

# Opioids Offer ‘No Advantage’ and Are Addictive

## A VA study published in March suggests opioids work no better than over-the-counter pain relievers

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Minneapolis VA researchers found that opioid pain medication might not be the powerful “wonder drug” many people believe it to be. Published in March by the *Journal of the American Medical Association (JAMA)*, a study by the group of researchers did not support the use of opioids for chronic back, hip or knee pain relief.

The study, featured in the JAMA article “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,” was conducted from June 2013 to December 2015. Researchers randomly selected 240 patients from 62 VA primary care clinics in the Minneapolis area.

Results showed that opioid pain medication treatment was “not superior” to treatment with nonopioids. It also showed that while there wasn’t a “significant difference” in pain-related function between the two groups, pain intensity was “significantly better” in the nonopioid patients over the 12-month period.

“Our study contributes long-term evidence on the benefit side of the equation — we found no advantages to opioids that would outweigh their greater risk of serious harm,” said Dr. Erin Krebs, a Minneapolis VA physician and lead author of the study. “The results should reassure clinicians that following current guidelines is not likely to result in undertreatment of pain.”

However, one limitation of the study noted in the *JAMA* article was patients who have “physiological opioid dependence” because of “ongoing opioid use” were excluded from the study.

Patients for the study were selected by searching the electronic health record for back, hip or

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knee pain diagnoses during a previous primary care visit. The patient ages ranged from 21 to 80 years old, with the average age being about 58 years old. Only 32 of the 240 patients were women.

Researchers then randomly assigned patients to take opioids or nonopioid painkillers. Among the opioid medications tested were hydrocodone/acetaminophen (generic Vicodin), oxycodone or fentanyl. Nonopioid medication included acetaminophen (generic Tylenol), ibuprofen and prescriptions for nerve or muscle pain.

For the study, Krebs said the researchers compared opioids to nonopioid medications because it “seemed to be the most direct and relevant comparison,” adding that a head-to-head comparison of nondrug therapies would not be quite as useful because medications and nondrug therapies are “typically combined in clinical practice.”

According to VA research from 2011, veterans are twice as likely than their nonveteran counterparts to die from an accidental opioid overdose, with most deaths happening because of prescription medication. In 2012, however, VA and Department of Defense (DoD) guidelines discouraged physicians from prescribing opioids to patients with chronic pain. The guidelines recommend that opioids only be used if other treatments do not work for the patient.

About 30 percent of the U.S. adult population is reported to have chronic pain. But the rate for veterans who have served in the Middle East, according to an April statement from VA Secretary Robert Wilkie, is almost 60 percent. More than 50 percent of older veterans in the VA health care system also live with chronic pain, he said.

Last year, President Donald Trump declared the country’s opioid epidemic a public health emergency. VA, DoD and other departments now are partnering on a research program to combat the crisis. This year, VA began to increase awareness about the risks of opioid medications by publicly posting data on the frequency of prescriptions being prescribed to it patients.

In 2016, 42,249 people died because of overdoses from opioids — prescription and illegal drugs — according to the Centers for Disease Control and Prevention. It was the leading cause of death for people younger than 50 years old in the U.S. that year, according to *The New York Times*.

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