Higher Doses of Pain Medication Linked to Psychiatric Problems

A study published in the Journal of Pain showed that patients taking higher doses of opioid agents had higher rates of psychiatric problems, coprescriptions of sedatives, and health care services utilization. For the study, the research team sought to examine correlates of higher-dose opioid use among patients in primary care settings being treated for low back pain. The goals were to determine the prevalence of higher-dose opioid prescribing, identify the demographic and clinical characteristics of patients receiving higher doses, and examine health services use patterns among high-dose users.

Electronic pharmacy and medical records were examined for 26,000 adults 18 and older diagnosed with low back pain, of which 61% received an opioid prescription. Among patients receiving long-term opioid treatment, nearly 9% received a higher dose in their final prescription. Patients receiving higher doses of opioid therapy were prescribed a median dose of 180 mg per day, which was seven times greater than patients receiving lower doses.

The analysis showed that chronic pain patients with comorbid psychiatric diagnoses are more likely to be prescribed opioid agents compared with patients without psychiatric problems.

The authors found that the prevalence of mental health diagnoses increases with longer duration of opioid use. Studies have indicated a relationship between depression and persistent pain and that each could have a causative influence on the other. Thus, depression may lead to more opioid use and opioid use may cause or exacerbate depression. The authors concluded their results should prompt physicians to screen opioid therapy candidates for mental health and substance use disorders.

Another finding reported in the study showed that patients in the higher-dose group were frequent con...
Survey Scrutinizes Couples’ Slumber Situations

A survey conducted by the Better Sleep Council to learn about couples’ sleep habits and problems shows that 26% of U.S. couples get a better night’s sleep when they’re alone in bed versus sleeping with their partner.

The survey results demonstrate the importance of couples working together to create a healthy sleep environment by selecting the quality and type of bedding they need to achieve a restful night’s sleep. For example, the survey shows cuddling close brings comfort for some—13% say they “spoon” or cuddle close the whole night through—while a large majority (63%) prefer to sleep without touching their partner, and almost one in 10 report sleeping in a different room.

Couples’ issues in the bedroom included disagreements over temperature (e.g., one likes it warm, one likes it cool), tossing/turning, and snoring. In addition, 28% of respondents point to the quality, age, or firmness of their mattress as an obstacle to getting a good night’s sleep with their partner.

While 85% of respondents report problems sleeping at night, men claim to have less trouble sleeping than women. And as people age, they seem to sleep apart more, with couples age 55 and older being the least likely to cuddle and spoon and the most likely to sleep separately. Eighteen percent of respondents said their dream home has separate bedrooms.

Survey results—including an infographic—and healthy sleeping habits can be found at http://BetterSleep.org.

Federal Rule Changes Buprenorphine Dispensing Requirements

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently issued a federal rule allowing patients being treated through an Opioid Treatment Program (OTP) to receive take-home supplies of buprenorphine (Subutex®) from an OTP in a more flexible manner. Buprenorphine is a medication used in opioid addiction treatment.

Under the rule change, OTPs are permitted to dispense buprenorphine to eligible patients without having to adhere to previous length of time in treatment requirements. Previously, OTPs require a person to be in treatment a certain amount of time before being given a multiple days’ supply of medicine to take home.

The change in the rule does not affect requirements for dispensing methadone (Dolophine®, Methadose®, and others)—the other opioid agonist treatment medication used by OTPs. SAMHSA based the change in the restrictions for dispensing buprenorphine on several factors, including differences in the abuse potential between methadone and buprenorphine, as well as the actual abuse and mortality rates (buprenorphine is lower in each instance).

For more information on the rule, visit http://www.ofr.gov/OFRUUpload/OFRData/2012-29417_PI.pdf.

Physicians Reluctant to Seek Help for Mental Health Problems

Physicians who commit suicide appear to be undertreated for mental health problems, despite their seemingly good access to health care, a study published in General Hospital Psychiatry shows. Although more physicians than non-physicians in the study had known mental health problems prior to suicide, this did not translate into a higher rate of antidepressant agent use and provides a deeper look at why physicians may have a higher-than-average suicide rate.

