

Misuse of prescription opioids in chronic non-cancer pain

POOJA PATNAIK KUPPILLI, ROSHAN BHAD,
RAVINDRA RAO, PRABHU DAYAL, ATUL AMBEKAR

ABSTRACT

Somatization disorder is a common cause of chronic non-cancer pain. The use of opioids in such conditions carries a risk of their potential abuse. Lax regulations coupled with sub-optimal medical training in India lead to the rampant use of prescription opioids. We present a case of somatization disorder along with injection pentazocine dependence in a woman, in whom use of pentazocine was initiated by a registered medical practitioner for somatoform pain management, followed by self-injection because of its easy availability in local pharmacy shops. We highlight the need for education of medical practitioners on appropriate use of pharmaceutical opioids, need for regulation of local pharmacy shops, and development of guidelines for use of opioids in chronic non-cancer pain.

Natl Med J India 2015;28:284–5

INTRODUCTION

Psychiatric illnesses are often the cause as well as comorbid conditions in patients presenting with pain.^{1,2} Somatization disorder is a commonly assigned diagnosis in such patients. The main features of somatization disorder (according to the International Classification of Diseases and Related Health Problems, ICD, version-10) are presence of multiple and variable physical symptoms without adequate physical explanation, persistent refusal to accept a doctor's advice that there is no physical basis to the symptoms, and impairment of social and family function attributable to the nature of symptoms. Somatization disorders present a challenge to physicians in the diagnosis as well as management.³ Though most guidelines suggest minimal use of pain medications in management of somatoform disorders, clinicians often use analgesics, including opioids, for pain relief.^{4–6} Studies suggest that opioids are used in 3%–66% of chronic pain conditions.⁷ Misuse of oral and injecting prescription opioids is a growing concern throughout the world. A recent multisite survey found that prescription opioids are the predominant opioids injected in India as compared to heroin.⁸ Several factors are associated with the increased misuse of prescription opioids. We present a woman with somatization disorder and misuse of prescription opioids.

THE CASE

A 43-year-old widow presented to us with intramuscular use of pentazocine for 13 years along with multiple somatic complaints for 19 years.

All India Institute of Medical Sciences, Ansari Nagar, New Delhi 110029, India

POOJA PATNAIK KUPPILLI, ROSHAN BHAD, RAVINDRA RAO,
PRABHU DAYAL, ATUL AMBEKAR Department of Psychiatry

Correspondence to RAVINDRA RAO; drvrao@gmail.com

© The National Medical Journal of India 2015

The illness began with multiple, frequently changing, physical symptoms characterized by headache, backache, abdominal pain, pain during urination and menstruation, nausea, bloating, occasional vomiting, amenorrhoea and difficulty in swallowing. Various investigations by treating physicians were normal. Pentazocine was administered intravenously 3–4 times a week for exacerbation of pain. With these injections, the patient also started experiencing drowsiness, mental relaxation and relief from ongoing family conflicts, and hence, the patient started lying to get injections of pentazocine. Within a month, due to intense craving, the frequency increased to daily intramuscular injections of pentazocine. This pattern continued till the time of seeking treatment, when the patient was using about 14 ml (420 mg) of pentazocine mixed with 70 ml chlorphenamine maleate (28 mg) in divided doses. She had extensive ulcers on her upper limbs and gluteal area, and had to give up her job due to injections. She also developed two episodes of moderate depression, each lasting for 6–9 months, for which no treatment was sought. She did not use any other psychoactive substance.

The patient lived with her son in her mother's house along with her mother and two brothers. One brother was dependent on alcohol, while another was dependent on injection buprenorphine. The expenses of the patient (including injections) were borne by her mother.

At admission, investigations to rule out physical causes of somatic complaints were normal. Injection-related ulcers were treated by surgical specialists. A diagnosis of opioid dependence syndrome with somatization disorder according to ICD-10 criteria was made. Opioid withdrawal was treated with sublingual buprenorphine followed by maintenance treatment with naltrexone. For the somatization disorder, cognitive behavioural therapy along with tablet amitriptyline 50 mg/day was started. Motivation enhancement and relapse prevention sessions were also undertaken. The patient was lost to follow-up after two visits, during which she was abstinent.

DISCUSSION

Chronic pain and use of opioids share a complex relationship. While opioids are useful for chronic cancer pain, their use in non-cancer pain management is fraught with problems.^{9,10} Chronic opioid administration can cause hyperalgesia and worsening of the underlying pain.¹¹ Psychiatric illnesses such as somatization disorders are important causes of chronic non-cancer pain. General practitioners are often the first point of contact for such patients, and opioids are often used to obtain rapid pain relief.^{12,13}

Several factors can be attributed to the abuse of prescription opioids. The risk is greatest when three factors (psychosocial, drug-related and genetic) are present in the same person. Our patient had multiple risk factors such as family history of substance dependence (in particular opioid dependence), multiple family stressors (death of husband, conflicts with family members), and relief of stress with pentazocine. Careful assessment of and addressing these factors in a timely manner could have avoided development of dependence. Unfortunately, training in management of pain and psychiatric illnesses is not optimal for most undergraduate medical trainees in India, resulting in over- or under-prescription of opioids. Cases of 'iatrogenic' dependence can be minimized with adequate medical training.

