

NIH: Insufficient evidence for opioid use in chronic pain

13 January 2015



[patients](#) for which [opioid](#) use is most appropriate, the optimal regimens, the alternatives for those who are unlikely to benefit from opioids, and the best approach to ensuring that every patient's needs are met by a patient-centered health care system," the authors write.

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(HealthDay)—Evidence is insufficient for opioid use in chronic pain, according to a position paper published online Jan. 13 in the *Annals of Internal Medicine*.

David B. Reuben, M.D., from the David Geffen School of Medicine at the University of California in Los Angeles, and colleagues examined the role of opioids in the treatment of [chronic pain](#). An evidence report was prepared for a National Institutes of Health workshop, and an independent panel identified research gaps and future research priorities.

The panel worked to achieve a balance between the clinically indicated prescribing of opioids and the desire to prevent inappropriate prescription abuse and harmful outcomes. The authors note that patients who are in pain are often denied the most effective comprehensive treatments; this problem is due to inadequate knowledge relating to the best approaches for treatment of various types of pain. There is insufficient evidence available for every clinical decision a provider needs to make about the use of opioids for chronic pain; consequently, providers must rely on their clinical experience. New research designs and analytic methods are necessary to adequately answer the important clinical and research questions.

"The challenge is to identify the conditions in

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