the last 20 years in the U.S., we have increased our consumption of opioids by more than percentages. Despite this increase, we have not decreased our suffering from pain. The Burden of Disease study in the Journal of the American Medical Association showed that Americans suffered as much disability from back and neck pain in and as they did in before the escalation in the prescribing of opioids [2]. A study in JAMA found that despite rapidly increasing medical expenditures from 1997 to 2005, there was no improvement over this period in self-assessed health status, functional disability, work limitations, or social functioning among respondents with spine problems. It is currently estimated that more than 9 million Americans use COT for the treatment of chronic non-malignant pain when we consider the proven benefits of this treatment along with the known risks, we must ask ourselves how we can ethically continue this treatment [3].

Discussion

evidence and expert opinion suggest it may be beneficial in a few, select people. However, epidemiologic studies suggest that it may be doing more harm than good. The treatment of incurable cancer, end stage lung disease, and other end-of-life situations are notable examples where opioid medications are absolutely indicated. Although opioid pain killers are not very good medications for the treatment of pain, they are very strong psychotherapeutic agents. They are excellent at relieving anxiety and treating depression for a limited time. Opioids cause beneficial changes to brain serotonin, epinephrine, norepinephrine, dopamine, and endorphins [4]. For short-term, end-of-life situations,

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situations in which opioid painkillers are used today, they are not appropriate. The standard of care in the practice of medicine today is to provide the best treatment