Are strong opioids a good choice for patients with musculoskeletal pain who did not respond to other analgesics?

Bernard Bannwarth, MD

Dpt of Rheumatology, University Hospital Bordeaux, France
Chronic Rheumatic Disorders

• **Inflammatory diseases:**
  – rheumatoid arthritis
  – ankylosing spondylitis and related spondylarthropathies
  – polymyalgia rheumatica

• **Non-inflammatory diseases:**
  – symptomatic osteoarthritis
  – nonspecific low back pain

=> *Whatever the underlying condition, rheumatic pain is associated with variable disability and impaired quality of life*
Inflammatory rheumatic diseases
- current management -

• Rheumatoid arthritis:
  – early use of DMARDs to achieve clinical remission and prevent joint damage
  – anti-inflammatory drugs (low-dose prednisone > NSAIDs) for persisting pain or inflammation

• Ankylosing spondylitis:
  – NSAIDs: first-line drug treatment
  – TNF antagonists: highly effective alternative

• Polymyalgia rheumatica: corticosteroids are the only known effective treatment
Inflammatory rheumatic diseases
- any role for strong opioids? -

• Synthetic and biologic DMARDs, corticosteroids and/or NSAIDs: drugs of primary importance

• Simple analgesics:
  – actual efficacy: unknown
  – useful adjunctive therapies in clinical practice

• Strong opioids: no need
**Figure 1**  Increased prescription of opioids in million grams of medication between 1997 and 2006. Data taken from [www.justice.gov/dea/index.htm](http://www.justice.gov/dea/index.htm).
Non inflammatory rheumatic disorders
— rationale for using strong opioids —

• Many patients are dissatisfied with paracetamol, NSAIDs and/or weak opioids because of:
  – inadequate pain relief and/or
  – poor tolerability

• Fears about the gastrointestinal, renal and cardiovascular safety of NSAIDs

• Strong opioids are often perceived as (the most) potent analgesics, probably because they are the drugs of choice for moderate-to-severe cancer pain
Osteoarthritis and nonspecific LBP
- do strong opioids work? -

- **Pain:**
  - limited efficacy in the short-term
  - unclear or disputable effectiveness in the long-term

- **Disability and quality of life:** nonsignificant or debatable effects

- **Harms outweigh benefits in many patients:**
  - high dropout rates (up to 50%) in clinical trials
  - high rates of early cessation of therapy in clinical practice
A Flood of Opioids, a Rising Tide of Deaths

Susan Okie, M.D.

Faced with an epidemic of drug abuse and overdose deaths involving prescription opioid pain relievers, the Food and Drug Administration (FDA) plans to require opioid makers to provide training...
FDA Acts to Reduce Harm from Opioid Drugs
Conclusion

• Analgesics are only part of the treatment of chronic rheumatic disorders

• Strong opioids are not effective in every patient with chronic nociceptive pain: they are indeed quite useful (cancer +++), but they are not a panacea

• Strong opioids may be a wrong and harmful therapeutic option for patients with persistent pain related to non-inflammatory rheumatic disorders (LBP)