



PAIN RELIEF / PREVENTION

A "Latch Lifter" for Chiropractic

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WHAT YOU NEED TO KNOW

- A new study reviews the findings of the OPAL (OPioids for acute SpinAL pain) triple-blinded, randomized, placebo-controlled trial.
- The conclusion: "Opioids should *not* be recommended for acute non-specific low back pain or neck pain."
- This paper is the perfect starting point for a conversation with your local GP about how to best manage back and neck pain - with chiropractic.

An important paper¹ appeared recently in *The Lancet*, one of the oldest, most-respected research journals in the world. [The paper](#) reviews the findings of the OPAL (OPioids for acute SpinAL pain) triple-blinded, randomized, placebo-controlled [trial](#).² The authors looked at the impact of opioids for patients with acute (12 weeks or less) back and/or neck pain.

Patients were divided into two groups, one of which received opioids and the other a placebo. Both groups also received "guideline-recommended care," which included things like positive reassurance, advising patients to stay active and avoid bed rest, and "other guideline-recommended treatments." There is no suggestion that chiropractic was included in the "other" guideline-recommended treatments.

The primary objective of the study: to determine any differences in pain severity between the two groups. Secondary objectives included potential improvements in disability, recovery time and quality of life; as well as cost-effectiveness.

A Clear-Cut Conclusion

Results demonstrated that opioids were no more effective at reducing pain than placebo. In

addition, “more people in the opioid group reported opioid-related adverse events.” The study authors noted:

“Opioids should *not* be recommended for acute non-specific low back pain or neck pain given that we found *no significant difference* in pain severity compared with placebo.” [*Emphasis added*]

These results are significant in that the OPAL study is the first randomized, placebo-controlled trial to investigate the efficacy of opioids for acute low back and neck pain. Based on their findings, the authors call for “a change in the frequent use of opioids for these conditions.”

Sadly, these findings will likely not be noticed by your average MD, physician assistant or nurse. This is where you come in...

The Perfect Starting Point

This paper is what I call a “latch lifter.” It is the perfect starting point for a conversation with your local GP about how to best manage back and neck pain. While it will cost you \$40 for the full paper (or you can just use the abstract), it gives you a chance to send an email or even have lunch with several medical people in your community to discuss these findings. Needless to say, you should also bring / send a few of the many papers that demonstrate the effectiveness of chiropractic for both back and neck pain. These will also be new information for them.

In short, the message is simple: *Chiropractic can get results where opioids can't.*

The Best Choice Is Obvious

Currently, most medical professionals are sensitive to issues relating to opioids. Solid findings and even a recommendation from a study published in *The Lancet* will have great weight on their thinking and prescribing.

Your message should be that taking opioids out of their prescription choices leaves them with NSAIDs or chiropractic. The best choice is obvious - but you will have to help them realize it.

References

1. Jones C, Day RO, Koes BW, et al. Opioid analgesia for acute low back pain and neck pain (the OPAL trial): a randomised placebo-controlled trial. *Lancet*, June 28, 2023 (published online ahead of print).
2. Jones C, Lin CWC, Day RO, et al. OPAL: a randomised, placebo-controlled trial of opioid analgesia for the reduction of pain severity in people with acute spinal pain - a statistical analysis plan. *Trials*, 2022;23:212.

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