



Research Brief

Relationships of Self-reported Opioid Use and Misuse and Pain Severity With Probable Major Depression Among Participants With SCI

Introduction

Opioid overdoses are a leading cause of death in the US. The CDC has provided updated clinical practice guidelines for prescribing opioids for pain. While opioid therapy has an important role for acute pain, it emphasizes that nonopioid therapies are preferred for chronic pain. The objective is to examine the relations of pain intensity, opioid use, and opioid misuse with depressive symptom severity and probable major depression (PMD) among participants with spinal cord injuries (SCI), considering the demographic, injury, and socioeconomic characteristics.

Key Findings

- Opioid use, opioid misuse, and pain intensity were related to elevated depressive symptom severity and higher odds of probable major depression.
- Non-Hispanic Blacks had fewer depressive symptoms and lower odds of probable major depression, as did those with higher incomes.
- Veterans had a lower risk of probable major depression, whereas ambulatory participants had a higher risk of probable major depression.
- Age at SCI onset had a mixed pattern of significance, whereas years of education and years since injury were not significant.

What does this mean?

The greater risk of probable major depression and higher depressive symptom severity among those using opioids and misusing opioids raises further concern about long-term prescription opioid use. Pain intensity, opioid use, and opioid misuse are highly related to depressive symptomatology consistent with probable major depression, even after controlling for demographic, SCI, and socioeconomic factors. Intervention strategies are needed that include both rehabilitative and public health specialists, options beyond treatment with opioids. This research should not be taken for medical advice. Please always speak with your medical provider before stopping or changing any medication use.

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