

Watch for the Hallmarks Of 'Pseudoaddiction'

BY BETSY BATES
Los Angeles Bureau

PALM SPRINGS, CALIF. — Patients suffering severe, inadequately treated chronic pain can closely resemble drug addicts, posing diagnostic and management challenges for addiction and pain specialists, and primary care physicians.

John Femino, M.D., calls them "pseudoaddicts," a term developed in the past few years to characterize patients whose desperation to obtain relief may look a lot like an addict's drug-seeking behavior.

Like addicts, such patients may have a loss of control over their medication use. They may seek early renewals or report that their medication was "lost" or "stolen."

Sometimes, as in the case of a patient treated at his recovery center, the unresolved pain will lead to true addiction, said Dr. Femino, who practices addiction medicine in North Kingston, R.I.

This patient had previously unrecognized bone fragments left in his spine after unsuccessful surgery, causing excruciating pain. The patient's addiction and the source of his pain had to be treated in a collaborative, multidisciplinary fashion, Dr. Femino said at the annual meeting of the American Academy of Pain Medicine.

Several tip-offs can help to distinguish addiction from pseudoaddiction.

Importantly, a pseudoaddict is likely to

keep appointments and to welcome non-pharmacologic adjuncts to medication.

"If I say, 'I've got a great physical therapist, 8% of our patients who go to him lower the dose of their pain medications,' the pseudoaddict will say, 'Great! Get me an appointment as soon as you can.'"

An addict is much more likely to dismiss the offer out of hand, saying it won't work, Dr. Femino said.

Addicts are also less compliant with psychological and other nondrug interventions and fail to report any pain relief whatsoever from them.

Chronic pain patients' biggest fear is becoming addicted. They may express concern about the possibility, rather than waiting for the physician to bring it up.

Another important element in sorting out addiction and pseudoaddiction is simply the family history, Dr. Femino stressed.

"I believe the single biggest determinant of addiction is genetic," he said.

Although the DSM-IV does not include a positive family history in the diagnosis of addiction, 100% of the patients in Dr. Femino's recovery center report a family history of alcoholism or drug abuse.

Patients with chronic pain who do have such a history merit special attention, such as more frequent counseling appointments, therapeutic drug monitoring, and stepped-up use of modalities such as physical therapy, he said. ■

Bupropion Not as Successful in Poorer, Less Motivated Smokers

BY DAMIAN McNAMARA
Miami Bureau

NEW ORLEANS — Low-income smokers prescribed bupropion in primary care settings are less successful with smoking cessation than participants in controlled trials, according to a study presented at the annual conference of the Society of Teachers of Family Medicine.

Multicenter trials indicate that sustained-release bupropion helps 44% quit at 7 weeks, compared with 19% taking a placebo (N. Engl. J. Med. 1997;337:1195-202) and 58% of cigarette smokers quit at 9 weeks, compared with 16% taking a placebo (N. Engl. J. Med. 1999;340:685-91).

But participants in those bupropion trials did not reflect the patient population in Fresno County, according to Evelyn Fang, M.D. The county has a 23% poverty rate (vs. 14% for California), a high rate of stroke and heart disease, and an increasing rate of lung cancer deaths.

Physicians at one family medicine clinic and two internal medicine clinics associated with the University of California, San Francisco, Fresno campus, screened and referred patients to Dr. Fang and her associates. The researchers enrolled 72 participants over 3 months from the University of California, San Francisco, Fresno residency-affiliated training sites.

Dr. Fang, who is no longer with the university, was a clinical instructor in medi-

cine when the study was conducted. John Zweifler, M.D., also of the University of California, San Francisco, Fresno, presented the study at the meeting.

Participants received a free 30-day supply of bupropion with one refill. They took one pill every day for 3 days, then increased to two pills daily, and were advised to stop smoking after 7 days. The researchers surveyed participants by telephone at 30 days and 60 days. A total of 57 patients completed the follow-up and were studied further.

The mean age was 47 years and 65% were female. The group was 61% Caucasian, 19% Hispanic, 18% African American, and 2% Asian. Participants reported a median of two previous attempts to quit smoking and a median of 30 years of cigarette smoking.

A total of 17% stopped smoking at 3 months, as did 18% at 6 months.

Sustained-release bupropion may help low-income smokers in real clinical settings quit smoking, Dr. Zweifler, M.D., said, but the effect was less than half of what has been previously reported in highly controlled trials of more motivated patients.

