



ALTERNATIVES TO OPIOIDS

The Decision That Could Save a Patient's Life

Editorial Staff

Despite increasing public and professional awareness, national guidelines from multiple health care organizations, and an overall trend favoring nondrug therapies before medication, the numbing numbers still stand out: an estimated **130 deaths a day** due to an opioid overdose. Could the solution be as simple as visiting an acupuncturist first? In the case of low back pain, the answer is a resounding yes, according to a new national study.

Published in *BMJ Open*, this study evaluated short- and long-term opioid use based on initial provider type seen: conservative care provider (acupuncturist, chiropractor, physical therapist) or primary care medical physician (PCP).* Study participants included more than 215,000 U.S. adults diagnosed with new-onset low back pain and "opioid naive."

The study defined early opioid use as "an opioid fill within 30 days of the index visit" and long-term use as "an initial opioid fill within 60 days of the index date and either 120 or more days' supply of opioids over 12 months, or 90 days or more supply of opioids and 10 or more opioid prescriptions over 12 months."



Researchers evaluated inpatient and outpatient claims from patient visits and pharmacy claims to correlate first provider type seen with opioid use, finding that LBP patients whose initial visit was with an acupuncturist were a staggering *91 percent* less likely to use opioids early compared to patients who saw a PCP first.

Significantly reduced odds for early opioid use were also noted for chiropractic patients and physical therapy patients, although not as significant as for acupuncture patients. LBP patients who first visited an acupuncturist or other conservative provider were also less likely to use opioids long term compared with patients visiting a PCP. [Click here](#) for free access to the entire study.

*ER physicians, orthopedic surgeons, neurosurgeons and rehab physicians were also included. Patients visiting any of the above first also had lower odds of early opioid use vs. PCPs (although not as significant as visiting a conservative-care provider), with the exception of ER physicians (dramatically higher odds). However, odds for long-term use were not significantly different compared to PCPs, with the exception of rehab physicians (still significantly lower).

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