

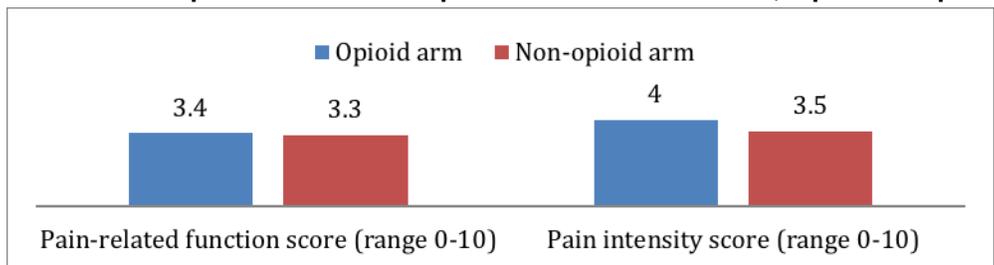
Opioids offer no advantage in chronic pain, according to new large, randomized trial

The new evidence: For many years, there has been concern about using opioids to treat chronic musculoskeletal pain because of the risk of addiction and other adverse effects. But surprisingly, no randomized trials on this issue have lasted longer than just a few months. Now, that has changed. The SPACE trial (Strategies for Prescribing Analgesics Comparative Effectiveness), published in *JAMA* in February 2018, randomized patients to receive a non-opioid regimen (starting with acetaminophen or NSAIDs) or an opioid (starting with morphine, oxycodone, or hydrocodone/acetaminophen). Subjects were 240 VA patients with moderate-to-severe chronic back pain (65%), or hip or knee osteoarthritis (35%). The mean age was 58, and 87% were men. Outcomes studied were pain-related function (scale 0-10) and pain intensity (scale 0-10).

Clinicians could adjust treatment for each patient based on individualized targets. Study participants randomized to the opioid arm started with immediate release opioids but could be changed to sustained release opioids or transdermal fentanyl. Those randomized to the non-opioid strategy started with acetaminophen, NSAIDs, or both, and could be changed to a tricyclic antidepressant, a gabapentinoid, duloxetine, a topical preparation, or tramadol.

The non-opioid regimens actually led to slightly better pain relief over 12 months, but the difference was modest. Both strategies resulted in nearly identical pain-related function over 12 months (overall $p = .58$). The opioid strategy produced more medication-related symptoms over 12 months than the nonopioid regimen ($p=0.03$).

Figure: Opioid and non-opioid strategies produced no clinically meaningful differences in pain or function for patients with chronic back, hip or knee pain.



Bottom line: In patients with moderate-to-severe chronic back pain or hip or knee osteoarthritis pain, a non-opioid medication regimen produced as much pain relief and recovery of function as an opioid regimen, but fewer medication-related side effects. Because opioids are known to carry the risk of tolerance and addiction in routine care, this new study demonstrates that a non-opioid regimen should be the strategy of first choice.

Reference

Krebs EE, Gravelly A, Nugent S, et al., Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain (The SPACE Randomized Clinical Trial). *JAMA*. 2018;319(9):872-882. doi:10.1001/jama.2018.0899

For more information, including a longer module on treatment of chronic pain, visit AlosaHealth.org.

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition.