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Editorial comment

Opioids in chronic pain – Primum non nocere

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1. Opioids in different pain conditions

Access to pain management has been recognized as a fundamental human right [1]. Benefits of adequate pain relief are clear and well established as are, on the other hand, problems created by absent or ineffective pain management. Acute pain, cancer-related pain and chronic non-cancer pain are the three big entities within the pain field. There are, of course, similarities and overlap but there are also important differences in terms of mechanisms and treatment approach.

Severe chronic non-cancer pain is a complex biopsychosocial condition. Chronic pain has lost its original function as a warning signal. It causes suffering, loss on function and decrease in quality of life. Treatment of chronic pain is based on combination of non-pharmacological and pharmacological treatment best provided in a multidisciplinary environment. The role of opioids is well established in acute (postoperative) pain and pain related to advanced cancer. Situation is less clear when considering opioids for chronic non-cancer pain. Opioids may not be the best choice for patients with chronic non-cancer pain.

2. Primum non nocere

From acute pain and cancer pain, the use of opioids has spread to treatment of chronic non-cancer pain over the past 20 years. However, current evidence provides no support for long-term use of opioids in chronic non-cancer pain [2–5]. Available studies are short and do not provide data to support clinical decision making concerning when, how and for whom to start opioid therapy for chronic pain. Clinical guidelines on opioid therapy for chronic pain recommend non-opioid analgesics as preferred therapy for chronic non-cancer pain, and focus on risk evaluation and reduction of harm of opioid therapy [3,4]. A common conclusion is that more data are needed to better evaluate long-term efficacy, patient selection and dosing for chronic opioid therapy [2–5].

The downsides of long-term opioid use seem far more clear. Hand in hand with increasing opioid consumption the number of reports on adverse effects and even mortality related to opioids have increased with alarming rate [2–5]. This is especially the case for the USA [6]. Baseline data from an Australian cross-sectional study indicated that long-term opioid use was related to depression, decreased function, ability to work and employment. Despite opioid medication, the participants reported average pain intensity of 5.1 on scale 0–10 [7]. The benefit of opioid medication in this patient population was not evident. Function and quality of life is low in patients with chronic pain even without opioids [8]. The possibility of further decrease in their condition by adverse effects of opioid therapy is an unsettling prospect.

3. The way forward

Many types of studies are needed to provide enough data for clinical decision making on opioid therapy. Large randomized controlled studies with long follow-ups are difficult to perform. In this issue of the *Scandinavian Journal of Pain* Karin Elsesser and Thomas Cegla [9] report the results of a cross-sectional observational study on patients using opioids compared to patients on non-opioid analgesics. The authors looked at pain, quality of life and psychological variables in 333 patients. They found that there was no difference in pain intensity between patients on opioids and patients on non-opioid analgesics. Even more importantly, patients on opioids reported lower function, wellbeing, and quality of life compared with patients on non-opioids. As an observational study, the present paper cannot prove causality between opioid therapy and reported low levels of function and quality of life. However, higher opioid doses were not associated better pain relief compared to lower opioid doses. The results fit well with previous population studies [10,11].

From clinical practice, we know that some patients do better after they are weaned from long-term opioid. An interesting possibility to investigate the role of opioids in reported low function and quality of life of chronic pain patients could be *to wean a group of patients from long-term opioid and compare them to a group of patients continuing on opioids.*

Present data give rather pessimistic view on long-term opioid therapy. There are patients who will benefit from long-term opioid. It is just not clear how we can identify these patients. Exposing

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susceptible patients to risks of long-term opioid in a study is not ethical. Randomized controlled trials are perhaps not the only way forward here [5]. One possibility could *be pooling large amounts of data from population studies and comparing details of those who do well with details of those who do not benefit from opioid therapy*. New ideas and perspectives are urgently needed.

Conflict of interest

None declared.

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