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Adequate treatment of pain patients as one preventive approach to opioid abuse

Both NSAIDs and opioids are valuable substances in the treatment of acute pain. However, their prolonged administration, extending over a few weeks implies the risk of severe complications. In the case of acute pain, the model of nociception is usually used in assessment, explanation, and therapy. In contrast, chronic pain is only in a part of the cases result of injury or surgery. Therefore, the established definition of chronic pain as *"any pain that persists beyond the anticipated time of healing"* is misleading. It is suggesting the existence of nociceptive, neuroplastic, and neoplastic mechanisms with the consequence of analgesic drug administration. In the majority of chronic pain syndromes, there is a multifactorial etiopathogenesis with biological, psychological, and social influences. For such patients, the complexity theory might be a more appropriate conceptual framework than conventional, sequential models of nociception. In the case of simple pain states, the link between stimulus and pain experience is linear, whereas in complex pain conditions there are multiple associations among elements, between which there may be nonlinear and nondeterministic relations. The terms causal sequence and network illustrate the fundamental differences. In addition, clinical pain is often the result of multiple chronification factors, which contribute to complexity. The origin and development of analgesic drug abuse are multifactorial and complex, too. In the case of chronic pain, there are often associations with depressive disorders, different anxiety syndromes, posttraumatic stress disorder, and other psychiatric conditions. In all these disorders, pain experiences may be components of the disease. Complexities can be analyzed and controlled. In the case of chronic pain, the stimulus-response-scheme *pain-analgesic drug administration* is not appropriate and often dangerous. Prolonged use of analgesic drugs is only appropriate in exceptions. If necessary, a systematic, patient-centered management with regular controls is adequate. The assessment of biography, psychological features and functioning in family and profession is useful. The dangers of addiction, diversion, abuse, and misuse should be carefully observed in regular therapeutic intervals. Prevention is better than cure!

Table 1: Relatively simple vs complex pain states

Monocausal	Multifactorial
Stimulus-response	Interactions
Linear	Nonlinear
Causal sequence	Network
Deterministic	Nondeterministic

Table 2: Factors of analgesic drug abuse

Drug	Individual	Surroundings
Psychotropic action	Constitutional disposition	Stress in job or family
One's disposal	Conditioning mechanisms	Imitation
Dependence	Life crisis	Wrong advices
Withdrawal pain	Conflict situation	Marketing
Opioid hyperalgesia	Abnormal personality	Iatrogenic influences
Tolerance		

Biography

Roland Worz is experienced with pain patients as a psychiatrist and neurologist since the 1970s. He owns a Master degree in Medicine Ethics. From 1975 to 1984, he was secretary of the German-speaking chapter of the International Association for the Study of Pain (IASP). He published over 200 scientific papers on pain and brought out ten books on this topic, especially dealing with abuse, dependence, and addiction to pain patients. A personal approach using complexity theory is needed to overcome the limitations of narrow nociceptive/neuropathic pain concepts and provide greater consideration of the person. His goal is to avoid damages of opioid overuse by applying adequate personal treatment with appropriate assessment, history, and regular controls of chronic pain patients, as well as by considering ethical values.

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