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Up to One Quarter of Pain Patients Self-Medicate With Alcohol

- Janis C. Kelly

October 8, 2009 — One quarter of patients with chronic tooth pain, jaw/face pain, or arthritis use alcohol for pain relief. Such self-medication is most common among younger non-Hispanic white men, those with frequent pain, those with depression, and those who also use prescription or over-the-counter pain medications, researchers report in the September issue of the *Journal of Pain*.

The risk for drug interactions is high, and clinicians should assess alcohol use in all patients being treated for pain, write Joseph L. Riley, III, PhD, and Christopher King, PhD, from the College of Dentistry at the University of Florida, Gainesville.

"Educate more about the risks of mixing alcohol and pain meds, even if they say they only drink once a week," Dr. Riley said. "From my experience patients under-report alcohol use dramatically, so take this into account."

More Education, More Alcohol

The researchers used structured telephone interviews to examine the occurrence of alcohol use to manage pain in a multiethnic community sample of more than 3000 adults. They write, "Additional characteristics of individuals who self-medicated regardless of pain condition included greater pain frequency, depression, and higher levels of education. Being married was protective against the use of alcohol to manage pain symptoms."

Dr. Riley told *Medscape Psychiatry* that individuals who self-medicated for pain, regardless of pain condition, were also likely to have higher levels of education.

The use of alcohol plus prescription and over-the-counter pain medications was common in individuals who self-managed oral pain but not those with arthritis pain. "I think the reason the effects were smaller for arthritis is that they are older, and it was the younger white males that were at highest risk. I would guess this to be true for other common pain conditions like back pain, but there are no data on this," Dr. Riley said.

Andrew Haig, MD, who has studied the use of alcohol by patients with chronic back pain, told *Medscape Psychiatry*, "In general I concur with the implications: Alcohol use must be understood in individuals with chronic pain, both because of the drug interactions induced by alcohol and because of the independent effect alcoholism has on disability and suffering."

But Is Alcohol Really for the Pain?

Dr. Haig, who is professor of physical medicine and rehabilitation at the University of Michigan, Ann Arbor, said that self-reports of alcohol consumption may be inaccurate. "The paper also attributes alcohol consumption to pain management strategies, based solely on the logic presented to them by the subjects. However, an alcohol consumer, especially one who consumes to excess, is likely to attribute alcohol consumption to factors not actually related to their reason for picking up a bottle," Dr. Haig said.

According to Dr. Haig, the relationship between pain and alcoholism is complex. "I find that many recovering alcoholics have a very hard time seeing their pain in a gray spectrum. Either they hurt like hell, or they're cured. And since very few humans are without pain, they're never feeling cured. So they struggle with amounts of pain that others may just live with, and often flail around trying all kinds of cures long after others will give up and get on with their lives. This difficulty dealing with the gray zone may apply to persons who actively drink, too. They may be flailing around using alcohol for pain relief even when it's not effective," Dr. Haig said.

Ask About Alcohol Consumption

Penny Brennan, PhD, health science specialist at the US Department of Veterans Affairs Center for Health Care Evaluation in Palo Alto, California, said that this study reinforces the idea that there is an association between pain and drinking behavior, and that this relationship may vary by demographic characteristics.

"One next step will be to conduct further prospective research examining the relationship between pain and drinking behavior, and the factors that moderate that relationship," Dr. Brennan said.

For example, such prospective work will be useful for answering such questions as whether the pain or the drinking problem come first, she noted, or whether personal characteristics such as sex, race, age, having a history of drinking problems, and either avoidance coping or life-context factors such as elevated stressors and limited social resources may moderate the relationship between pain and drinking behavior.

Dr. Brennan added, "It might not be a bad idea for clinicians to know the drinking histories, and to monitor ongoing alcohol consumption, of the patients they are treating for painful medical conditions. So far as I know, there are insufficient data, as yet, about whether having active drinking problems, or a history of such, are a barrier to patients' heeding their doctors' warnings about potential adverse alcohol-medication interactions."

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