

Retrospective Study

COMPLIANCE IN CHRONIC NONCANCER PAIN PATIENTS ON LONG-ACTING OPIATES, SHORT-ACTING OPIATES, OR NON-OPIATES

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Abstract. *To compare the hypothesis that treatment with short-acting opioids predisposes patients to abuse with the Drug Enforcement Agency's assessment that long-acting opioids have a higher abuse potential, the authors undertook a retrospective study in a multi-specialty practice to analyze compliance in patients treated for chronic noncancer pain with Schedule II and III opiates and non-opiates. All patients treated for chronic noncancer pain between March 21 and May 6, 2005 were categorized into three groups – Schedule II long-acting opiates, Schedule III short-acting opiates, and non-opiates. Of 140 patients treated with long-acting opiates, 38% were released from treatment for noncompliance with practice protocol. Of 687 patients treated with short-acting opiates, 32% were released. Of 225 patients treated with non-opiates, 30% were released. Based upon this limited inquiry, it appears that the Drug Enforcement Agency's assessment of abuse by relative schedule may be a more accurate practice guide than the generally accepted hypothesis that long-acting opiates predispose patients to less misuse or abuse.*

Descriptors. *chronic noncancer pain, compliance, opiate, pain management, substance use disorder*

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INTRODUCTION

Chronic noncancer pain affects more people than any other type of pain and is frequently caused by spinal injuries, post-laminectomy syndromes, spinal nerve injury syndromes, spinal cord injuries, degenerative spinal diseases, fibromyalgia, and trauma, all of which are non-terminal and usually not acute conditions. Such pain is

the most frequent type a physician will see, yet it is the most problematic, the most controversial, and the most difficult to manage (1).

Abuse of opioids is a growing public health problem that should be addressed by identifying causes and sources of diversion without interfering with legitimate medical practice and patient care (2). Non-medical use and abuse of prescription opioids is on the rise in the United States. The illicit use of several widely prescribed opioids has increased more than use of illegal drugs, and the prevalence of prescription opioid abuse appears to be

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