CORRESPONDENCE

Increase in Opiate Prescription in Germany Between 2000 and 2010: A Study Based on Insurance Data

by Dr. rer. soc. Ingrid Schubert, Peter Ihle,
Prof. Dr. med. Rainer Sabatowski in volume 4/2013

Positive History of Addiction

The authors deserve thanks for their thorough description of the alarming trend in opiate prescriptions (1). Psychological aspects have a major role in chronic, non-cancer-related pain, and it is for this reason that the usual escalation in diagnostic evaluation and therapy that characterizes modern hi-tech medicine often does not yield any improvement but actually results in deterioration.

The probability that patients without any history of addiction develop an addiction disorder *de novo* when given opiate analgesia is extremely low. The fact that the literature keeps reporting relatively high prevalence rates of addiction problems in patients receiving opiate analgesia—the authors of a recent review article estimated that “opioid use disorders” occur in up to a third of patients (2)—this indicates that the drugs are often prescribed to patients with a medical history of addiction. It is not surprising that these patients tend to increase their doses, which will have serious side effects including death from overdose (3). American and Canadian guidelines analyzed the problem and recommend certain screening instruments (4).

The longer term effectiveness of opiate analgesics in chronic, non-cancer-related pain has not been confirmed; the optimistic assumption that these medications are harmless does not stand up to further scrutiny, which also applies for the risk of addiction, and the increase in prescriptions is not primarily of benefit to cancer patients. This sobering conclusion needs to be acknowledged.

DOI: 10.3238/arztebl.2013.0402a

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

We thank Dr Wolter for his comments. However, we remain unconvinced that the probability of developing an addiction disorder *de novo* is extremely low in people without a history of addiction. Especially in the context of rapid-release opioids, the literature increasingly contains reports of developing medication misuse leading all the way to opioid dependency, even in patients with no apparent history of addiction (1). Whether screening instruments offer any solution to this problem is doubtful. Particular cause for concern comes from a retrospective analysis of five studies in which buccal fentanyl was given to non-cancer patients for breakthrough pain (2). The focus of the data analysis was to determine the frequency of so called aberrant drug-related behavior. “Aberrant behavior” as an indicator of loss of control and misuse and dependency was defined, among others, as unpermitted passing on of the prescribed opioids to third parties, forged prescriptions, and repeated, unauthorized dosage increases. Although patients with a history of drug misuse were excluded from these studies, 11% of included and highly selected patients developed behaviors that were classified as aberrant drug behavior.

This raises the fundamental question which factors increase the probability of receiving opioid treatment. Turk and Okifuji showed that only non-verbal pain behavior and not objectifiable factors, such as pain intensity or physical findings, affected the probability of being given an opioid (3).

On the background of increasing numbers of opioid prescriptions and the intensified treatment especially for non-cancer-related pain we should be aware of these context and potential risks (4).

DOI: 10.3238/arztebl.2013.0402b

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Conflict of interest statement

Professor Sabatowski has acted as consultant for Cephalon and Janssen-Cilag. He has received fees for the preparation of specialist training courses from MSD and Grünenthal. The University Pain Center Dresden has received payments from Grünenthal, Astellas, and Allergan for conducting commissioned clinical studies.