



# Opioid Reduction

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# Opioid Crisis



According to the Centers for Disease Control and Prevention (CDC), as many as one in four patients who receive prescription opioids long term for non-cancer pain in primary care settings struggles with addiction.



Every day, more than 1,000 people are treated in the ER for misusing prescription opioids.



# Opioid Crisis cont.



Beyond the risks of addiction and overdose, prescription drugs that numb pain may convince a patient that a musculoskeletal condition is less severe than it is or that it has healed.



This misunderstanding can lead to overexertion, a delay in the healing process or even permanent injury.



Chiropractic and other non-drug approaches to pain management can be an important first line of defense against pain and addiction resulting from the overuse of prescription opioid pain medications.

# How Chiropractic Can Help

People who saw a chiropractor were 64% less likely to use opioids than people who didn't, researchers report in the journal Pain Medicine.

Nearly one-third of veterans receiving VA chiropractic services also received an opioid prescription, yet the frequency of opioid prescriptions was lower after the index chiropractic visit than before.

*Patients who saw a chiropractor as their initial provider for low back pain (LBP) had **90%** decreased odds of both early and long-term opioid use.*



# How Chiropractic Can Help Cont.

- ▶ Chiropractic is the largest, most regulated, and best recognized of the complementary and alternative medicine (CAM) professions. CAM patient surveys show that chiropractors are used more often than any other alternative provider group and patient satisfaction with chiropractic care is very high. There is steadily increasing patient use of chiropractic in the United States, which has tripled in the past two decades.

# Low Back Pain



Low back pain (LBP) is the leading contributor to years lived with disability



The estimated point prevalence of non-specific LBP is 18%.



Annually, total costs of LBP are estimated to be US \$100 billion in the USA



# Diagnosis

Classify patients into one of three categories: non-specific LBP, radiculopathy or specific pain mechanism



Rule out red flags

Malignancy

Infection

Fracture

# Imaging



**Don't do imaging for low back pain within the first six weeks**, unless red flags are present. (Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected.)



Low back pain is the fifth most common reason for all physician visits. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs.



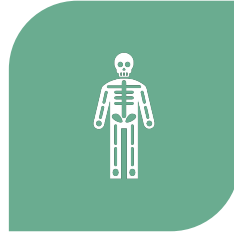
# Pain Classification



MECHANICAL  
PAIN



CHEMICAL  
PAIN



PERIPHERAL  
NEUROGENIC



CENTRAL  
SENSITIZATION



AFFECTIVE  
PAIN

# Treatment Options for Low Back Pain



Self-care



Non-drug and non-  
invasive therapies



Drug therapies



Invasive procedures



# Self Care

- ▶ Self-management refers to everything someone can do on their own to manage their health problems and live their life as fully as possible.
- ▶ They have to make many decisions every day about exercising, managing stress, taking medications, and dealing with life problems.
- ▶ They also have to decide how these will affect their pain, suffering, and disability.



# Non-Drug and Non-Invasive Therapies

- ▶ Behavioral therapies can help people learn to react to pain in ways that help them function better and reduce their pain.
- ▶ For chronic low back pain, exercise programs prescribed by healthcare providers can help slowly improve physical function and reduce pain sensitivity.
- ▶ Complementary medical treatments like acupuncture, spinal manipulation therapy, and yoga are helpful for many people.



# Spinal Manipulation

- ▶ There is an inverse association between chiropractic use and opioid receipt among patients with spinal pain.
- ▶ In a subgroup of patients with acute nonspecific LBP, spinal manipulation was significantly better than nonsteroidal anti-inflammatory drug diclofenac and clinically superior to placebo.

# Spinal Manipulation Cont.

- ▶ Manual-thrust manipulation provides greater short-term reductions in self-reported disability and pain compared with usual medical care. 94% of the manual-thrust manipulation group achieved greater than 30% reduction in pain compared with 69% of usual medical care.
- ▶ Manual therapy scored better than physical therapy on all outcome measures. Patients receiving manual therapy had fewer absences from work than patients receiving physical therapy or continued care, and manual therapy and physical therapy each resulted in statistically significant less analgesic use than continued care.

# Exercises and Stretches

- ▶ MDT
- ▶ Core Exercises
- ▶ Yoga
- ▶ Walking



# Dry Needling

- ▶ Compared with acupuncture and sham needling, DN is more effective for alleviating pain and disability at postintervention in LBP, while its effectiveness on pain and disability at follow-up was equal to acupuncture.



Thank You!