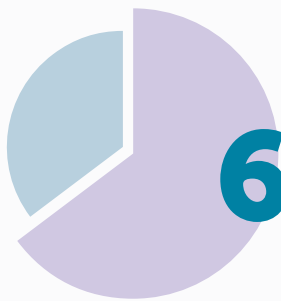


OPIOIDS & MSK PAIN:

Consider Chiropractic

The 2017 Canadian Guideline for Opioid Therapy and Chronic Non-Cancer Pain published in the Canadian Medical Association Journal and led by the Michael G. DeGroote National Pain Centre at McMaster University recommends:

- Optimization of **non-opioid pharmacotherapy and non-pharmacological therapy before considering opioids**,
- Limiting opioid doses to 50mg morphine equivalents daily, and tapering current patients down to this dose or off opioids if possible, and
- When patients experience difficulty in tapering down from a higher dose of opioids, enroll them in a formal multidisciplinary program which may include collaboration with a variety of health practitioners including chiropractors.



A 2015 study of patients receiving long-term opioid therapy for non-cancer pain at the Pain Management Centre at Hamilton General Hospital found that

64.8% of the patients studied had presented with chronic low back pain.¹

When optimizing non-pharmacological therapy for MSK pain, consider referring to a chiropractor.

Literature supports the effectiveness of spinal manipulation therapy in relieving chronic low back pain and improving short-term function and is recommended by numerous clinical practice guidelines including the American College of Physicians². Chiropractors also offer a range of patient education, mobilization, soft tissue therapy and rehabilitative exercises.

OPIOIDS: INEFFECTIVE FOR CHRONIC MSK PAIN



In Canada, over 2,000 deaths per year are associated with the use of prescription opioids —half of all drug-related deaths³. A 2016 American Medical Association investigation found that opioids can cause or exacerbate sleep-disordered breathing and have adverse psychomotor, endocrine, gastrointestinal and immunologic effects.⁴

A 2016 systematic review and meta-analysis found that “opioid analgesics provide modest short-term pain relief for people with chronic low back pain (LBP) who tolerate the medicine, but the effect is not likely to be clinically important within guideline-recommended doses”.⁵

This review challenged the commonly-held view that opioids are powerful analgesics for chronic LBP. It found that:

- There is currently no evidence to support the long-term use of opioid analgesics in low back pain at any dose.
- Clinically significant pain relief is not likely to be achieved even at higher doses.
- These higher doses have been associated with misuse, physical dependence, hyperalgesia, and clinically significant hormone changes.

Chiropractic care offers pain relief, improves mobility, treats underlying causes and **helps patients learn self-management strategies without putting them at risk of opioid dependence.**

-
1. Busse, J., Mahmood, H., Maqbool, B., Maqbool, A., Zahran, A., Alwasabai, A., & Buckley, D. (2015). Characteristics of patients receiving long-term opioid therapy for chronic noncancer pain: a cross-sectional survey of patients attending the Pain Management Centre at Hamilton General Hospital, Hamilton, Ontario. *CMAJ OPEN*, 3(3). Retrieved from <http://cmajopen.ca/content/3/3/E324.full>
 2. Amir Qaseem, MD, PhD, MHA; Timothy J. Wilt, MD, MPH; Robert M. McLean, MD; Mary Ann Forciea, MD; for the Clinical Guidelines Committee of the American College of Physicians
 3. Picard, A. Opioid overuse is creating “lost generation,” expert says. *The Globe and Mail*. Accessed November 15, 2016. <http://www.theglobeandmail.com/news/national/opioid-overuse-is-creating-lost-generation-expert-says/article31547148/>
 4. Ray, W. A., Chung, C., Murray, K., Hall, K. & Stein, C. (2016). Prescription of Long-Acting Opioids and Mortality in Patients With Chronic Noncancer Pain. *JAMA*, 315(22), 2415-2423.
 5. Abdel Shaheed, C., Maher, C. G., Williams, K. A., Day, R., & McLachlan, A. J. (2016). Efficacy, Tolerability, and Dose-Dependent Effects of Opioid Analgesics for Low Back Pain: A Systematic Review and Meta-Analysis. *JAMA Intern Med*, 176(7), 958-968.



Ontario
Chiropractic
Association

www.chiropractic.on.ca