

For Some, Opioid Drugs May Worsen Pain



Pain is the most common reason people seek medical treatment. People who have chronic pain, often resulting from on-the-job injuries, may want treatment with the most potent pain medications—opiates, also referred to as narcotics.*



Opioid pain relievers are the mainstay of treatment for severe chronic pain.¹ Their use has more than doubled over the past decade, and this has caused many problems. These drugs have a high potential for abuse. Their misuse has led to many overdose deaths.^{2,3} In addition, there is a lack of evidence that use of these drugs is effective over a long time period.⁴ New evidence shows that opiates taken for long periods may in some people *increase* the body's perception of pain.^{4,5} This experience is called *opioid-induced hyperalgesia (OIH*; pronounced "hy-per-al-geez'-ee-ya").

What Is Opioid-Induced Hyperalgesia?

OIH is a puzzling condition where opioids prescribed to reduce pain may make patients more sensitive to pain.⁴ The increased perception of pain may lead to a feedback loop of need for higher and higher doses, more risk of overdose, and increasing pain. It may even worsen the pain for which patients took the drug in the first place.

More studies are needed to determine the cause of OIH, how common it is, who is at risk of developing OIH, and how it should be treated. Based on what has been learned from animal and human studies, the following may be true:

- The treatment of pain with high doses of opiates may increase the chance of greater levels of pain at later times.
- People who are taking high doses of opiates for chronic pain may have increased levels of postoperative pain, even when their opiate doses are increased.
- People using opiates, or who have used opiates in the past, may have increased pain responses to such procedures as having their blood drawn.¹

What to Do If a Person Is Considering the Use of Opioid Drugs for Chronic Pain

Opioid pain medications are the most powerful pain relievers available to ease severe pain. Before taking them, it is best to discuss all the pros and cons, including the possibility of developing OIH, with a medical care provider. Too often, opiates are prescribed when safer medications would do or when lesser amounts are needed. Since use of opiates may in the long run heighten rather than lessen chronic pain, it is best to try safer medications first, before taking opioid pain relievers.

* Opioid drugs include extracts of the poppy, including *morphine sulfate* (Contin®, Roxinal®, and Avinza®) and *codeine* (sold as Tylenol 3®, Tylenol 4®, Fiorinal #3®, and Fioricet#3); semisynthetics, including *hydrocodone* (Zohydro ER®, Vicodin®, Vicodin ES®, Vicoprofen®, Lortab®, Lorcet®, Norco®), *hydromorphone* (Dilaudid®), *oxycodone* (Percocet®, Roxicet®, Endocet®, Percodan®, Oxycontin®), and *oxymorphone* (Opana®, Opane ER®); and synthetics, including *methadone* (Dolophine®, Methadose®), *meperidine* (Demerol®), *fentanyl* (Alfenta®, Sufenta®, Ultiva®, Actiq®), and *loperamide* (Imodium®).

References

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4. Lee, M., Silverman, S., Hansen, H., Patel, V., & Manchikanti, L. (2011). A comprehensive review of opioid-induced hyperalgesia. *Pain Physician*, 14, 145–161.
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