Risk of pain medication misuse after spinal cord injury

What is the study about?

Pain is a frequent health condition for people with spinal cord injury (SCI), with pain severity in persons with SCI higher than in the general population. High levels of pain, particularly severe pain, may effect physical, mental, and social health. Therefore, it is not surprising that people with SCI may be at particular risk for pain medication misuse. Our purpose was to identify risk of pain medication misuse (PMM) among participants with SCI identifying any factors that are related to its use.

Who participated and how was the study conducted?

There were 2,522 participants who were identified from a specialty hospital and through the South Carolina SCI Surveillance System Registry. Participants averaged 11.8 years since SCI onset and were average of 50 years of age. The participants completed a self-report survey that included items about pain medication misuse, depression, and personality.

What did the study find?

We only analyze the data for people who had at least one painful condition and who were taking some prescription medication to treat pain. We found that almost 18% of those with SCI with at least 1 painful condition who are prescribed pain medications are at risk for pain medication misuse. Some of the types of things people do are running out of medication early, not taking the medication as prescribed, or things like borrowing medications from others. We compared people who may have been misusing the medications and those who did not appear to be misusing their medications. We found that current smokers, those who recently used cannabis, and certain personality traits were more likely among people who may have been misusing their medications. The personality traits included being impulsive or sensation seeking – people who like to take risks and engage in high-risk activities. Depression was also correlated with medication misuse.

Implications and/or recommendations?

Prescriptions for pain medications and nonmedical use of prescription pain relievers have increased greatly over the past 25 years. With increase in use, there is increased risk of dependence and an increase in deaths due to opioid overdose. Even without overdoses, there is a risk of unintentional or accidental injuries and even death for people with SCI who overuse or misuse pain medications. It is important for health care professionals to keep a watchful eye for signs of prescription medication misuse, particularly for drugs like opioids, and to help people with SCI to understand the risks of not using their medications in the manner for which they were prescribed. It is important for people with SCI to be mindful of potential drawbacks of using pain medication and to talk to their healthcare provider regularly about the medications they use. It is
important to use non-medication related treatments whenever possible. People with SCI should always talk to their healthcare providers before making changes in how they use prescription medications, including those for pain. It is also important to always be honest with your healthcare provider about other things you do that may cause problems in relation to pain medication use, like the amount of alcohol you consume and any other prescription or non-prescription use of drugs.

Reference:

This article contains full references to all pertinent information, including details of previous research by other investigators, instruments used, and more detailed findings.

The contents of this research brief were developed under grants from the US Department of Health and Human Services Administration for Community Living, NIDILRR grant numbers 90RT5003 and 90DP0098, and the South Carolina Spinal Cord Injury Research (SCSCIRF) grant #s 09-001 and 2017 SI-02. However, those contents do not necessarily represent the policy of the Department of Health and Human Services or the SCSCIRF, and you should not assume endorsement by the Federal Government. Contributors to this research brief include Jillian Clark, Yue Cao, James S. Krause, Jameka Rembert, and Melinda Jarnecke.