



PATIENT CARE

Are MDs Finally Ready to Listen?

SPINAL MANIPULATION A WHOPPING 42 TIMES SAFER THAN OPIOIDS FOR CHRONIC LBP.

Editorial Staff

The opioid epidemic may have been exposed several years ago, followed swiftly by a spate of evidence-based guidelines outlining the dangers of opioids and urging nondrug pain management (including chiropractic care), but that doesn't mean the primary prescribers of opioids – medical doctors – have listened, much less changed their prescribing behavior. This relative inaction with regard to opioid prescribing persists despite the reality that opioid misuse, overuse and addiction continues to kill thousands of Americans every year.

Perhaps this will help move the needle. A new study¹ published in *Spine* compared the safety of seniors (65-84 years old) using spinal manipulative therapy (SMT) with those using opioid analgesic therapy (OAT) for chronic low back pain (cLBP). In reviewing five years of data, the study authors found that "the adjusted rate of ADE [adverse drug events] was more than *42 times higher* for initial choice of OAT versus initial choice of SMT." (Italics added)



In reaching their conclusion, the research team "reviewed Medicare claims data spanning a 5-year period on fee-for-service beneficiaries aged 65 to 84 years, continuously enrolled under Medicare Parts A, B, and D for a 60-month study period, and with an episode of cLBP in 2013." Patients with a cancer diagnosis or history of hospice care were excluded from the analysis.

All patients received SMT or opioids long-term for their pain and were categorized into one of three comparative groups based on use: SMT only, OAT only or a combination of the two treatments - patients who "crossed over," as the authors stated, at some point during their care, from spinal manipulative therapy to opioid use, or vice versa.

Regardless of whether the patient crossed over from one therapy to the other, initial choice of SMT vs. opioid therapy proved significantly safer in terms of adverse drug events.

This latest study is important in that it quantifies just how dangerous opioids are for chronic low back pain compared to spinal manipulation. It is also important in that older adults are more likely to use opioids than younger patients; and are significantly more likely to engage in polypharmacy (concurrent use of multiple medications). Opioids represent just one more drug for an often already overburdened elderly patient.

By comparing OAT directly with SMT, the authors are pointing to chiropractic as a better, safer choice. Clinicians now have a reliable study upon which to base their referrals to doctors of chiropractic. Will MDs finally listen? Time will tell. But with research suggesting it can take years for evidence to be incorporated into clinical practice,² it may continue to be up to you to make chiropractic's value - and medicine's dangers - crystal clear to patients, their families, and your community as a whole.

References

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2. Morris ZS, et al. The answer is 17 years, what is the question: understanding time lags in translational research. *J Royal Society Med*, 2011 Dec; 104(12): 510-520.

JULY 2021