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‘Painkiller’ drugs linked to Prince’s death do not work on chronic pain

Opioid drugs such as the fentanyl that caused the death of the musician Prince don’t effectively relieve chronic non-cancer pain, and current guidelines advise Australian doctors to wind back prescriptions for them, according to a leading pain specialist.

“Opioids – drugs in the morphine family that are derived from opium – are effective for short-term acute pain, and cancer pain, but not for other kinds of long-term pain,” says Dr Meredith Craigie, Vice-Dean of the Faculty of Pain Medicine at the Australian and New Zealand College of Anaesthetists.

“The longer the pain goes on, the less the opioids work, in part because the body can build up a tolerance. They can also make pain worse.”

Just last week, researchers at the University of Adelaide reported that morphine use for chronic pain can more than double the duration of pain, as well as intensifying its severity.

Opioids are also generally ineffective at treating the psychological distress that may come with chronic pain.

Higher doses of opioids are linked to serious problems including accidental overdoses – because high doses can suppress breathing – and accidents such as car crashes, due to poor concentration and slowed reaction times.

Patients have been known to die in their sleep from suppressed breathing even on normal prescribed doses, Dr Craigie says.

Australia and New Zealand have never had quite the love affair with opioids that reigns in the United States, which has 4.6 per cent of the world’s population but consumes a gargantuan 80 per cent of all the world’s prescribed opioids. There, opioids have been linked to the deaths of many celebrities including Australian actor Heath Ledger, American actor Philip Seymour Hoffman, the singer Elvis Presley – and now Prince.

Often celebrities have been found dead with a cocktail of drugs in their systems because one of the many unpleasant side effects of opioids is that they interfere with sleep, causing some people to turn to sedatives as well.

Research published in the mid-1980s led doctors to believe that opioids could be used safely long term, but now the evidence shows “that they don’t work as well as had been expected and that they are more harmful than had been thought”, Dr Craigie says. “Dependence on opioid painkillers is more common than the 1980s research had promised it would be.”

She warns that as well as suppressing breathing, opioids can cause or intensify sleep apnoea - an additional cause of unexpected death – as well as producing unpleasant symptoms such as constipation.

So the Faculty of Pain Medicine now urges Australian and New Zealand doctors to talk to patients with long-term pain about weaning off opioids, which must be done gradually and under medical supervision: “The ocean-going liner of opioid use for chronic pain is turning around, but it takes time. There are different views about whether there’s any space for opioids in chronic pain; some see zero place, some see a limited use with strict oversight, but all of us across the pain-medicine specialty are growing more conservative in our recommendations.”

The main focus now for people with chronic pain is on active self-management, “thinking well, moving well, eating well”, Dr Craigie says. “We look at the nutrition and lifestyle factors around chronic pain, and help the person to retrain their brain’s interpretation of what is happening. If pain is interpreted as a signal of danger, this perception needs to change, so that the level of pain comes down gradually over time.

“To retrain the brain, you need to behave differently and develop new coping mechanisms. The main focus is no longer on drug treatment.”

About FPM

The Faculty of Pain Medicine is a world-leading professional organisation for pain specialists that sets standards in pain medicine and is responsible for education and training in the discipline in Australia and New Zealand. Pain medicine is multidisciplinary, recognising that the management of severe pain requires the skills of more than one area of medicine.

Chronic pain affects about one in five people in Australia and New Zealand. Specialists also manage acute pain (post-operative, post-trauma, acute episodes of pain in medical conditions) and cancer pain. For more information, please see [here](#).

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