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HIV and Chronic Pain, Part 2: Addressing the Opioid Public Health Crisis

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The HIV SIG of the Oncology Section is dedicated to raising awareness of the role of physical therapy in the management of HIV-related impairments, connecting PTs that treat a wide range of HIV-related impairments, improving PT access for people living with HIV (PLHIV), and increasing scientific literature in the topic of physical therapy and HIV.

Opioid misuse has emerged as an urgent public health priority, with major implications for human safety, morbidity and mortality from overdose. In August 2017, the 2015 National Survey on Drug Use and Health (NSDUH) reported that of U.S. adults surveyed, 91.8 million (37.8%) used prescription opioids.¹ Among respondents reporting prescription opioid use, 29.2% reported misuse or a prescription opioid use disorder. The most commonly reported motivation (63.4%) for misuse was to relieve physical pain.¹

Chronic pain affects an estimated 39–55% of PLHIV compared to 30.7% of the general population.^{2,3,4,5} PLHIV frequently present with comorbidities that prevent the use of commonly prescribed analgesics, indicating a need to explore alternative pain management pathways in this population.⁶ Prescription opioid abuse appears to be more common among PLHIV possibly due to the comorbidity of HIV or previous history of substance abuse.^{7,8} Opioid analgesics carry multiple risks, as PLHIV may have been shown to have higher risk of opioid and other controlled substance addiction.⁹

In response to the national opioid crisis, the U.S. Department of Health and Human Services (HHS) has developed five national priorities.¹⁰ Numbers 4 and 5 - *providing support for cutting-edge research on pain and addiction* and *advancing better practices for pain management* - closely align with the physical therapy profession. Physical therapy has long employed “better practices” for pain management, which now must take into consideration potential past or present opioid misuse among our patient populations. The NIH has also identified strategies to address the opioid crisis.¹⁰ The first of these strategies, to develop “*safe, effective, non-addictive strategies to manage chronic pain*”, is also in close alignment with our profession. Physical therapy is, by nature, safe and non-addictive has been used widely as an effective agent against chronic pain.

Given often controversial political and legislative action regarding opioids and how to manage those struggling with addiction, it is important that we as PTs – longtime proponents of non-narcotic pain control – bear in mind a key concept: people are more than their

histories of substance addiction or misuse, and our job is to help. Our patients come to us for clinical excellence, for a nurturing touch, for hope. Given struggles with addiction and other comorbidities, it may not be as simple as a patient choosing PT over opioids, however we can work alongside other medical professionals to develop individualized plans to support our patients and each other. Let us all take a stand on the right side of the national public health epidemic that has our nation – and many of our patients - in its grip, and let us align with the NIH and HHS in their commitment to providing effective, safe pain relief to those most in need.

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