

Death By Painkiller

Women's deaths from painkillers 'an epidemic'

By Nicole Gregory | Orange County Register

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In July, the Centers for Disease Control and Prevention made a startling announcement: "Women are dying from prescription painkiller overdoses at rates never seen before."

That was followed by a number of staggering statistics, including this one: From 1999 to 2010, there was a 400 percent increase in these deaths among women.

Four hundred percent?

"It's a tsunami," said Dr. C. Philip O'Carroll, program director for the neurobehavioral medicine program at Hoag Neurosciences Institute in Newport Beach.

"It's actually an epidemic," said Peter R. Przekop, director of the pain management program at the Betty Ford Center in Rancho Mirage.

If this increase in deaths among women were related to breast cancer, women would be marching in the streets. But the causes of painkiller overdoses among women are complex and the responsibility for the deaths is shared. (In contrast, painkiller overdose deaths increased by 265 percent among men during the same time frame.)

THE DOCTORS' DILEMMA

"In general, middle-aged women are at higher risk than younger women for prescription painkiller overdose death," said Dr. Karin Mack, science officer of the CDC's Injury Center and one of the authors of the report. "Women in this age group may be more likely than younger ages to have chronic pain conditions. Also a greater daily dose is associated with a higher risk and as women age with pain, dosages may increase."

Chronic pain – from migraine headaches, irritable bowel syndrome and fibromyalgia – can pose a challenge to doctors because physical pain is wrapped up with emotional pain.

"A study I've done shows that 80 to 90 percent of patients who convert from acute to chronic pain have experienced a lot of present stress and have a history of some type of abuse – physical abuse, emotional abuse or even a bad accident," said Przekop, who is director of the Pediatric Chronic Pain and Headache Clinic at Loma Linda University Children's Hospital. "I think that sets them up for chronic stress. The same problem causes casual users of drugs to become drug abusers. There is an inability of those people to manage negative emotions that are associated with stressful events. And the ability to experience things they enjoy really gets broken."

Chronic pain leads to a sense of hopelessness, Przekop said. “They can feel like everything is going from bad to catastrophic.”

Donna Mroz, an alcohol and substance abuse counselor in the Anaheim-Fullerton area, agrees.

“A lot of women who are in domestic violence situations feel stuck. They can’t get out, so they check out with drugs,” she said, adding that about 70 percent of the recovering female drug abusers she works with were sexually molested “but never dealt with it.”

Fibromyalgia, a condition with symptoms of widespread pain and extreme skin tenderness that is almost exclusively a disorder suffered by women, is called a “functional disorder” because there are no objective markers for it, such as a blood test.

“It doesn’t conform to the usual rules of disease,” O’Carroll said. “When you’re dealing with a terminal patient in the hospital, or an older person with painful shingles, it’s clear what to do. But when the person sitting in front of you is complaining of chronic daily head or back pain, or TMJ, it can be a crushing dilemma.”

A seemingly quick fix is opioids – which initially appear to wash away the physical and emotional pain. “It reaches the James Brown part of the brain,” O’Carroll said. “It makes you feel good.”

But for patients with addictive tendencies, that’s where the deadly spiral can begin.

“A lot of times painkillers are prescribed by a doctor who does not realize the complexity of what’s going on with a patient, who may be depressed, anxious, have a history of traumatic events, impulsivity,” Przekop said. “Many people don’t have resilience or coping ability. They have an internal feeling that things aren’t right, and these are huge risk factors for developing chronic pain and substance abuse disorders.”

Once hooked on painkillers, an addicted patient will quickly learn how to circumvent the rules – doctor shopping or make excuses why she needs her prescription filled sooner than scheduled.

THE FORCE OF PHARMACEUTICAL COMPANIES

It wasn’t always so easy to get these drugs.

“Prior to the 1980s, no doctor would use opioids,” O’Carroll said. The fear of giving patients something they could become addicted to kept doctors from prescribing opioids, to the point where some doctors were penalized for withholding them in extreme cases.

Common prescription opioids include Vicodin, OxyContin, Opana and methadone. Deaths occur because these narcotics affect the part of the brain stem that controls the respiratory system – causing a person to stop breathing. Or the painkillers are mixed with other medications or

alcohol, or the patient has tried to detox and then has gone back to take a too-high amount of the drug.

Beginning in 1996, however, the thinking shifted. With a promotional push from pharmaceutical companies and New York pain care specialist Dr. Russell Portenoy, who advocated the use of opiates for chronic pain sufferers, “the message went out that opiates are fine,” O’Carroll said.

“They said that there was less than 1 percent chance of getting addicted. Now we’re finally waking up,” he said. “That 1 percent is fantasy. We’re seeing 16,000 opioid deaths every year nationally.”

In 2007, pharmaceutical company Purdue Frederick pled guilty to the felony of “misbranding a drug with the intent to defraud or mislead” by claiming that its drug, OxyContin, was less addictive than other pain medication. “They were fined \$634 million, but that was a slap on the wrist,” O’Carroll said.

PATIENTS NEED TO GET HELP

The CDC is alerting the public and professionals to the risks and urging doctors to monitor their patients’ use of painkillers.

“Before I prescribe one opioid, I will use the patient activity report (PAR),” O’Carroll said. PAR is part of a huge database that can be used to find out if a patient has been doctor shopping.

Groups such as the American Pain Society and the American Society of Interventional Pain Physicians endorse urine testing for patients who may be at risk of becoming addicted, and some doctors insist that high-risk patients sign an agreement to use the painkillers responsibly.

Still, addicted patients who really want these drugs will find them. So what are the alternatives?

Przekop teaches patients at the Betty Ford Center how to cope with stress, and how to do meditative movement that “gives them a chance to do an exercise, to feel OK about being in the present and get to a quiet state of mind.” He also stresses the benefits of joining pain support groups to find others who share similar experiences. O’Carroll recommends cognitive behavior therapy and physical exercise.

As for dealing with pharmaceutical companies, doctors and patients need to be wary of the marketing.

Contact the writer: 714-796-6702 or ngregory@ocregister.com