

The Association Of Depression, Smoking And Use Of Opioid Medications For Pain



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Introduction

Opiates can be used as an effective method of pain management but are associated with adverse effects. The main objective of this study was to explore the various habits and health conditions that relate to opiate use and sleep apnea. The data assessment focused on the relationship between pain intensity, opioid use, depression and the amount of cigarettes smoked.

Methods

The study was a correlational descriptive cross-sectional study design using an existing dataset. The subjects (n=419) were adults with and without chronic pain who had been referred to sleep disorders centers. Age, sex, BMI, number of anatomical abnormalities reflective of obstructive sleep apnea, number of co-morbidities, number of alcohol drinks per day, and number of cigarettes per day was collected. Variables included in this analysis were also depression (Beck Depression Index), pain (yes/no) and pain intensity, opiate use and dose and number of cigarettes smoked per day.

Sample Characteristics

Mean (sd) age 49(12), 49% female, Cigarettes per day M(sd) 3(6), BMI M(sd) 33(7) Morphine equivalent dose M(sd) 152 mg (195 mg), Depression 21%, pain intensity M(sd) 2(2).

Results

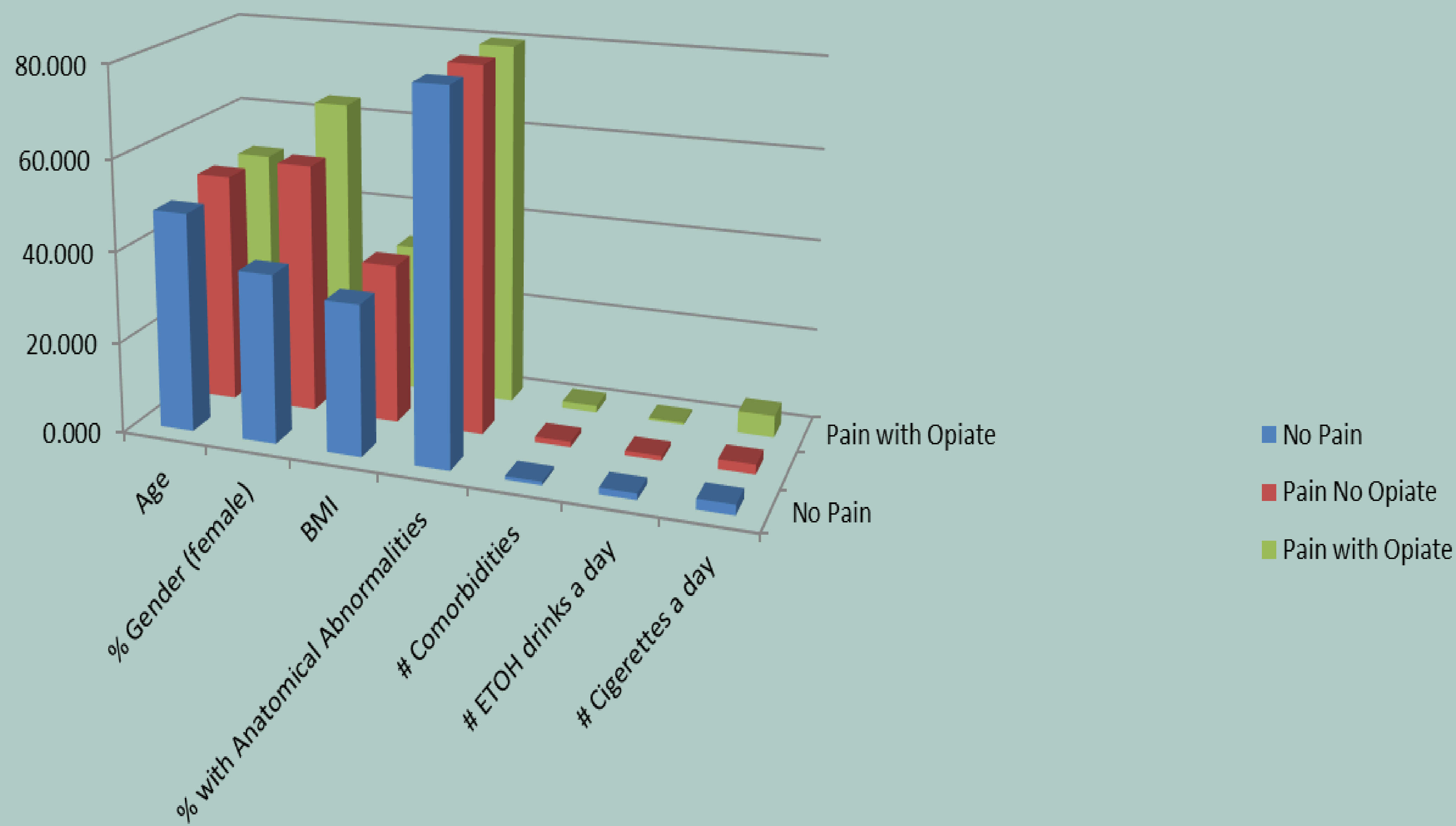
1. There was a significant correlation between opiate prescription use and cigarette use ($r=.195$, $p=.003$). Subjects who were taking opiates smoked more cigarettes.
2. There was a positive relationship between smoking and pain intensity ($r=.511$, $p=.000$). Subject who smoked were more likely to have pain.
3. There was a positive relationship between the intensity of pain and depressive symptoms ($r=.147$, $p=.003$). The higher the pain intensity, the higher the depressive symptoms.

Conclusion

Patients with greater pain intensity who are taking a larger amount of opioids are at an increased risk of smoking and for depression. It is very important for healthcare workers to pay extra attention to the risk of depression and smoking when dealing with patients with higher pain intensity who may be taking higher doses of opioids. Smoking can lead to a higher risk of cardiac problems and can have a vast number of negative health implications.

SMEAN(Age) Gender SMEAN(BMI) SMEAN(Anatomical) Comorbidities SMEAN(PainNow) SMEAN(ESS) Morphine Equianalgesic Dose * Pain vs. No Pain

Pain vs. No Pain	SMEAN(Age)	Gender	SMEAN(BMI)	SMEAN(Anatomical)	Comorbidities	SMEAN(PainNow)	SMEAN(ESS)	Morphine Equianalgesic Dose
-171	50.643	.57	34.459	.837	1.25	3.800	10.703	37.10
248	48.053	.37	32.975	.818	.77	.341	9.785	.00
Total	49.586	.49	33.854	.829	1.05	2.389	10.328	21.92



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