True, Sham Acupuncture Effective for Back Pain

BY MARY ANN MOON
Contributing Writer
San Francisco Bureau

SAN FRANCISCO — In what may be the first study of the prevalence of vitamin D inadequacy in patients seeking treatment for chronic pain, those who were on opioids used a mean morphine equivalent dose of 134 mg/day. Patients taking opioids used a mean morphine equivalent of 70 mg/day. Patients taking opioids used a mean morphine equivalent of 70 mg/day in the subgroup with vitamin D inadequacy and 70 mg/day in the subgroup with adequate vitamin D. Patients taking opioids used a mean morphine equivalent of 134 mg/day in the subgroup with vitamin D inadequacy and 70 mg/day in the subgroup with adequate vitamin D. Patients taking opioids used a mean morphine equivalent of 134 mg/day in the subgroup with vitamin D inadequacy and 70 mg/day in the subgroup with adequate vitamin D. Patients taking opioids used a mean morphine equivalent of 134 mg/day in the subgroup with vitamin D inadequacy and 70 mg/day in the subgroup with adequate vitamin D. Patients taking opioids used a mean morphine equivalent of 134 mg/day in the subgroup with vitamin D inadequacy and 70 mg/day in the subgroup with adequate vitamin D. Patients taking opioids used a mean morphine equivalent of 134 mg/day in the subgroup with vitamin D inadequacy and 70 mg/day in the subgroup with adequate vitamin D.

Mean Morphine Equivalent Dose Used

<table>
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<tr>
<th>Vitamin D Level</th>
<th>Dose (mg/day)</th>
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<tbody>
<tr>
<td>Inadequate (n = 38)</td>
<td>134</td>
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<tr>
<td>Adequate (n = 102)</td>
<td>70</td>
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Inadequate levels of vitamin D were detected in 26% of 267 patients admitted to a multidisciplinary pain rehabilitation center at a tertiary referral medical center from February through December of 2006. Of the 140 patients who were using opioids, 27% had inadequate levels of vitamin D, Dr. Hooten of the Mayo Clinic, Rochester, Minn., and his associates reported in a poster presentation.

“Vitamin D inadequacy may represent an underrecognized source of nociception and impaired neuromuscular functioning among patients with chronic pain,” he said.

In previous studies, inadequate levels of vitamin D have been associated with medication-refractory musculoskeletal pain and neuromuscular dysfunction.

In the current retrospective study, patients underwent vitamin D testing at admission, were questioned about opioid use, and completed the Short Form-36 Health Status Questionnaire (SF-36).

Serum 25-hydroxyvitamin D levels of 20 ng/mL or higher were considered adequate, and levels below 20 ng/mL were considered inadequate.

Both the adequate and inadequate vitamin D groups were nearly evenly split between opioid users and nonusers. Among 69 patients with vitamin D inadequacy, 38 were using opioids, and 31 were not. Among 198 patients with adequate vitamin D, 102 were using opioids and 96 were not.

Patients taking opioids used a mean morphine equivalent of 134 mg/day in the subgroup with vitamin D inadequacy and 70 mg/day in the subgroup with adequate vitamin D.

Patients using vitamin D had been taking the medications for a mean of 10 years, with a range of 1-36 months. Subjects were unable to distinguish any difference.

Conventional therapies included at least ten 30-minute sessions with a physical therapist or physiotherapist. ‘Treatments using physiotherapy were free to administer any combination of techniques they deemed useful, including physiotherapy, massage, heat therapy, electrical stimulation, analgesics, anti-inflammatory agents, yoga, hydrotherapy, exercise, and patient education about managing back pain.

True acupuncture and sham acupuncture were equally effective, as well as more effective than conventional therapies, in relieving pain, improving function, and improving quality of life. All the improvements were significant and persisted long after treatment was completed.

The investigators’ finding of ‘true acupuncture forces us to question the underlying action mechanism of acupuncture and to ask whether the emphasis placed on learning the traditional Chinese acupuncture points may be superfluous,” Dr. Haake and his associates added.

“Response Rates at 6 Months For Chronic Low-Back Pain

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Response Rate</th>
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<tbody>
<tr>
<td>Conventional</td>
<td>47.6%</td>
</tr>
<tr>
<td>Sham acupuncture</td>
<td>44.2%</td>
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<tr>
<td>Mean change in bodily pain score</td>
<td>7.7</td>
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Inadequate Levels of Vitamin D Might Play Role in Chronic Pain

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — The increasing use of methadone for pain management has been shadowed by steep increases in the number of emergency department visits and deaths associated with the drug, according to an analysis of two national databases.

The trend is worrisome, and studies to identify the causes of methadone-related morbidity and mortality—as well as potential solutions to the problem—are critically needed, said Mario Moric, Ph.D., in a poster presentation at the annual meeting of the American Society of Anesthesiologists.

His study gathered data from the Drug Abuse Warning Network, which draws on in-hospital emergency records and coroner’s data, and from the National Vital Statistics System, which provides precise information from death certificate data.

Records of emergency department (ED) visits from 1999 to 2003 that included mention of methadone showed an increase of 659%, accounting for 41,216 visits in 2005, according to Dr. Moric and his associates at Rush University, Chicago.

In the past decade, methadone has become increasingly popular in pain treatment regimens, Dr. Moric said. Efforts to correct the under-treatment of pain have been followed by reports of wide-ranging abuse of certain pain medications such as oxycodone, especially in its controlled-release formulation, he added.

His study also looked at ED visits and deaths related to oxycodone and to all narcotics from 1999 to 2005. ED visits mentioning oxycodone increased 566% in this period, which surprisingly was not as large as the 659% growth in methadone-associated visits, he said. In 2005, 42,810 emergency visits were associated with oxycodone.

When data on all narcotics were lumped together, ED visits that mentioned any narcotic increased by 132% from 1999 to 2005. All opioid-associated deaths totalled 5,242 in 2004, compared with the 3,849 deaths in 2004 that were associated with methadone.

The Food and Drug Association issued an alert in 2006 about reports of deaths and respiratory depression, cardiac arrhythmias, and other life-threatening problems in patients taking methadone for chronic pain (www.fda.gov/cder/drug/Infotests/HCMPmethadoneHCMP.pdf). Dr. Moric speculated that the upswing in ED visits and deaths associated with methadone may be attributable to cardiovascular issues related to methadone metabolites or to issues related to abuse or over-dosing.