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Over recent months the press has made the lay public very aware of the availability of long and short acting narcotic medication. They have also made the public aware of exactly how these medications can be abused. The use of these medications has been suggested as a lifestyle for some, or an addiction for others, rather than as a necessity for some unfortunate few who live with chronic pain.

This inaccurate and moralistic interpretation of the use of opioid medications conveys the wrong information to the public, who deserve to be informed in a way that is not sensationalistic. Few would be so stoic to suggest that acute pain should not be treated with narcotics, if needed. Almost everyone has experienced acute pain at some time in their life, and most would choose to have it treated. Just having the option to having acute pain treated – such as in childbirth, often makes the acute pain more tolerable and less frightening. We now also know that surgical healing is often improved when patients have their acute pain adequately treated pre and postoperatively.

Chronic pain patients also do better with treatment. Not only can pain be relieved, but the patient can function better both at work and at home. In the hands of a responsible pain specialist opioids are rarely the first choice when dealing with chronic pain. There are many biomechanical ways to deal with chronic pain as well as other psychological techniques. There are numerous categories of medications to be tried such as NSAID's, tricyclics, antiepileptics. No one denies that these are all reasonable options depending upon the circumstance – but so are narcotic medication. Nothing can compare to an opioid for many types of pain and there is simply no good medical reason to deprive an appropriate candidate of medication that alleviates suffering.

Perhaps it is the fear of addiction in those that are chronically ill and not terminally ill that makes many patients and doctors recoil at the thought of narcotics. In fact it is probably only about 10% of the population that has addictive tendencies, and these individuals can often be identified in advance by obtaining a proper history. It would be very unlikely that an older individual over the age of 50 would become an “addict” if neither they nor any next of kin ever had problems with addiction to alcohol or prescription medication in the past.

By the time an older patient develops chronic pain they probably have had an opportunity to have tried a narcotic or alcohol at some time in their life. They generally have some awareness if they have dependency problems. These are the patients that one needs to be very cautious about administering opioids to, if one chooses to administer them at all. One also has to be extremely cautious when close family members of patients being treated have addiction problems as addiction tendencies are frequently inherited

and patients frequently share prescriptions with family members whether knowingly or unknowingly.

What types of conditions cause chronic nonmalignant pain - there are many such conditions. Some patients have orthopedic injuries that simply can not be fixed or will heal slowly with time, such as a broken coccyx, compression fracture of the spine, severe osteoarthritis of the spine. There are also patients with severe burn injuries and severe painful neuropathies – to name a few problems treated in the pain clinic.

Most patients who have chronic pain and most doctors who treat chronic pain do not consider the use of narcotics ideal. There frequently are side effects such as constipation or mental clouding especially when combined with other medication. Most patients who take the drugs responsibly want to be on the least amount necessary. A skilled responsible clinician knows how to differentiate between a drug seeker and a legitimate chronic pain patient.

While it has always been the case that alcohol and drugs have been abused, legitimizing opioids for chronic pain treatment does not necessarily mean that they will be grossly abused. We need to educate physicians and the public about the appropriate use of narcotic medication. Pain physicians are well aware that the long acting opioids are less subject to abuse than the more common short acting opioids which can give a rush after they are taken. We can not deprive patients of treatment just because some may use pain medication inappropriately. Instead the appropriate approach would be increased awareness and education about the responsible use of narcotic medication. Guidelines by organizations such as the American Academy of Pain Management and the DEA should aid in the responsible use of these medications rather than in the restriction of these medications.



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