LETTER TO THE EDITOR

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MEHENDALE AW, GOLDMAN MP, MEHENDALE RP: OPIOID OVERUSE PAIN SYNDROME (OOPS): THE STORY OF OPIOIDS, PROMETHEUS UNBOUND. *J OPIOID MANAG.* 2013; 9(6): 421–438.

To the Editor:

Opioid overuse pain syndrome is an appropriate nomenclature for the present state of affairs. We read with great interest the manuscript by Mehendale, et al.[1] describing opioid overuse pain syndrome. They have described well the nature of opioid overuse leading to abuse and subsequent fatalities. They also have described very well the neurobiology of opioids along with complications, ultimately leading to what they termed as opioid overuse pain syndrome or OOPS. This nomenclature is highly appropriate and hopefully will be used frequently in describing the present state of opioid use and overuse.

Almost all recent studies have illustrated high levels of use of opioids leading to fatalities. In fact, Franklin et al.[2] recently described opioids as the most dangerous treatment in modern history, which may be somewhat hyperbole, but indicates the present state of affairs, at least to some extent.

While the authors of this manuscript have described well various factors leading to excessive use, they have provided little description of the champion of pain medicine, Dr. Russell Portenoy, who was the first to publish about the effectiveness of opioids in a small observational study which led to such explosions.[3] This is crucial since Portenoy admitted that it was a premature and essentially ill-advised recommendation.[4] Further, the focus on education has not been discussed. Education is of paramount importance for providers, patients, and policy-makers, but it is also crucial that such education is not sponsored by industry. The authors have recommended opioid therapy as the last resort. However, opioids may be used in small doses when they are indicated and patients meet appropriate medical necessity criteria for continuation purposes. As the authors have stated, duration of therapy must be minimized, even though we do understand that once patients are on opioids, over 90 percent of them are continued for long periods of time or lifelong.[5,6]

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AUTHORS' RESPONSE

To the editor:

We appreciate the review of our work by L. Manchikanti et al. We concede that Portenoy's small observational study[1,2] was a factor behind the explosion of excessive use of opioids and his admission of his ill-advised recommendation was not mentioned in our paper; however, we discuss many other relevant papers, policies, and proclamations[3-5] in detail which have been instrumental in promoting opioid overuse in developed countries (eg "Pain as the fifth vital sign by JCAHO).

Manchikanti et al. suggest that we did not discuss education in our paper. We respectfully disagree. In the recommendations section of our paper, we did discuss "mandated training for opioids and addiction before a clinician can prescribe opioids for longer than three months." We have also emphasized the complexity of the neurobiology of opioids and the need for provider training. However, we are in complete agreement with Manchikanti et al in that opioid education should not be sponsored by the industry and should include education of both patients and policy makers.

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