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**Stopping Long-Term Opioid Therapy Has No Effect on Pain**

*Study findings have significant implications for opioid conversations between patients and their providers*

PORTLAND, Oregon – Patients may experience no discernible difference in their level of pain after discontinuing the long-term use of opioids, new research suggests.

The research is being presented Thursday at the Society of Behavioral Medicine’s (SBM’s) 39th Annual Meeting & Scientific Sessions.

Researchers examined the electronic health records of 600 patients in a national database maintained by the U.S. Department of Veterans Affairs. They found that patients, on average, experienced no difference in pain after they discontinued long-term use of opioids.

“Our data suggest that patients who discontinue opioid therapy will not experience worse pain,” the authors write. “Rather, their pain will remain similar or slightly improve, on average, relative to their levels of pain prior to discontinuation.”

“This has the potential of adding to the pendulum swinging to get people off opioids,” said corresponding author **Travis Lovejoy, Ph.D., M.P.H.**, an assistant professor of psychiatry in the Oregon Health & Science University School of Medicine and a clinical psychologist in the VA Portland Health Care System.

The national opioid epidemic took hold in the 1990s, with an increased focus on helping patients to manage chronic pain. Pharmaceutical companies began marketing opioids to treat chronic pain beyond its previously established use in cancer treatment, palliative care and end-of-life care. However, widespread use of prescription opioids led to problems of misuse, addiction and overdoses. In 2016 alone, more than 60,000 people died from overdoses in the United States.

New prescribing guidelines are calling for physicians to reduce the use of opioids, yet little empirical data are available to gauge the long-term effect of opioids in pain management.

Lovejoy and fellow researchers from OHSU and Washington State University examined the health records of patients who had been on long-term opioid therapy and then discontinued for at least 12 months. The bulk of the patients suffered from chronic musculoskeletal pain and half were diagnosed with substance use disorder. The researchers then plotted each patient’s self-reported pain intensity scores for 12 months before and 12 months after their opioid therapy.

Although pain intensity fluctuated widely across time, discontinuing opioids appeared to make no difference for patients’ pain level plotted on average.

“Average pain intensity does not significantly worsen in the 12 months after discontinuation, and for some patients may in fact improve,” the authors write.

Lovejoy cautioned that simply cutting off opioids may lead to other outcomes that weren’t measured in the study. For example, patients could migrate to another provider outside the VA system, they could experience suicidal ideation or they could seek illicit substances such as heroin.

“There’s still a lot to learn about the potential adverse effects of taking patients off opioids,” said lead author **Sterling McPherson, Ph.D.**, associate professor and director of biostatistics and clinical trial design at Washington State University Elson S. Floyd College of Medicine. “While there is a current push for policy change and legislation regarding opioids, we still don’t fully understand the impact of taking patients off of long-term opioid therapy for treating chronic pain.”

Lovejoy said the next phase of research will enroll more than 1,000 patients and track them over time through survey methodologies and follow-up interviews to understand patients’ experiences with the opioid discontinuation process. In the meantime, he said, the new research may help patients gain a better understanding of their pain with and without opioids.

“These data might help to normalize people’s pain experience and educate them about the reality of their pain,” Lovejoy said. “We found that their pain doesn’t change. What we infer from that is, for people with chronic pain, it’s never going to go to zero. Rather, it will continue to fluctuate over time as it did when they were still on opioids.”

The study comes on the heels of the results of a randomized clinical trial [published](https://jamanetwork.com/journals/jama/fullarticle/2673971) in the *Journal of the American Medical Association* on March 6, which compared opioids and non-opioid treatment over 12 months for chronic back pain or hip or knee osteoarthritis pain. That study found that opioids did not provide better pain relief than non-opioid alternatives such as acetaminophen.

The new study adds to the pool of knowledge about the effectiveness of opioids.

“Our findings, coupled with existing evidence on the long-term effectiveness of opioid therapy to reduce pain intensity, have significant clinical implications for the ways in which opioid discontinuation processes and conversations take place between patients and clinicians,” the authors write.

The research team will present the findings Thursday at 11 a.m. CT during a paper session at the SBM Annual Meeting, being held in New Orleans at the Hilton Riverside New Orleans. Lovejoy is an SBM member.

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**About OHSU**

OHSU is the only academic health center in Oregon and is nationally distinguished as a research university dedicated solely to advancing health sciences. This singular purpose allows us to focus on discoveries that prevent and cure disease, on education that prepares physicians, dentists, nurses and other health professionals for the evolving health care environment, and on patient care that incorporates the latest advances. Based in Portland, we are one of Oregon’s largest employers, operate the top-ranked adult and children’s hospitals in the state, and secure competitive research funding of more than $400 million. As a public organization, we also provide services for the most vulnerable Oregonians and outreach to improve health in communities across the state.

**About SBM**

The Society of Behavioral Medicine (SBM) is a 2,400-member organization of scientific researchers, clinicians and educators. They study interactions among behavior, biology and the environment, and translate findings into interventions that improve the health and well-being of individuals, families and communities (www.sbm.org).

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