

Risks of Opioids for Arthritis Outweigh Benefits

Reuters

NEW YORK (Reuters Health) - Older folks looking to find relief from painful arthritis should steer clear of codeine, OxyContin and other powerful prescription "opioid" painkillers, even if their pain is severe, doctors advise in a report published this week.

That's because the risks of these drugs far outweigh the benefits, they say.

"We found that pain reduction with opioid treatment was small to moderate. Increasing the dosage did not appear to result in further pain reduction," Dr. Eveline Nuesch, from the University of Bern, Switzerland, said in a statement.

Moreover, "patients taking opioids have large increases in risks of experiencing adverse effects and frequently stop taking opioid medications for this reason," Nuesch noted.

Some common side effects of prescription opioid use are nausea, constipation and, with long-term use, drug dependence and withdrawal symptoms.

The findings -- reported in the latest issue of The Cochrane Library, a publication of the Cochrane Collaboration, an organization that evaluates medical research -- stem from an analysis of data from 10 studies. The studies compared opioids with placebo or no treatment in a total of 2,268 patients with osteoarthritis of the knee or hip.

In osteoarthritis -- the most common form of arthritis -- the cartilage breaks down and, in severe cases, can completely wear away, leaving the joint without a cushion. The bones rub together, causing further damage, as well as pain and loss of mobility.

Compared with placebo or no treatment, opioid therapy did provide statistically significant improvements in pain and function, although the actual clinical benefit was small to moderate and side effects led to a high rate of discontinuation.

The opioids tested in the studies reviewed included fentanyl patches, and pills containing codeine, morphine, oxycodone (also called OxyContin), oxymorphone, or oxycodone plus oxymorphone.

"It is striking how little additional benefit patients with hip or knee pain can expect from taking opiates compared to placebo," Dr. Nortin Hadler, a professor of medicine at the University of North Carolina at Chapel Hill and spokesperson for the American College of Rheumatology, said in a written statement.

Because of the high risk of side effects and the limited benefits, the researchers conclude that it is not advisable for elderly people with arthritis to use opioids routinely, even in the event of severe pain.

In Hadler's view, whatever relief arthritis sufferers can get from acetaminophen is "as good as it gets, and much better than any other option in terms of risk/benefit ratio and cost/effectiveness ratio."

SOURCE: The Cochrane Library 2009.

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