PAIN MEDICINE AND ANXIETY MEDICINES BROCHURE

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BACK PANEL (MAIL PANEL)

PAIN MEDICINE AND ANXIETY MEDICINES

ARE THEY SAFE FOR YOU?

FRONT PANEL

FACTS AND MYTHS ABOUT LONG-TERM USE

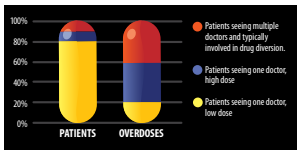
Opioids, also known as narcotic analgesics, and other controlled substances have been extensively used in the United States. Although some consider the usage to be extreme proportions, those who use the medications believe they are life savers and medically necessary.

Opioids are a type of analgesic which is medication used to control pain sensations. Prescription opioids include morphine, oxycodone, codeine, fentanyl, hydrocodone, hydromorphone, methadone, oxymorphone, and tramadol to name a few.

Some of the other controlled substances are Valium, Xanax, Ativan, Klonopin, Soma, and Ambien.

As of now, there is no evidence in chronic pain patients that these medications improve daily functions, nor do they help send patients return to work. Furthermore, their safety has been questioned. The emergency room visits, overdoses, and deaths related to controlled substances have been higher than motor vehicle injuries. Methadone is specifically considered as an extremely toxic substance. Even though the amount of methadone prescriptions given is extremely small, methadone is responsible for one-third of the deaths related to opioids. There are similar fatalities with anxiety medicines including Valium, Xanax, Ativan, and Klonopin.

Users of opioids sometimes mistakenly believe that they are effective and safe medications based on the fact that they are prescription drugs, and that they are taking them to control pain. This concept has also been promoted by the drug



Source: Centers for Disease Control and Prevention. CDC grand rounds: Prescription drug overdoses – a U.S. epidemic. MMWR. Morb Mortal Wkly Rep 2012; 61:10-13.

Fig. 1. Percentage of patients and prescription drug overdoses, by risk group – United States.

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industries, and has been adapted by the Board of Medical Licensure and many physicians in general. As a result, this concept has also led to adaptation by the general public. The following graph shows that 60% of the deaths related to opioids are due to the drugs even when they are prescribed legitimately.

CAN YOU BECOME DEPENDENT?

Opioids, benzodiazepines, and Soma are extremely addictive drugs; possibly worse than marijuana and cocaine. Now, more people are at risk for abuse with pain and anxiety medicines than marijuana and cocaine. Once you begin taking them, you lose control of your normal thought processes. These types of medications also have many, many side effects.

Remember, all the side effects may be made worse if you combine opioids with other drugs, including alcohol. These risks are described differently by professionals and patients:

- Tolerance
- Physical dependence
- Psychological dependence
- Addiction
- Opioid induced hyperalgesia

WHO IS AT INCREASED RISK?

Overdose deaths, complications, and sometimes addiction are much higher in certain groups of patients. These patients include those with:

- Sleep apnea syndrome
- Supplemental oxygen therapy
- Heavy smoking with emphysema or chronic obstructive pulmonary disease (COPD)
- Moderate to severe cardiovascular disorders
- Severe renal dysfunction
- Obesity
- Immunosuppression (HIV, AIDS, transplants, chemotherapy, radiation therapy)
- Patients with multiple psychological disorders, specifically personality disorders
- Pregnant patients (these drugs are risky for not only the baby, which may produce long-term problems, but to the mother also)

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WHAT ARE THE SIDE EFFECTS OF OPIOIDS?

Mainly people focus on acute or immediate side effects, however, there are many long term, debilitating effects. Overall the main side effects derive from weakened immune system and hormonal suppression in both men and women leading to:

Sexual dysfunction
- Reduced libido or sexual desire
- Sexual and erectile dysfunction
- Infertility
- Reduced orgasmic intensity
- Reduced ejaculatory volume
- Reduced spontaneous erections
- Small or shrinking testicles or ovaries
- Breast discomfort
- Reduced body hair (armpits or pubic)
- Reduced beard growth

Loss of Energy
- Fatigue or exhaustion
- Reduced motivation or initiation of activity
- Reduced aggressiveness/self confidence
- Increased frailty
- Increased disability
- Increased weight gain

Immunosuppression
- Weakened immune system
- Heart and valve infections
- Liver disease
- Risk of pulmonary and respiratory infections

Other hormonal problems
- Thinning of the bones with osteoporosis or fracture
- Reduced or loss of height
- Hot flashes
- Anemia
- Dry eyes

Central nervous system problems
- Confusion
- Depression
- Anxiety
- Reduced sleep quantity and quality
- Inability to concentrate
- Inability to think appropriately
- Increased sleep or drowsiness
- Breathing too slowly or stopping breathing which may lead to death
- Opioid induced hyperalgesia, which is when one experiences more pain with increasing medicine use

Other issues
- Dry mouth
- Constipation
- Nausea
- Vomiting

MYTHS ABOUT OPIOIDS AND BENZODIAZEPINES

MYTH #1:
"I have real pain, I will not become addicted"

This is an age old myth. All people believe in their minds they have real pain. It has nothing to do with the actual pain. Consequently, opioids and benzodiazepines indiscriminately affect all individuals whether pain is real or imaginary.

