Opioids No Better than NSAIDs for Chronic Back or Arthritis Pain

Acetaminophen, aspirin and other NSAID medications are better than opioids for dealing with chronic back, hip or knee pain, a U.S. study indicates. Opioids are no better than NSAIDs at reducing pain intensity involving daily activities such as walking, exercising, exercising, or enjoying life, researchers report in JAMA on March 6th.

> *We already knew opioids were more dangerous than other treatment options because they put people at risk for accidental death and addiction. This study shows that extra risk doesn't come with any extra benefit." – lead researcher Dr. Erin Krebs of the Minneapolis VA Health Care System and the University of Minnesota.*

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U.S. deaths from opioids such as heroin and prescription medications such as oxycodone, hydrocodone and methadone have more than quadrupled since 1999, according to the Centers for Disease Control and Prevention in Atlanta. Nowadays, more than six in 10 drug overdose deaths are traced to opioid use.

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Amid this worsening opioid catastrophe, the CDC has urged doctors to use opioids just as a last resort. Instead, physicians should consult with patients about the capacity for exercise or physical treatment to help alleviate symptoms and prescribe other, less addictive medications for pain such as acetaminophen (Tylenol) and NSAIDS like aspirin, ibuprofen

(Advil, Motrin) and naproxen (Aleve).

But NSAIDs have their own dangers, like internal bleeding, kidney damage, and heart attacks to name a few. However, NSAIDS are not addictive.

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For the opioid study researchers randomly assigned 240 patients seeking pain therapy at VA primary care practices for either opioids or other drugs like acetaminophen or aspirin for one year. Participants were 58 years old on average. Back pain was their most frequent complaint, impacting 156 sufferers, or 65 per cent of the trial participants, and the remainder had knee or hip osteoarthritis pain. Individuals from the opioid group began their therapy with instant release oxycodone or the fast-acting opioid morphine, which is a combination of hydrocodone and acetaminophen. If the first medication was deemed ineffective patients would receive a long-acting morphine or oxycodone, and when those didn't work physicians treated the pain with fentanyl patches.

From the non-opioid group, patients obtained acetaminophen and NSAIDs. If these options did not help enough physicians tried alternatives such as the nerve pain medication gabapentin (Neurontin) and topical painkillers such as lidocaine, followed with the neural pain medication pregabalin (Lyrica) and tramadol, an opiate painkiller.

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Researchers asked participants to rate how much pain interfered with their own lives at the onset of the research, and 12 weeks later.

With this step, the two groups improved throughout the course of this calendar year, dependent on a 10-point scale with higher scores indicating worse handicap.

Together with opioids, scores dropped from a mean of 5.4 in the onset of the research to 3.4 annually after. Together with other medications, scores dropped from 5.5 to 3.3.

In the two groups, patients originally rated their pain intensity in 5.4, however, dozens dropped to only 4.0 with opioids and dropped to 3.5 on another medication.

One limitation of this study is that individuals understood which drugs they had been prescribed, which could influence how patients reported that their particular pain severity and everyday operation, the authors note.

Recommended Reading:

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- *How to Cure Lyme Disease, and Virtually Any Other Bacterial Infection, Naturally*
- *How To Detoxify and Heal From Vaccinations – For Adults and Children*