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Cancer Pain and the Risks of Opioid Abuse

Yarelis Diaz-Rohena

Cancer is a deadly disease that can impact anyone's life at the most unexpected moment. With cancer and chemotherapy there can be many complications, such as nausea, vomiting, and pain. Pain due to the disease itself or as a side effect of the treatment can be felt in many areas of the body, like the muscles, head, bones, or joints. It can go from mild to severe, and from acute to chronic, affecting the patient's daily life. Despite many advances in health care throughout the years, cancer pain remains an important topic as many patients are being undertreated in the United States and around the world in developing countries.[1] In the face of an opioid epidemic, pain management in cancer patients represents a big challenge due to a minimal number of studies in this population, opioid shortages, and the lack of accessibility as a result of the efforts that restrict and encourage the avoidance of opioid analgesics to control the opioid misuse epidemic.[2, 3] In addition, there are currently no guidelines for cancer pain management with opioids, which means that prescribing them for this reason is based on the physician's knowledge, willingness and good medical practices.[4] Moreover, concerns about drug abuse continue to arise, particularly for patients with a social history of smoking, alcoholism, and illicit drug use.[2,3] With a lack of studies addressing the intersection between cancer pain and the misuse of these substances, understanding the risks of further nonmedical opioid use (NMOU) in these patients is of great importance to improve care. This paper aims to summarize the main discussion points of various published articles that focus on the use of opioids for pain management in cancer patients and address these concerns.

It wasn't until late in the 1990s when oncologists felt more comfortable to prescribe opioids if necessary, after realizing the remarkable outcomes that these drugs had in pain management for

cancer patients.[5] Before this decade, the use of these powerful drugs was discouraged, thus being prescribed only for terminally ill patients that did not have enough time left to develop an addiction. Recent studies have shown that morphine, oxycodone, fentanyl, and other strong opioids are often indispensable for the management of pain and have high response rates in cancer patients.[4] Among other risk factors, the highest concern is in patients that have a history of substance abuse, patients that have recovered, or are in the process of recovering, previous or current smokers, and those with a history of alcoholism.[6] The latter is not uncommon in cancer patients, often a coping mechanism to deal with distress that follows a positive screening for cancer, but it tends to be underdiagnosed in this population.[7] Identifying these important risk factors will help to determine the safest individualized treatment approach for each patient.

Commented [RS1]: Alcoholism?

Some studies have reported that age plays an important role in the risk of developing an addiction. In a recent article published in 2020 by Tatiana Starr and colleagues [5], they make reference to a publication from 2008 as one of major importance because it showed that 90% of addictions manifest by the age of 35. This led them to argue that there should be special attention paid to younger patients who will undergo treatment with substances that have potential for abuse for the first time, such as those that had never been exposed to smoke or alcohol in their early life.

Another important factor to consider in cancer patients to determine the risk of long-term NMOU are comorbidities such as mental illness, depression, among others. Identifying these could make a significant difference in the patient's treatment regimen, leading to more effective care. In some of these cases, patients could be overtreated with drugs of abuse potential, which is very concerning.[6] Some suggestions that Bruera and colleagues [6] present to avoid the harms of long-term effects due to opioid use in cancer patients are; 1) to always start on the lowest dose, 2) to monitor and titrate the dose accordingly, 3) to follow up with the patient within a week after the

initial and continue maintenance visits, and 5) to switch the type of opioid regularly to avoid neurotoxicity.

While the risk of drug abuse seems to be a main concern, there is another side of the coin that also deserves special attention. In some cases, potent opioids are the only hope for pain relief in cancer patients. With the current NMOU crisis, in some countries accessibility to opioid analgesics is very limited due to legal restrictions. Even though it is a bigger issue in developing countries, it is also seen among minorities in the United States.[1] Moreover, there are no guidelines for healthcare professionals to follow after a cancer patient develops a NMOU disorder [1] or to conduct clinical trials to evaluate the long-term efficacy and effects in cancer patients.[4] While opioid abuse and misuse is a current health crisis, there seems to be a lack of studies on the intersection between cancer patients and these drugs that have the potential to alleviate their pain in the acute and chronic settings. Chronic noncancer pain has been well documented, while cancer patient-oriented guidelines still need to be developed, and further studies are necessary to evaluate additional rubrics for adequate risk assessment in these patients, in addition to the appropriate treatment approaches for pain management in this population, focusing on those patients with strong risk factors for NMOU.

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