Stigma, lack of confidentiality, and desire to self-treat may explain why physicians do not seek formal treatment for mental health problems. The study found that physicians who committed suicide were much more likely to have potentially lethal prescription medications in their system, but not medication prescribed for depression.

There was a difference in methods for suicide. Firearms were the number one method for both groups. The second most common method for physicians was an overdose, likely related to the physicians’ knowledge of lethal drug dosing and prescribing ability.

On-the-job stress could also be a bigger suicide risk factor for physicians, according to the study. A physician who commits suicide is far less likely to have had a recent death of a friend or family member or a crisis contribute to the
suicide but much more likely to have a job problem contribute. This finding suggests that a physician's identity is strongly linked to the job role, and physicians may be particularly vulnerable to problems at work.


Girls in Juvenile Justice System to be Part of Risk-Reduction Intervention

Danielle Parrish, assistant professor at the University of Houston Graduate College of Social Work, has been named principal investigator for a $100,000 grant funded by the National Institutes of Health: “CHOICES—Teen: A Bundled Risk Reduction Intervention for Juvenile Justice Females.” The pilot study includes 30 at-risk girls, ages 14 to 17, on intensive probation with the Harris County Juvenile Probation Department. The goal of the pilot study is to assess the feasibility and promise of a prevention intervention in reducing risk behaviors that lead to HIV, alcohol-exposed pregnancy, and nicotine-exposed pregnancy with this high-risk female population.

This intervention, unlike others that typically focus on one risk behavior at a time, takes a bundled approach to risk reduction and addresses multiple risks simultaneously. If effective, this approach would be more cost efficient than multiple interventions targeting these risks and make better use of the limited time these girls present for services. The intervention includes two counseling sessions with a prevention counselor trained in motivational interviewing, an appointment with a pediatrician, and a referral for an evidence-based smoking cessation intervention.

Parrish notes one of the big issues for this population of adolescent girls is condom negotiation. They may have a boyfriend who says it isn’t “cool” to use a condom. To prepare the girls for these types of situations, the counselors and pediatricians will teach them how to negotiate condom use with their partner. The intervention also helps empower and motivate girls to make healthier choices regarding their alcohol use, smoking, and prevention of unplanned pregnancy.

The intervention is based on CHOICES, a prevention intervention, developed by Mary Velasquez, an associate dean of research and director at the Health Behavior Research and Training Institute at the University of Texas at Austin. It focuses on initial behavior change as well as the maintenance of behavior over time. By using motivational interviewing techniques focused on changing specific behaviors, this intervention helps women choose safer, healthier strategies best suited to their circumstances.


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Sounds of Schizophrenia Studied

Researchers at the University of California, San Diego School of Medicine and the VA San Diego Healthcare System have found that deficiencies in the neural processing of simple auditory tones can evolve into a cascade of dysfunctional information processing across wide swaths of the brain in patients with schizophrenia. The findings are published in an online edition of NeuroImage.

Impairments in the early stages of sensory information processing are associated with a constellation of abnormalities in patients with schizophrenia. These impairments may explain how patients with schizophrenia develop clinical symptoms such as hearing voices that others cannot hear and difficulty with cognitive tasks involving attention, learning, and recalling information. If someone’s brain is unable to efficiently detect subtle changes in sounds despite normal hearing, they may not be able to automatically direct his or her attention and rapidly encode new information as it is being presented.

The research team used electroencephalography (EEG) on 410 patients with schizophrenia and 247 nonpsychiatric comparison participants. The researchers used novel computational imaging approaches to deconstruct the brain dynamics that underlie two leading neurobiological markers used in schizophrenia research: mismatch negativity and P3a event-related potentials.

In healthy volunteers, a specific pattern of EEG responses across a complex network of brain structures is elicited within a fraction of a second in response to changes in auditory tones. In patients with schizophrenia, the researchers found that this normal process is disrupted. Reduced activity in specific areas of the medial frontal lobe quickly propagated to other regions of the brain that support activation of attentional networks.


In this schematic, reduced activation in discrete medial prefrontal brain regions is depicted (in blue) in schizophrenia patients, occurring 0.2 seconds after sound changes (top panel), cascading forward to widespread brain regions associated with the automatic activation of attentional networks 0.1 second later (bottom panel). Image courtesy of University of California, San Diego School of Medicine.