Watch for the Hallmarks Of ‘Pseudoaddiction’

BUPROPION NOT AS SUCCESSFUL IN POORER, LESS MOTIVATED SMOKERS

**ADDICTION PSYCHIATRY**

**BY BETSY BATES**

**The Los Angeles Bureau**

**Palm Springs, Calif. — Patients suffering severe, inadequately treated chronic pain can closely resemble drug addicts, posing diagnostic and management challenges for addiction and pain specialists, and primary care physicians.**

John Femino, M.D., calls them “pseudoaddicts,” a term developed in the past few years to characterize patients whose desperation to obtain relief may look a lot like an addict’s drug-seeking behavior.

Like addicts, such patients may have a loss of control over their medication use. They may seek early renewals or report that their medication was “lost” or stolen.

Sometimes, as in the case of a patient treated at his recovery center, the unresolved pain will lead to true addiction, said Dr. Femino, who practices addiction medicine in North Kingston, R.I.

This patient had previously unrecognized bone fragments left in his spine after unsuccessful surgery, causing excruciating pain. The patient’s addiction and the source of his pain had to be treated in a collaborative, multidisciplinary fashion, Dr. Femino said at the annual meeting of the American Academy of Pain Medicine.

Several tips offs can help to distinguish addiction from pseudoaddiction. Importantly, a pseudoaddict is likely to keep appointments and to welcome nonpharmacologic adjuncts to medication.

“If I say, ‘I’ve got a great physical therapist, 80% of our patients who go to him lower the dose of their pain medications,’ the pseudoaddict will say, ‘Great! Get me an appointment as soon as you can.’”

An addict is much more likely to dismiss the offer out of hand, saying it won’t work, Dr. Femino said.

Addicts are also less compliant with psychological and other nondrug interventions and fail to report any pain relief whatsoever from them.

Chronic pain patients’ biggest fear is becoming addicted. They may express concern about the possibility, rather than waiting for the physician to bring it up.

Another important element in sorting out addiction and pseudoaddiction is simply the family history. Dr. Femino stressed.

“I believe the single biggest determinant of addiction is genetic,” he said.

Although the DSM-IV does not include a positive family history in the diagnosis of addiction, 100% of the patients in Dr. Femino’s recovery center report a family history of alcoholism or drug abuse.

Patients with chronic pain who do have such a history merit special attention, such as more frequent counseling appointments, therapeutic drug monitoring, and stepped-up use of modalities such as physical therapy, he said.

**BY DAMIAN McNAMARA**

**Miami Bureau**

**New Orleans — Low-income smokers prescribed bupropion in primary care settings are less successful with smoking cessation than participants in controlled trials, according to a study presented at the annual conference of the Society of Teachers of Family Medicine.**

Multicenter trials indicate that sustained-release bupropion helps 44% quit at 7 weeks, compared with 19% taking a placebo (N. Engl. J. Med. 1997;337:1195-202) and 98% of cigarette smokers quit at 9 weeks, compared with 16% taking a placebo (N. Engl. J. Med. 1999;340:685-91).

But participants in those bupropion trials all had a history of smoking cessation attempts and failed to report any pain relief whatsoever, which patients with substance use disorders are in this population, Dr. Ramirez-Cacho said. In a study presented at the annual meeting of the Research Society on Alcoholism, symptoms were unchanged in 2% of patients, and symptoms worsened in 13%, reported Dr. Ilgen and Dr. Moos, both of whom are affiliated with the VA Palo Alto Health Care System and Stanford (Calif.) University.

When they closely compared the patients with worsening symptoms to a matched sample of patients whose conditions did not deteriorate, they could find no differences in baseline psychiatric symptom scores, demographic characteristics, or severity of substance use.

However, those who worsened were more likely to have been treated under court order and to have a diagnosis of psychosis. They were also more likely to use substances during treatment, to express dissatisfaction with the treatment experience, and to drop out early, the investigators said.

A year later, those patients were more likely to be using alcohol and/or drugs than were their counterparts whose psychiatric symptoms improved during treatment.

Finally, they continued to report elevated psychiatric symptoms relative to nondeteriorated patients despite roughly equivalent scores on the same measure between groups at baseline,” Dr. Ilgen and Dr. Moos noted.

The type or length of substance abuse treatment did not appear to influence the worsening of psychiatric symptoms.

“Given the importance of psychiatric symptoms in influencing the response to substance use disorder treatment … it is important to identify those for whom treatment has been associated with an increase in psychiatric symptoms,” they wrote. “Monitoring patients for psychiatric deterioration in those who have been identified as patients at risk for treatment dropout and for poor prognosis following treatment,” they concluded.

**Clinic Experience Gives Students an Attitude Adjustment**

**St. Pete Beach, Fla. — Attending a specialized clinic for pregnant women with substance use disorders helped medical students in a recent study feel more comfortable and less judgmental when working with such patients.**

A total of 104 consecutive third-year students rotating on an 8-week obstetrics gynecology clinic were enrolled in the study and randomized to attend or not to attend the half-day clinic. Responses to a 36-item survey administered at the start of participants’ clerkship and midway through the clerkship showed significant improvements in the comfort level of clinic attendees with regard to talking to patients about smoking, alcohol use, and other substance use.

William A. Ramirez-Cacho, M.D., of the University of New Mexico, Albuquerque, and his colleagues reported in a poster at annual meeting of the Teratology Society.

The responses also demonstrated that the clinic attendees were significantly less judgmental of patients with substance use disorders and significantly more aware of multidisciplinary therapy approaches for treatment.

Control students’ survey responses indicated a significant decline in comfort level when it came to discussing patients’ habits, and a significant decline in awareness about how substance use disorders are in this population, Dr. Ramirez-Cacho and his colleagues noted.