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Utilizing Primary Care to Engage Patients on Opioids in a Psychological Intervention for Chronic Pain

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Utilizing Primary Care to Engage Patients on Opioids in a Psychological Intervention for Chronic Pain

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Introduction: Chronic pain is commonly encountered in primary care. It is often treated with opioids, which can cause overdose and death. Psychological interventions are an effective alternative, yet difficulty engaging patients with opioid prescriptions has led to their underutilization. Offering these interventions in primary care settings may alleviate this barrier.

Objective: Determine whether opioid prescriptions are related to patients engaging in a brief psychological intervention for chronic pain management in primary care.

Study Design: Secondary analysis of a pilot randomized clinical trial (RCT) of a 5-session psychological intervention for chronic pain. Patients with chronic pain (N= 220) were approached to enroll; 60 participated and 160 declined.

Methods: Electronic health records were reviewed to determine if patients were prescribed opioids at time of RCT approachment. A Morphine Milligram Equivalents (MME) dose was computed to standardize dosage of opioids between patients.

Results: No significant difference was found between enrollees and non-enrollees in the rate of opioid prescriptions (18.3% vs. 20%, $p=.78$), the MME dose ($M= 17.64$, $SD=22.91$ vs. $M=18.07$, $SD=18.19$; $p=.95$), nor rate of non-opioid pain prescriptions (33.3% vs. 40%, $p=.37$). Female enrollees and non-enrollees had similar rates of opioid use (23.4% vs. 17%, $p=.36$). No males with opioid prescriptions enrolled.

Conclusion: Possession of an opioid prescription was not related to enrollment in RCT. This suggests that engaging patients on opioids in psychological treatments for chronic pain, specifically in primary care settings, may increase utilization. However, this may not be true for males.