

Preface

Chronic noncancer pain affects more than 100 million Americans and can be caused by many conditions including osteoarthritis, low back pain, musculoskeletal pain, injury-related pathology, and diabetic neuropathy. It is estimated that the 1-month prevalence of moderate to severe noncancer pain is 19%. Opioids can be an effective way to treat this pain, but not without risk. The goal of the book, *Treating Comorbid Opioid Use Disorder in Chronic Pain*, is to address how to approach and treat the chronic pain patient struggling with problematic opioid use.

Chronic pain serves as a conduit for problematic opioid use and addiction. Brain regions including the nucleus accumbens, the amygdala, and the hypothalamus are involved in both the mechanisms of pain and opioid dependence. The problematic use of opioids in this population can present as a range of issues including recreational use, physical dependence, pseudoaddiction, opioid-induced hyperalgesia, engagement in illicit activity, cross-addiction to street heroin, diversion, overdose, and theft. In some cases there is escalating use that may result in drug seeking from other healthcare providers or transitioning to the use of heroin or other drugs purchased on the street, to satisfy cravings. Recognizing these problematic patterns of use and developing ways to address them are important for the clinician prescribing for chronic pain.

Associated with addressing problematic use of opioids are a number of ethical, legal, and policy considerations. In the 1990s and 2000s, there was pressure on physicians by the Board of Medical Examiners and healthcare systems to aggressively treat pain with opioids and other treatments, and prescribers were sued for undertreatment. The pendulum has now swung, and prescribers' licensure can be at risk now for overprescribing. Physicians and others may, however, still find themselves trapped between legal and regulatory issues and the ethics of withholding treatment to someone in pain. Strategies for documentation and for detection of diversion can help mitigate the risk of legal issues or ethical boundary crossings.

To compound this, the healthcare system often struggles in addressing the needs of patients with chronic pain experiencing problematic opioid use. While the patient may start their pain care in primary care, he may intersect with numerous other treatment settings including the emergency room, the mental health clinic, the

substance abuse clinic, and the chronic pain clinic, if it exists. As problematic use arises and is detected, it can become less clear who and where in the healthcare system the patient's pain needs are to be met. It also can become very clear that not everyone agrees on how to treat pain, or even knows how to address pain, particularly in those with problematic use of opioids.

We would like to thank Springer for offering us the opportunity to compile this volume and also our families who understood and supported the time needed to produce such a work. We are also deeply indebted to the authors of this volume, without which, it would not exist. We hope this book will provide useful information for practitioners navigating the care of the chronic pain patient who also has an opioid use disorder or other mental health problems.

Portland, OR, USA
Portland, ME, USA

Annette M. Matthews
Jonathan C. Fellers

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Matthews, A.M.; Fellers, J.C. (Eds.)

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