Undertreated Pain Can Spark Pseudoadddiction

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Boston — Adolescents with undertreated chronic pain may develop pseudoadddiction to their pain medications, the prescription of which spurs a cycle of drug-seeking behaviors that are easy to confuse with true adduction. "These symptoms can be very confusing," Dr. John Knight said at the annual meeting of the American Academy of Pediatrics. "Virtually 100% of patients who get opioids for chronic pain will develop two signs of true drug dependence: physiologic tolerance and withdrawal symptoms if the drug is removed. But if you only have these two signs, that is not adduction.

According to the Diagnostic and Statistical Manual IV, psychosocial symptoms must also be part of the clinical picture. These include the devote of exorbitant amounts of time and energy to obtaining the drug, the relinquishment of important activities, and the hoarding of medication, requesting only enough for that day or for a few days, or obtaining prescriptions for more than one prescriber in an effort to obtain prescription pads. Moreover, the patients may experience a high degree of anxiety and are unable to function at school or work.

Dr. Knight, director of the Center for Adolescent Substance Abuse Research, Children's Hospital, Boston. However, he said, the symptoms of pseudoadddiction can be alarming. "Teens with pseudoadddiction will try to increase their drug supply to help better manage their pain. Behaviors commonly seen are hoarding of medication, requesting only specific drugs, increasing dosage without a physician consult, obtaining multiple prescriptions from different sources, and complaining about an increasing need for more drugs to obtain pain relief. (J. Pain Symptom Manage. 1997;14:273–35).

In cases of suspected pseudoadddiction, "I have a low threshold for consultation," Dr. Knight said. "At a year out, you need a pain management specialist and an addiction psychiatrist on your treatment team to help manage this," he said. It's critical to maximize pain relief with supportive treatements. "Make sure you’re providing adequate analgesia. You might need to add an other narcotic, increase the dose, or switch to a longer-acting form or another medication. Physical therapy can also play an important role in minimizing chronic pain.

All chronic pain treatment plans require a monitoring component, he stressed. This includes parental pain currs and regular urine drug testing. "These patients with insufficiently treated pain are going to try to ensure their supply of medication, but they are not usually going to engage in ‘street behaviors’ to get it," Dr. Knight said. "The street behaviors are much more suggestive of true drug dependence." Patients with true addiction are more likely to sell their medication, steal medication or forge prescriptions, use illegal drugs or alcohol in combination with the prescribed drug, grind their pills for snorting or injecting, and obtain prescription drugs illegally.

Sometimes parents can unwittingly contribute to pseudoadddiction, he noted. Parents are understandably concerned when their children receives treatment with narcotic drugs and may limit the dosage to try to avoid addiction. When this happens, their children might have suboptimal pain relief and then display worrisome drug seeking behaviors. Teens can also become resentful, feeling that the parent doesn’t trust them to take medication appropriately and causes additional pain by withholding necessary medication. In cases like this, education is vital, Dr. Knight said.

"The parent need to understand how important it is for the child to take the drug exactly as prescribed, and that although there is a risk of dependence, the risk is very low as long as we carefully monitor the amount of drug given." A written contract is a good way to help stress the importance of accurate dosing on both parents and patients, Dr. Knight suggested.