As per the law in India, pharmacists are required to dispense narcotics/psychotropics only upon production of a prescription from a registered medical practitioner (RMP); this practice is often not followed, as is evident from our patient.¹⁴ On the one

hand, India has low availability and use of opioids for cancer pain, on the other inadequate monitoring has led to pharmacy-level diversion of pharmaceutical drugs, including opioids.^{8,15} Clearly, easy access of opioids is required for those in need, while preventing diversion and misuse of opioids.

Finally, the growing misuse of pentazocine in India is a matter of concern. A recent multisite survey reported pentazocine use by 21.8% of injecting drug users. Pentazocine is also associated with severe abscesses and ulcers, as was seen in our patient.^{8,16} Though pentazocine was developed as an opioid with minimal potential for abuse, the high prevalence of abuse of pentazocine suggests otherwise.¹⁷

To conclude, pharmaceutical opioids need to be prescribed with caution in the management of chronic non-cancer pain. Education of medical practitioners on the potential misuse of pharmaceutical opioids, including pentazocine, should be accorded priority. Finally, robust guidelines/regulatory mechanisms need to be developed for monitoring opioid prescriptions in India.

ACKNOWLEDGEMENT

We acknowledge the help of the Department of General Surgery, All India Institute of Medical Sciences, New Delhi in managing the patient's abscesses.

REFERENCES

- Clark MR. Psychiatric issues in chronic pain. *Curr Psychiatry Report* 2009;**11**: 243–50.
- Henningsen P, Löwe B. Depression, pain, and somatoform disorders. *Curr Opin Psychiatry* 2006;**19**:19–24.
- Oyama O, Paltoo C, Greengold J. Somatoform disorders. *Am Fam Physician* 2007;**76**:1333–8.
- Manchikanti L, Abdi S, Atluri S, Balog CC, Benyamin RM, Boswell MV, *et al.*; American Society of Interventional Pain Physicians. American Society of Interventional Pain Physicians (ASIPP) guidelines for responsible opioid prescribing in chronic non-cancer pain: Part 2: guidance. *Pain Physician* 2012;**15** (3 Suppl):S67–S116.
- Kahan M, Wilson L, Mailis-Gagnon A, Srivastava A; National Opioid Use Guideline Group. Canadian guideline for safe and effective use of opioids for chronic noncancer pain: Clinical summary for family physicians. Part 2: special populations. *Can Fam Physician* 2011;**57**:1269–76, e419–28.
- Nicholson B. Responsible prescribing of opioids for the management of chronic pain. *Drugs* 2003;**63**:17–32.
- Martell BA, O'Connor PG, Kerns RD, Becker WC, Morales KH, Kosten TR, *et al.* Systematic review: Opioid treatment for chronic back pain: Prevalence, efficacy, and association with addiction. *Ann Intern Med* 2007;**146**:116–27.
- Ambekar A, Rao R, Mishra AK, Agrawal A. Type of opioids injected: Does it matter? A multicentric cross-sectional study of people who inject drugs. *Drug Alcohol Rev* 2015;**34**:97–104.
- Rosenblum A, Marsch LA, Joseph H, Portenoy RK. Opioids and the treatment of chronic pain: Controversies, current status, and future directions. *Exp Clin Psychopharmacol* 2008;**16**:405–16.
- Häuser W, Bock F, Engeser P, Tölle T, Willweber-Strumpf A, Petzke F. Long-term opioid use in non-cancer pain. *Dtsches Arztebl Int* 2014;**111**:732.
- Silverman SM. Opioid induced hyperalgesia: Clinical implications for the pain practitioner. *Pain Physician* 2009;**12**:679–84.
- Sehgal N, Manchikanti L, Smith HS. Prescription opioid abuse in chronic pain: A review of opioid abuse predictors and strategies to curb opioid abuse. *Pain Physician* 2012;**15** (3 Suppl):ES67–ES92.
- Murray AM, Toussaint A, Althaus A, Löwe B. Barriers to the diagnosis of somatoform disorders in primary care: Protocol for a systematic review of the current status. *Syst Rev* 2013;**2**:99; doi: 10.1186/2046-4053-2-99.
- The Narcotic Drugs and Psychotropic Substances (Amendment) Act 2014. Ministry of Law and Justice, Government of India.
- Rao R, Agrawal A, Kishore K, Ambekar A. Delivery models of opioid agonist maintenance treatment in South Asia: A good beginning. *Bull World Health Organ* 2013;**91**:150–3.
- Pawar A, Rajalakshmi AK, Upadhyay RP. Pentazocine use among people who inject drugs in India. *Asian J Psychiatr* 2015;**16**:3–6. doi: 10.1016/j.ajp.2015.06.009.
- Kelly MG. Pentazocine: A strong analgesic with low abuse potential. *Br J Addict Alcohol Other Drugs* 1977;**72**:250–2.