MYTH #2:
"I am not addicted and I can never become addicted"

No one believes they are addicted. Also, everyone believes that they cannot become addicted because of their personality. They believe they have the ability to stop the medicines for a few hours, or a few days, or a few months but, even after stopping for as long as 2 or 3 years, at least 60% of patients want to get back on the medicines as soon as possible.

A majority of patients who respond to various other treatments to improve their pain still want to be on opioids, benzodiazepines, and Soma. Likewise, a majority of patients who are on these drugs fail to respond to other treatments significantly, and still need to be continued on these medications.

Opioids overwhelm your body's response.

Early use of pain and anxiety medications can prevent one from recovering and returning to work. The medicines can also decrease one's activity status.

MYTH #3:
"The more medication I take, I am more functional"

There is no proof in any literature that these medications are useful on a long-term basis. A small percentage of patients may not experience major side effects, but it is extremely difficult to identify these particular patients. It is just as difficult to identify the abusing patients. Your friends, family members, nor yourself are a reliable source of information.

MYTH #4:
"I am not abusing the drugs, I never abuse them"

It is very difficult for anyone to admit that they are abusing medications. Abuse is determined by the available literature regarding drug abuse patterns.

MYTH #5:
"What do you want me to do? I am hurting so I am taking more."

Any time you do not follow the instructions or the agreement provided by the physician, it is considered abuse.

MYTH #6:
"Pain relief is my right. The doctor has to do whatever is best for me"

That is true. The doctor has to decide what is best for you. It is not necessarily what you or your family think is right.

MYTH #7:
"The doctor never told me that"

This is a major myth. Medicine makes you focus only on certain aspects and only in certain directions. This focus is justification for additional medication. No matter how strong you are, you may be vulnerable for such deception or activity by your own medication.

MYTH #8:
"I have been on this medicine for a long time, so I took a lot more. I am tolerant, so I need more"

This is the most common myth. Once you are taking the medicines on a long-term basis, it is best to avoid them, and slowly wean you off of them. Needing more medication is a sign that the dosage or frequency of usage may be too much, and the drug use is progressing to dependency or possibly even addiction.

MYTH #9:
"My arthritis is bad. My fibromyalgia is bad. My toe hurts."

Opioids generally are not indicated or first line treatment for arthritis, pain in the joints, or generalized pain such as fibromyalgia. Even if you believe they help you, they may end up hurting you more than they help you.

MYTH #10:
"It is not helping me. I need more of it"

If giving medication in safe doses is not helping you, you do not need more medication. Instead, it indicates that it is time to reduce the medicine. But, if there is physical and functional improvement, without adverse effects or addiction, then the medication may be continued in low doses.

WHAT ARE THE VARIOUS TERMS USED AND WHAT DO THEY MEAN?

Some of the terms used are tolerance, physical dependence, psychological dependence, and addiction.

- **TOLERANCE**

A major concern of chronic long-term opioid use is increased tolerance of the drugs. Opioid tolerance occurs when the body becomes familiar with having a drug or substance in the system over a period of time. As tolerance develops, the body craves a higher dose of medication in order to achieve the same pain relief. Tolerance is usually a sign that the dosage or frequency of usage may be too much and the drug use is progressing to a dependency.

- **DEPENDENCY**

Both physical dependency and psychological dependency may occur with long-term opioid use. Once the tolerance develops, dependency may occur on its own without developing tolerance initially. In any event, once a dependency occurs, the body goes through withdrawal when it stops receiving its usual dosage of opioids. While withdrawal is extremely painful and distressing, in most cases it is not fatal In these cases, increasing the dosage or continuing opioid use can easily lead to overdose. It can also produce any of the long-term side effects, which sometimes can be life-threatening.

- **ADDICTION**

Addiction is more than physical or psychological dependency. Patients may be prone to addiction based on genetic or other psychosocial factors along with long-term use of opioids. Many of the patients, whether they have any of the problems or not, may proceed to addiction simply based on the fact that they have been taking the medication for a long time.

- **CONTROLLED WITHDRAWAL OR DETOXIFICATION**

Medication may be managed by controlled withdrawal, which means slowly reducing the medication each week or month, or withdrawal may be successfully managed in rehabilitation centers.

REMEMBER, PAIN DOESN'T KILL YOU, BUT MEDICINES FOR PAIN CAN!

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