

aging news alert

THE SENIOR SERVICES & FUNDING REPORT

Restricting Opiate Use: But What about the Pain?

By Larry Altshuler, M.D.

There is no question that Americans are prescribed too many narcotic (opiate) medications and that the potential harms definitely outweigh the benefits, many of the latter which are unproven or temporary at best. In fact, prescription overdoses kill 40 people every day, and most of these are accidental. Opiates, of course, are also addictive and can lead to many other medical problems.

Certainly doctors must shoulder much of the blame, especially primary care doctors, who prescribe 50% of these medications. You should understand that many of these doctors have not been adequately trained in providing opiates for chronic pain. But even when they've been prescribed by certified pain management doctors, overdoses of narcotic medications still occur. Even worse, 70% of those who overdose still receive another narcotic prescription.

For these reasons, the CDC recently issued guidelines for prescribing opiates, and the FDA issued a boxed warning in an effort to decrease their use and overuse. Since not following such guidelines may cause liability, many doctors may curtail their prescription of narcotics. Although this may be beneficial to reduce deaths, it still will do little to diminish the burden of chronic pain in this country; in fact, most people may continue to suffer.

The reason for this is that conventional medicine is often very poor at treating pain. Conventional medicine too often relies on temporary fixes like opiates, and invasive procedures such as injections and surgeries, which may only help a minority of patients yet, may cause significant disability and complications, including worse chronic pain. Most conventional treatments do not address the cause of the pain; they simply treat the symptoms, so the pain continues and may require more or higher potency narcotics.

The real shame of this is that there are treatments available that don't simply treat the symptoms, but actually address the cause of the pain and thus can have better and longer lasting benefits. However, these are alternative treatments, which are not commonly considered or used by most conventional doctors.

One of these is acupuncture, the 3,000-year-old technique practiced throughout the world. The World Health Organization and numerous studies support the use of acupuncture for almost every pain indication, including neck/back pain, fibromyalgia, arthritis, sprains, cancer pain, headaches, neuralgia, and much more. Acupuncture has minimal if any side effects and is quite inexpensive compared to conventional treatments.

Another treatment that is not well known is the use of the low-level energy laser -- a.k.a., cold laser. Cold laser treatment is supported by more than 2,500 research papers and studies. It has been approved by the FDA for numerous pain inducing medical conditions, including spine pain, carpal

tunnel, tendonitis, arthritis, and cancer pain. It also has virtually no side effects and is even less expensive.

Frequently with spine, joint, headache or jaw pain, structural abnormalities may underlie pain and using manual therapies may provide excellent relief. This includes therapeutic massage, chiropractic, osteopathic and several types of movement (somatic) treatments. Again, these techniques are seldom suggested by most doctors, yet can be very effective and less expensive.

Psychotherapy is another useful tool and has been proven effective, but most patients are wary of it due to its perceived negative inferences. Some pain certainly can be caused or prolonged by underlying emotional issues, but pain not caused by such issues can also be decreased by using such therapies.

These are not the only methods that have been supported by research to improve pain. Other mind-body techniques (such as mindfulness meditation), yoga, and Tai Chi/QiGong have been shown in studies to effectively reduce pain as well, again at low cost and with results comparable or better than injections, surgeries and narcotics.

The major inadequacy in treating pain in our health care system is that doctors are rewarded more for invasive procedures and medications than for using such alternative methods.

For example, despite the fact that some surgeries can cost up to \$100,000 but may only be beneficial for 15% of patients, and despite studies showing expensive injections to be no more effective than placebo, these procedures are considered "standard of care" and therefore are recommended and initiated before trying any alternatives. Furthermore, insurers and Medicare pay for these methods and rarely pay for the less expensive alternatives.

To make matters worse, few guidelines include these alternative methods, primarily because they are written by conventional doctors, many who are more incentivized to use conventional means only. If these methods were required before conventional treatments were initiated, we would see substantial pain relief, as well as a significant decrease in costs at the same time.

We can certainly decrease opiate prescribing but just restricting opiate use won't reduce the prevalence of chronic pain. Ironically, by decreasing pain using non-conventional treatments, opiate use will automatically decrease as a result, as well as the need for injections and surgeries.

At this time, however, we can't rely on the medical community and third party payers to do so. That leaves it up to those with chronic pain to become empowered and seek out more effective, longer lasting -- and less costly -- solutions.

Info: The preceding article is the work of Dr. Larry Altshuler and does not necessarily reflect the views or opinions of *Aging News Alert*. Dr. Alshuler is the author of the *Doctor, Say What?* series (*Part 1 - The Inside Scoop to Getting the Best Health Care*; and *Part II - The Guides: What Works and What Doesn't for Over 90 Medical Conditions*), and currently serves as the Director of Oncology Intake as well as Director of Sleep Medicine and Director of Oncofertility services at Cancer Treatment Centers of America in Tulsa, OK.

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