People With Unmet Pain Treatment More Likely to Misuse Opioids

Disparities in pain treatment at emergency departments can increase the risk of future opioid misuse, especially among Black people.

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People experiencing acute pain whose preference for opioid treatment was not met during an emergency department (ED) visit are at a higher risk of misusing opioids three months later, according to a study by University of California, Los Angeles (UCLA) researchers.

This is especially true for Black people, who are more likely than white patients to be sent home from an ED visit without an opioid prescription.

Evidence has shown that undertreated acute pain increases the risk of developing chronic pain, which puts people at risk of long-term opioid use and misuse, according to researchers. The study, published in the Journal of General Internal Medicine, aimed to determine the association between patient satisfaction with pain treatment, unmet preference for opioid medication and opioid misuse risk by race.

Researchers analyzed data from 735 participants collected from a randomized controlled trial conducted at six EDs at four academic medical centers.

To track opioid misuse by patients 90 days after an ED visit, researchers used the Current Opioid Misuse Measure (COMM), a self-report measure of potential misuse among people prescribed opioids for chronic pain.

Unmet preference for opioid treatment was reported among 21.8% of Black participants compared with 15% of white patients. At low satisfaction, Black participants with unmet preferences had COMM scores almost twice as high as their white counterparts. This gap closed, however, when Black participants reported high satisfaction levels.

What's more, satisfaction with pain treatment helped reduce the risk of opioid misuse, especially among Black participants whose opioid preference was unmet.

"While a great deal of studies on opioid misuse focus on overprescribing, this study flips the script by showing that under-prescribing—or, more precisely, ignoring a patient's pain treatment preferences—can also lead to harmful outcomes, especially when patients are dissatisfied with their care," said lead study author Max Jordan Nguemeni, MD, MS, an assistant professor at the David Geffen School of Medicine at UCLA, in the release. "It's one of the first to link racial disparities in pain treatment, patient satisfaction and risk of opioid misuse in a single framework using longitudinal data."

Findings highlight how disparities in pain treatment can increase the risk of future opioid misuse, especially among Black people. What's more, results challenge the idea that lower opioid prescribing is always safer.

The study also draws attention to untreated pain and unmet expectations in the health care system as potentially overlooked causes for disproportionate overdose deaths in Black communities in the United States.

To read more, click #Pain. There, you'll see headlines such as "Pain Doesn't Belong on a Scale of Zero to 10," "Bridging the Pain Communication Gap" and "Medical Marijuana Legalization Linked to Less Opioid Use."
