

REPORT OF VMC PPG EVENT

Topic: OPIOIDS AND THEIR ALTERNATIVES

Time and place: 6.00 Thursday 13 June 2019 Group Room VMC

Dr Glyn Towleron, Consultant, Spinal and Pain Medicine, Chelsea & Westminster Hospital

Dr Ian Goodall, Clinical Lead for Chronic Pain, Chelsea & Westminster Hospital

Dr Towleron opened the meeting by reminding the audience that opioids have been used to relieve pain for thousands of years, from treating wounds in times of war to the easing of period pains. Opioid derivatives include laudanum, morphine, codeine, oxycodone and heroin. Sydenham's Laudanum, a compound of opium, sherry, wine and herbs, was popular in the 19th century –William Wilberforce and Florence Nightingale were well-known addicts. In 1729 the Chinese emperor criminalised the recreational use of opium, but to no avail. The British via the East India Company continued to export huge quantities of illicit opium to China, a trade that culminated in the opium wars. In the American Civil War of 1861–65 opium and morphine were commonly used to treat wounds. After the war the use of opioids in civil society rose to epidemic proportions, although their use continued to be unregulated. When the Harrison Narcotics Tax Act came finally into force in 1914 one person in 400 in the USA was an addict.

Opioids are still commonly used in pain management, but it has been shown that the drug can cause harm in some patients. Chronic pain is difficult to treat with medication. If we ask, "Did people get a better quality of life?" the answer is: some yes, some no. Opioids are not ideal but they are effective. Their efficacy should be considered as a compromise, and although opioids can be addictive the percentage is much less than for many other medicines. If opioids are abused there are adverse side-effects such as sleep disorders, immunosuppression, bowel obstruction, neurological issues and a subdued, dulled persona – depression, lack of motivation and cognitive dysfunction.

There has been a huge increase in opioid analgesic prescribing with new formulations coming on to the market, but the analysis of their long-term effectiveness is complex. There has been an over-zealous reaction to prescribing, which should simply be a functional enabler. In some instances, placebos have proved to be as effective as the opioid in reducing pain. There is also a lack of awareness about alternative non-pharmacological treatments.

The UK and the USA show the same socio-economic pattern: the highest areas of prescribing opioids are in poor areas, yet mortality from prescribed drugs is higher than from illicit drugs. London has the lowest use of opioid prescriptions in the UK.

Pain is complex. It depends on a combination of physical, psychological and neurological factors. And pain management works differently for different people. There are very few conditions that we can cure, but pain can be alleviated, whether it is caused by stress and anxiety, or physical problems – movement disorders and spinal dysfunction.

Fitness, wellbeing and general health are important. With arthritis of the knees and hands, the more active you are the more it helps and the less pain you feel. Some people have over-sensitive nervous systems that over-amplify signals. Don't listen to your noisy body; don't live in fear of it. Take a holistic approach, treat the cause not the symptoms, try homeopathic medicines, music, meditation techniques and other distractions.

Note: VMC patients can get a referral to the Pain Management team at Chelsea & Westminster Hospital via their GP.