

Letters to the Editor



## Comments on “Effect of Opioid Use on Results of Interventional Back Pain Management on Patients With Suspected Facet-mediated Chronic Back Pain”

### TO THE EDITOR:

We read Hannu Heikkilä and Aet Ristmägi’s article about the impact of opioid use on the outcomes of interventional back pain management on patients with suspected face-mediated persistent back pain with great curiosity (1). Additionally, this experiment shown that using opioids before treatment was linked to increased pain unpleasantness, damage, and a reduction in functional capacity, and that the interventional back pain therapy’s long-term effects were subpar at the one-month follow-up.

However, we also have some reservations about this article.

First, the article simply mentioned when opioids were used; the dose, type of opioids utilized, and whether they were pure, weak, or complex opioids, were not mentioned. Perhaps they should be classified based on their morphine equivalents.

Second, the use of opioids before surgery was generally mentioned in the article as being associated with higher hospitalization expenditures, a higher rate of readmission, and a longer time of stay. Perhaps these and other adverse effects such as constipation, emergency department visits, falls, opioid misuse (2) and potential psychological effects (3) can be included in the secondary outcome indicators for analysis in this study.

Third, other conditions, such as whether nonsteroidal medications and ion channel medications were the same, especially the ion channel medications, were not stated, with the exception of the need that opioids are different in the experimental group and the control group. According to Jennifer Hah et al (4), gabapentin use during the preoperative phase may moderately increase the rate of opioid cessation. And whether the drug formula for lumbar medial branch block and the operators and operating methods were the same was

not mentioned.

Fourth, the article’s definition of chronic opioid use—90 consecutive days of concurrent opioid use—is consistent with earlier research that have established 90 days as the norm for long-term opioid treatment. Michael C. Rowbotham and Mark Wallace discovered that pain alleviation was noticeable at the end of the dose titration phase in their study on the development of analgesic tolerance and opioid-induced hyperalgesia. At 20 weeks, 10 of the 17 intact patients, however, displayed tolerance to opioid analgesia (5). It’s possible that this study’s analysis of the opioid use period may be separated into 3 groups of 90, 120, and 150 days.

Finally, patients who used opioids prior to surgery might experience higher pain than those who did not. The pain before using opioids was not mentioned in the article; it only covered the pain after using opioids. According to 83.2% of patients with chronic pain who participated in a study on the treatment of prescription opioid addiction, using opioid analgesics for pain relief was their primary motivation (6).

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## REFERENCES

1. Heikkilä H, Ristmagi A. Effect of opioid use on results of interventional back pain management on patients with suspected face-mediated chronic back pain. *Pain Physician* 2022; 25:E733-E738.
2. Krebs EE, Gravely A, Nugent S, et al. Effect of opioid vs nonopioid medications on pain-related function in patients with chronic back pain or hip or knee osteoarthritis pain: The SPACE randomized clinical trial. *JAMA* 2018; 319:872-882.
3. Schulte E, Spies C, Denke C, et al. Patients' self-reported physical and psychological effects of opioid use in chronic noncancer pain-A retrospective cross-sectional analysis. *Eur J Pain* 2022; 26:417-427.
4. Hah J, Mackey SC, Schmidt P, et al. Effect of perioperative gabapentin on postoperative pain resolution and opioid cessation in a mixed surgical cohort: A randomized clinical trial. *JAMA Surg* 2018; 153:303-311.
5. Rowbotham MC, Wallace M. Evolution of analgesic tolerance and opioid-induced hyperalgesia over 6 months: Double-blind randomized trial incorporating experimental pain models. *J Pain* 2020; 21:1031-1046.
6. McDermott KA, Griffin ML, McHugh RK, et al. Long-term naturalistic follow-up of chronic pain in adults with prescription opioid use disorder. *Drug Alcohol Depend* 2019; 205:107675.