

Complementary therapy treatment chronic pain without opioids nursing essay

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MCWP 50: Complementary Therapy Treating for Chronic Pain without Opioids
Tuesday & Thursday 2: 00pm - 3: 20pm
Research Paper - First draft
February 20, 2013
Complementary Therapy Treatment for Chronic Pain without Opioids
The opium poppy plant is one of the world's oldest known therapeutic drug. The opium plant is a derivative to heroin and a primary source of many analgesic medicines such as morphine, oxycodone, fentanyl, tramadol, and many more. Companies now engineer synthetic opiates and semi-synthetic opioid medicine like vicodin and hydrocodone to treat many chronic pains. Opiate medicine is now accepted by the public to treat nonmalignant pain and cancer patients. Nonmalignant pain has become a big issue with around the world; especially with the United States. An estimated 20-30% of Americans suffers from chronic pain and caused the employer \$61. 2 billion per year in loss of productive work time (Nicholson 71). Opioid medication is accepted for the use of treating patients who suffer from cancer related pain. Patients who suffer from nonmalignant pain can see a doctor and are maybe prescribed opioid medication. This medication has high potential for side effects such as addiction because it is derived from the opium plant. Opium is a plant that makes heroin, morphine, oxycodone, and any other pain relieving opioid medication. In the beginning treatment of opiates, reports shows decreasing pain in the short amount of time. After long term use, pain will intensify and will require a higher dosage, require more frequent visits, can damage internal organs, and cause addiction. Doctors are now obligated to prescribe opiates because the risk losing their jobs. Besides opiates, doctors are now helping patients relieve pain with the use of complementary therapy such as massage, manipulative,

acupuncture, exercise, and nutrition. Complementary therapy helps patients' just as well, or possibly better, as opioid medication without side effects. Overall, the use of complementary therapy is a better option when treating nonmalignant pain than opioid medication therapy. Doctors should consider the use of complementary therapy to treat chronic pain in non-cancer patients than opioid medication. The use of analgesic medication has some beneficial advantages and disadvantages aspects for patients who suffer from chronic pain. Some advantages of taking opiates for short term use include decreasing pain and sustaining analgesia. Wolfhard Winkelmueller, from The Department of Neurosurgery at Friederikenstift hospital in Hannover, Germany, conducted a research group of 11, 882 patients who were treated with an opioid medication and in result has shown pain relief in 67% to 100% with nonmalignant pain (Winkelmueller 68). The controversy of prolong use is the concern of doctors of development abuse, dependency, and addiction in patients with nonmalignant pain. While it is hard to accurately measure the occurrence of opioid abuse, Mel Pohl, a Medical Director from Las Vegas Recovery Center, article titled " Chronic Pain and Addiction: Challenging Co-occurring Disorders" stated the accurately estimate the occurrence rate of addiction 3. 2 - 18% who is experiencing chronic pain. And 20 - 26% rate of addiction for patients who have been previously hospitalized (Pohl 119). The percentage may increase because of clients who are not willing to admit to abusing the medication. Doctors who refuse to prescribe opioids to patients because of the concern of side effects can treat chronic pain with complementary therapy by physical and mental treatment. Patients who suffer from side effects of opioid usage should

consider the use of complementary therapy to lower the abuse and dependence of opiates. In the article, " Why Doctors Prescribe Opioids to Known Opioid Abusers" written by Anna Lembke, a medical doctor from the Department of Psychiatry at Stanford University, review founded 225% increase of new abusers from 1992 to 2000 obtained directly or indirectly through physicians (Lembke 1580). Complementary therapy includes massage therapy, manipulative therapy, acupuncture, exercise, and nutrition. Unlike opioid medication therapy, non-opioid approach involves a group of people that help manageable or even cure pain with patience and persistence. The approach of long term use of opioid medication will not improve quality of life and may worsen over time causing dosage to increase over time. Complementary therapy such as acupuncture and massage is a cheaper alternative to opioid treatment and has become more widely available. In comparison with acupuncture therapy and opioid medication, shows a 10 - 15% improvement in lower back pain symptoms within 12 and 24 month and opioid medications shows no improvement from 12 and 26 weeks of treatment (Lembke 141). Curing chronic pain will improve quality of life, physical function, and improve mood. The use of complementary therapy is considered very safe because of minimum risk of side effects. Doctors are obligated to prescribe opiates to patients in fear of losing their job. Prescription opioid abuse has become a huge rampant in the United States. In 2010, they were as many as 2. 4 million new and addicted opiates abusers (Lembke 1580). If doctors want to prescribe any complementary therapy, patients find different doctors to obtain opiates. Lembke discussed the fear of doctors who prescribe opioid medication: Doctors who refused to

prescribe opioid to certain patients out of concern about abuse are likely to get a poor rating from those patients. In some institution, patients-survey ratings can affect physicians' reimbursement and job security (Lembke 1580). One patient reported " I know I'm addicted to (opioids), and it's the doctors' fault because they prescribed them. But I'll sue them if they leave me in pain" (Lembke 1580). Endorsing the use of complementary therapy and making it more available would make it harder to obtain for nonmalignant pain. Rating doctors has become a powerful tool that is now causing benefit or harm for generating business. People are now looking at ratings from Yelp or any other website to determine the perfect doctors with high ratings and overlook without consideration with poor rated doctors. Some people will use this rating system to find the easy doctors that will prescribe medication very easily and this can lead to opioid abuse. Not only doctors are afraid of poor ratings, but also being sued for maltreatment. It is important to sue a doctor for maltreatment but knowing a patient will sue for little reasons. This is also a problem that doctor face because the risk of losing their medical licenses and thus faced a double edge sword. The use of complementary therapy should be replaced with long term opioid treatment. Opioid treatment for can be beneficial for short term use by just concealing the pain until they no longer needed. It causes doctors to become selected and give business problems. The use of opioid for long term use has become a controversial due to the concerns of side effects such as addiction, abuse, and physical dependency. Opiates should be treated as a highly addictive substance just like heroin and should not be prescribed as prescription to patients. If doctors choose to treat nonmalignant pain with the use of

opioids, the medication must be observed at all times to prevent any distribution to abusers. Complementary therapy is widely available around the world and can help cure symptoms relating to chronic pain. Patients who use complementary therapy tend to have fewer doctor visits. It is also cheaper because it does not require a life time treatment for pain. If possible, opioids treatment should be voided and discouraged. Although it is accepted for the use in patients who have cancer related pain, it must be a last resort if complementary therapy fails. Max, you don't introduce your argument explicitly in your introduction - you start with what The Craft of Research calls a data dump. You have the structure here of a position paper, not a paper centered around a controversy. How are the experts arguing amongst themselves? Please see my comments on your proposal. You need to be citing your sources more. Work cited

Lembke, Anna. " Why Doctors Prescribe Opioids to Known Opioid Abusers." *The New England Journal of Medicine* October (2012): 1580-1581. Web.

Nicholson, Bruce. " Benefits of Extended-Release Opioid Analgesic Formulations in the Treatment of Chronic Pain." *Pain Practice*. 1 (2009): 71 - 81. Web.

Pohl, Mel, and Smith, Logan. " Chronic Pain and Addiction: Challenging Co-occurring Disorders." *Journal of Psychoactive Drugs* 44. 2 (2012): 119-124. Print.

Winkelmüller, Wolfhard, Kim Burchiel, and Jean-Pierre Buyten. " Intrathecal Opioid Therapy for Pain: Efficacy and Outcomes." *Neuromodulation: Technology at the Neural Interface* 2. 2 (1999): 67-76. Web.