Limitations of the study include the sample size and lack of a control group. Future studies should assess bupropion in low-income smokers with psychiatric conditions, as well as investigate cost-effective alternatives to assist patients in this population stop smoking, Dr. Zweifler said. ■

Mental Illness Flares for Some Patients in Rehab

BY BETSY BATES
Los Angeles Bureau

SANTA BARBARA, CALIF. — Psychiatric symptoms are common among people with substance abuse disorders, but in most patients those symptoms improve over the course of residential substance abuse disorder treatment.

A recent Veterans Affairs study sheds light on patients whose psychiatric symptoms actually worsen during substance abuse treatment, with the aim of providing insight into which patients are at risk.

Mark Ilgen, Ph.D., and Rudolf Moos, Ph.D., prospectively studied 3,322 men with psychiatric symptoms who underwent treatment for substance use disorders at one of 15 residential programs in the VA health care system. (Women were not included in the study because of the small number treated within the VA system.)

Results were presented in a poster at the annual meeting of the Research Society on Alcoholism.

Symptoms improved during treatment in 85% of patients, as measured by the Brief Symptom Inventory, a self-reported 5-point scale of severity on each of 22 psychiatric symptoms.

Symptoms were unchanged in 2% of patients, and symptoms worsened in 13%, reported Dr. Ilgen and Dr. Moos, both of whom are affiliated with the VA Palo Alto Health Care System and Stanford (Calif.) University.

When they closely compared the patients with worsening symptoms to a matched sample of patients whose conditions did not deteriorate, they could find no differences in baseline psychiatric symptom scores, demographic characteristics, or severity of substance use.

However, those who worsened

were more likely to have been treated under court order and to have a diagnosis of psychosis. They were also more likely to use substances during treatment, to express dissatisfaction with the treatment experience, and to drop out early, the investigators said.

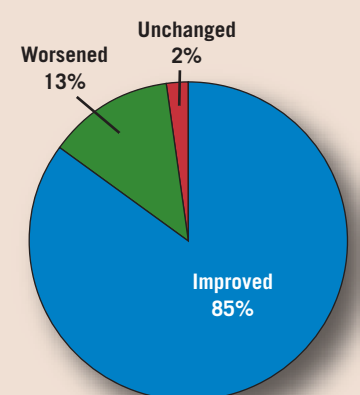
A year later, those patients were more likely to be using alcohol and/or drugs than were their counterparts whose psychiatric symptoms improved during treatment.

"Finally, they continued to report elevated psychiatric symptoms relative to nondeteriorated patients despite roughly equivalent scores on the same measure between groups at baseline," Dr. Ilgen and Dr. Moos noted.

The type or length of substance abuse treatment did not appear to influence the worsening of psychiatric symptoms.

"Given the importance of psychiatric symptoms in influencing the response to substance use disorder treatment ... it is important to identify those for whom treatment has been associated with an increase in psychiatric symptoms," they wrote. "Monitoring patients for psychiatric deterioration in treatment may be a way to identify patients at risk for treatment dropout and for poor prognosis following treatment," they concluded. ■

Psychiatric Symptom Status After Substance Abuse Tx



Clinic Experience Gives Students an Attitude Adjustment

ST. PETE BEACH, FLA. — Attending a specialized clinic for pregnant women with substance use disorders helped medical students in a recent study feel more comfortable and less judgmental when working with such patients.

A total of 104 consecutive third-year students rotating on an 8-week obstetrics-gynecology clerkship were enrolled in the study and randomized to attend or not to attend the half-day clinic. Responses to a 36-item survey administered at the start of participants' clerkship and midway through the clerkship showed significant improvements in the comfort level of clinic attendees with regard to talking with patients about smoking, alcohol use, and other substance use, William A. Ramirez-Cacho, M.D., of the University of New Mexico, Albuquerque, and his colleagues reported in a poster at the annual meeting of the Teratology Society.

The responses also demonstrated that the clinic attendees were significantly less judgmental of patients with substance use disorders and significantly more aware of multidisciplinary therapy approaches for treatment.

Control students' survey responses indicated a significant decline in comfort level when it came to discussing patients' habits, and a significant decline in awareness about how common substance use disorders are in this population, Dr. Ramirez-Cacho and his colleagues noted.

—Sharon Worcester