

# Prescription Opioid Addiction When Initiating

Training doctors better and training better doctors | Reflections of a medical educator | Aiming to improve medicine, one blog post at a time

# Opioids for Pain. A Systematic Review" by @JanKlimas @LaurenGorfinkel Fairbairn (@ubcmedicine) Amato @KeithAhamad Nolan Simel & Wood

Posted on ~~February 4, 2021~~ February 3, 2021 by Dr Andrew Huang

Views **17,018** | Citations **20** | Altmetric **49** | Comments

PDF	More ▾	Cite	Permissions
-----	--------	------	-------------

Download PDF

Comment

**Original Investigation** | Substance Use and Addiction

May 3, 2019

## Strategies to Identify Patient Risks of Prescription Opioid Addiction When Initiating Opioids for Pain A Systematic Review

Jan Klimas, PhD, MSc<sup>1,2,3</sup>; Lauren Gorfinkel, BArtsSc<sup>4</sup>; Nadia Fairbairn, MD, FRCPC<sup>2,3</sup>; et al

[Author Affiliations](#) | [Article Information](#)

### Top of Article

- Key Points
- Abstract
- Introduction
- Methods
- Results
- Discussion
- Conclusions
- Article Information
- References

Klimas, Jan, Lauren Gorfinkel, Nadia Fairbairn, Laura Amato, Keith Ahamad, Seonaid Nolan, David L. Simel, and Evan Wood. 'Strategies to Identify Patient Risks of Prescription Opioid Addiction When Initiating Opioids for Pain: A Systematic Review'. *JAMA Network Open* 2, no. 5 (2019): e193365–e193365.

## Why am I making notes on this?

- Opioids are commonly used in anaesthesia and pain medicine.
- Prescription opioid use disorder is a problem, and it's made by us doctors.
- The holy grail is to be able to predict who are going to end up with problematic use of the medications.
- When I was studying for my pain medicine fellowship, there were a number of screen tools suggested for identifying at risk groups.

## What is it telling me?

- Their search yielded 1287 studies, of which 102 were for full text review. They then excluded 96 of these studies leaving only 6 studies for inclusion in the final review.
- The ability of the risk tools to screen patients was limited.
- From the studies they reviewed, a prior history of substance use disorder and a mental health diagnosis correlated with higher risk. Other correlations – length of use >30 days; high dose (>120 oMEDD); concurrent use of other anti-psychotics.
- Absence of a mood disorder was associated with lower risk.
- “no symptoms, signs, or screening tools were particularly useful for identifying those at lower risk.”

## So What?

- This study confirms what I already suspected – that screening tools are not particularly helpful; that patients who don't have mood disorders are at lower risk of OUD; that people who already have a substance use disorder are at risk, as are patients who use opioids for a long time and/or use high doses.
- In my opinion, these patients often are using the medications to escape (an frequently awful) reality and anaesthetizing themselves to the vicissitudes of life.
- Opioids are undoubtedly useful medications for treating acute pain. In acute pain, their use should be pain contingent (not time-contingent) and time-limited.
- Opioids are most probably not useful medications for treating chronic pain. Tolerance is inevitable with chronic use.
- My preference is for people to be “organic” – that is chemical free, and free range.

## Now what?

- Administering risk tools or predictors are a waste of time from my perspective. There are very few indications for opioids for chronic non-cancer pain, and the risks often outweigh the benefits. Instead of administering risk tools, we should be limiting the opioids we initiate, and trying to prescribe only safe amounts to those who are already on established therapy.

---

## Published by Dr Andrew Huang

I am an enthusiastic medical educator who has commenced a PhD in Medical Education through the University of Melbourne in 2019 focusing on the use of video technology. I also have postgraduate specialist qualifications in Anaesthesia, Pain Medicine, and Medical Administration, having obtained fellowships with the Australian and New Zealand College of Anaesthetists and the Faculty of Pain Medicine, ANZCA. I currently hold the position of Supervisor of Training at Austin Health and am the medical lead for Pain Medicine at Eastern Health. My interests include education, governance, leadership and most importantly, family. [\*\*View all posts by Dr Andrew Huang\*\*](#)

---