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Feeling Good

The 90-Day Rule

An estimated 9.4 million Americans take opioid pain relievers for more than 30 days—but for most people the drugs aren't meant to be a long-term solution.



OUR LOVE AFFAIR with prescription painkillers has gone too far: In 2013, doctors in the United States doled out more than 200 million prescriptions for opioids (think OxyContin, Vicodin, and Percocet), up from just 79 million in 1992. As the number of opioid users has skyrocketed, so has the rate of overdoses, particularly among women. In 2010, an American woman went to the emergency room every three minutes for prescription painkiller misuse or abuse.

Until the 1990s, opioids were rarely prescribed for chronic pain. They were reserved mainly for postsurgical recovery, cancer and acute pain, and end-of-life care. But by the early 2000s, several major healthcare networks had added pain as the

"fifth vital sign" (along with pulse rate, blood pressure, body temperature, and respiration rate) to be assessed during medical exams. More patients began requesting relief, says addiction psychiatrist Indra Cidambi, MD, medical director of the Center for Network Therapy in Middlesex, New Jersey.

In no time, opioids became the go-to. "Doctors were taught that if we weren't using opioids to aggressively treat patients who had chronic pain, we weren't doing our job," says Roger Chou, MD, professor of medicine at Oregon Health & Science University. "Yet studies show that the drugs, on average, decrease pain by only about 30 percent."

Given the risk of abuse, some specialists believe that the role of opioid medications for

most chronic sufferers should be limited. Even the government has mandated more controlled access to some meds: In 2014, the U.S. Drug Enforcement Administration restricted prescriptions for hydrocodone combination products to up to a 90-day supply, after which patients would have to see

their doctor for a refill. "I think doctors should have a plan in place to take you off the medication," says Cidambi, who believes that alternative treatments, like physical therapy, yoga, and meditation, should be incorporated from the beginning. "After three months, your doctor can evaluate whether the medication is still warranted and, if so, decrease the dose so you're weaned off and don't become tolerant or addicted." She also recommends substance abuse screenings. The first evaluation, ideally completed before a drug is prescribed, would spot any warning signs that a patient is prone to addiction, while subsequent checks would ensure opioids aren't being abused. "Pain medication is neither an evil nor a panacea," says Cidambi. "But it also shouldn't be a long-term fix."

—K.A.