

Evidence lacking for long-term opioid use in low back pain

April 16 2014



(HealthDay)—There is evidence of short-term efficacy (moderate for pain and small for function) of opioids for treatment of chronic low back pain (CLBP) compared with placebo; however, the effectiveness and safety of long-term opioid therapy for treatment of CLBP remains unproven, according to a review published in the April 1 issue of *Spine*.

Luis Enrique Chaparro, M.D., from Hospital Pablo Tobon Uribe in Medellin, Columbia, and colleagues updated a 2007 Cochrane Review to assess the efficacy of opioids in adults with CLBP. Randomized controlled trials (through October 2012) assessing the use of noninjectable opioids in CLBP for at least four weeks versus [placebo](#) or other treatments were included. However, comparisons of different opioids were excluded.

The researchers found that 15 trials (5,540 participants), including twelve new trials, met the criteria. Compared to placebo, tramadol was better for pain and function, while transdermal buprenorphine decreased pain, compared to placebo, but did not affect function. Broadly, strong opioids (including morphine, hydromorphone, oxycodone, oxymorphone, and tapentadol) were better for pain and function than placebo. There was no difference between opioids and antidepressants for pain or function in two trials (272 participants). There were no reports of serious adverse effects, risks (addiction or overdose), or complications (sleep apnea, opioid-induced hyperalgesia, hypogonadism). Quality of the trials was low to moderate and the trials also had high dropout rates, short duration, and limited interpretability of functional improvement.

"There is evidence of short-term efficacy (moderate for [pain](#) and small for function) of [opioids](#) to treat CLBP compared with placebo," the authors write.

Relevant financial activities outside the submitted work were reported: board membership, consultancy, honoraria, employment, and royalties

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Citation: Evidence lacking for long-term opioid use in low back pain (2014, April 16) retrieved 5 January 2024 from <https://medicalxpress.com/news/2014-04-evidence-lacking-long-term-opioid-pain.html>

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