Duke University School of Medicine Doctor of Physical Therapy

Background

- Although commonly prescribed, no major multidisciplinary low back pain guidelines recommend opioids as an initial intervention for chronic, noncancer pain
- 75% of people addicted to heroin were originally prescribed an opioid
- Opioids have many undesirable side effects
- Tolerance due to prolonged use can create a cycle in which patients require higher and higher doses
- Despite these facts, and a growing epidemic, opioids are commonly prescribed for low back pain without considering a more conservative approach first



Purpose

- Investigate the harms and benefits of oral opioids for low back pain compared to placebo and other interventions
- To assess the quality of literature regarding opioid use for low back pain

Methods

• A systematic review was performed using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline and was conducted in MEDLINE, Embase, and Web of Science.

Randomized **Control Trial** English Language Published after 2000 Low Back Pain **Opioid-Naïve or** Previous Opioid Use

Infection

Radicular Pain **Prior Surgical** Intervention Cancer Deformity

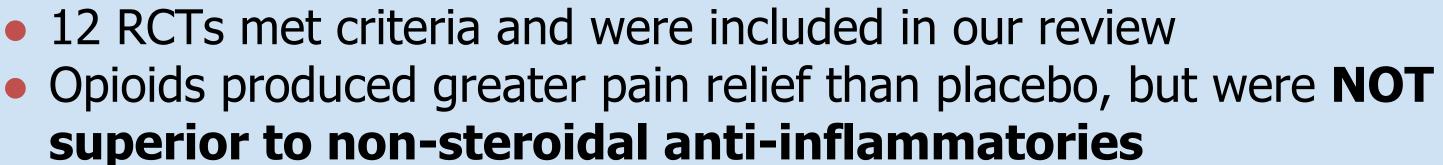
Description and Severity of Reported Harms Pain Relief Outcomes Study Quality and Conflict of

Interest

Harms and Benefits of Opioids for Management of Non-Surgical Chronic Low-Back Pain: A Systematic Review

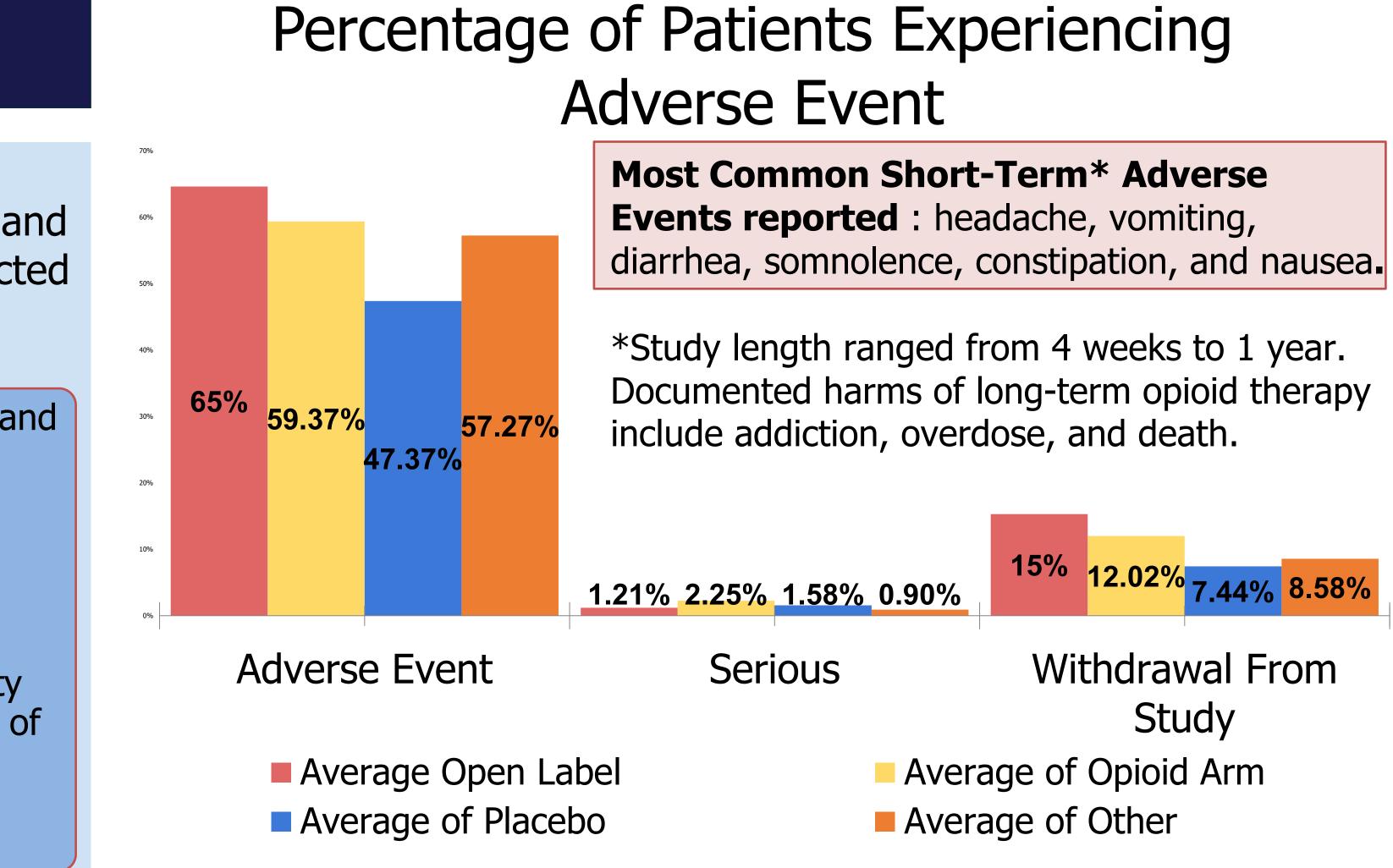
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Results



