Introduction

- Chronic pain is associated with disability, reduced quality of life, cognitive deficits, and increased incidence of depression, anxiety, and suicide.
- As there are no cures for chronic pain, recent attempts in symptom management have included an increase in opioid prescribing.
- With the increased prescribing of opioids has come a whole host of problems that have forced scientists and clinicians to re-examine prescribing practices. It is time to develop opioid-sparing pain management strategies.

Purpose

- The purpose of this study was to assess if interspersing placebo’s with regular dose of opioids will result in equal pain relief with lack of withdrawal symptoms.

Methods

- A brief pilot study was performed at a pain clinic in Buffalo NY.
- 8 subjects were selected. Out of which 4 completed the study.
- Two subjects dropped out before starting the study drug due to their family concerns about poor pain control.
- 1 dropped out after 4 days on study drug (100% drug during baseline) due to poor pain control and 1 (75-year-old) was hospitalized for possible morphine side effects.
- Four subjects were stabilized on an effective dose of sustained release morphine for 2 weeks, then randomized to one of three conditions (100%, 75%, and 50% active drug).
- Pain intensity, side effects, withdrawal symptoms, and physical activity counts were recorded every day for 2 months using a PRO-Diary actigraphy device.
- Subjective opiate withdrawal scale (SOWS) was used for measuring withdrawal symptoms.

Data Analysis

- Descriptive analysis of pain intensity compared to dose, withdrawal symptoms, and physical activity, and was graphed.

Results

Subject 2 (100% active drug) was able to identify the correct dose 45% of the time. He reported severe withdrawal symptoms and moderate to severe pain consistently.

Subject 6 (75% active drug) was able to identify the correct dose 78% of the time. She reported fairly consistent pain control and moderate withdrawal symptoms not corresponding with active or placebo pill.

Subject 4 (50% active drug) was able to correctly identify dose 3% of the time. She reported moderate to severe pain and mild to moderate withdrawal symptoms not corresponding with active or placebo pill.

Conclusions

There appears to be a placebo effect as subjects were not able to consistently identify if they were on drug or placebo and pain ratings did not change at a clinically relevant rate. The Subjective Opiate Withdrawal Scale (SOWS) seemed to capture symptoms not related to opiate withdrawal.