- High rates of adverse events and patient withdrawal were associated with oral opioid intervention
- The higher the dose of opioids, the higher the rate of harms
- All trials were short-term
- Significant conflict of interest was found in most studies



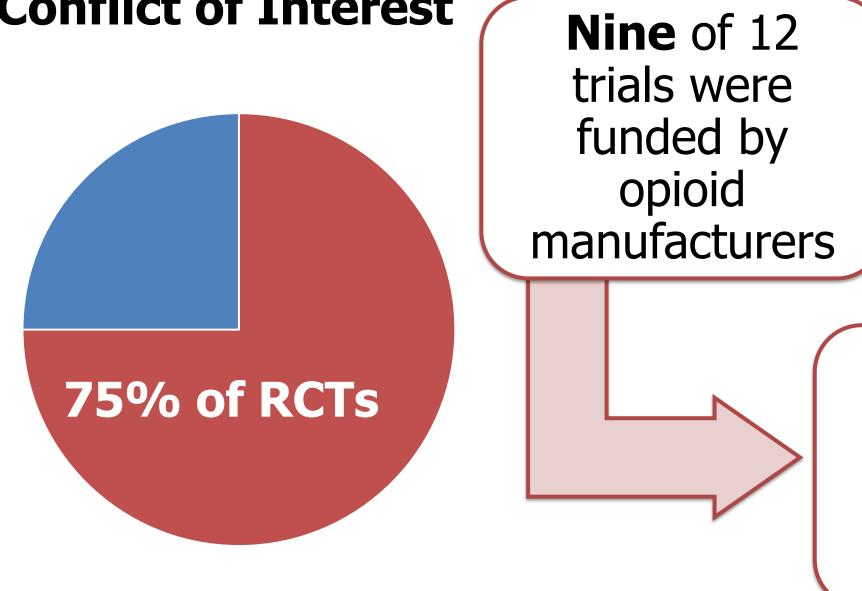


Analysis

15% 12.02% 7.44% 8.58%

Withdrawal From Study Average of Opioid Arm Average of Other

Conflict of Interest



Conclusions

- Despite being funded by pharmaceutical companies, many of data
- Higher incidences of harms are present with the use of opioids, and outcomes do not appear to be superior to comparators such as non-steroidal anti-inflammatory agents
- The results of these trials support current low back pain guidelines and do not condone the initial use of opioids in management of low back pain
- provide the necessary information to assess the withdrawal effect that has led to this epidemic

Clinical Relevance

Opioid use leads to high incidences of harms and should not be prescribed for the treatment of low back pain.

Acknowledgements / References

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Eight of these nine were studies that favored the opioid

studies reported significant harms and high drop out rates

• The research lacks long-term follow-up data, which would

