



Our Approach to Opioid Medications

PATIENT ACKNOWLEDGMENT

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Why We Are Telling You This

Opioids — also called narcotics — include hydrocodone, oxycodone, morphine, fentanyl, methadone, and tramadol. They are valuable medicines for short-term severe pain after surgery or injury, and in cancer and end-of-life care. Taking them every day, indefinitely, for chronic pain is a different question with a different answer. **Abilene Pain does not endorse long-term daily opioid therapy for chronic non-cancer pain, and we do not start it.**

What Opioids Do — and Do Not Do

- **They quiet the pain signal** by acting on receptors in the spinal cord and brain.
- **They do not treat the source.** An opioid does not repair a disc, calm an inflamed joint, or free a pinched nerve. The problem generating the pain is unchanged.
- **The same receptors drive reward**, which is why the brain reorganizes around an opioid in a way it never does around ibuprofen or a nerve block.

What Daily Use Does Over Time

- **Pain gets worse, not better.** With sustained daily use the nervous system becomes *more* sensitive to pain (hyperalgesia). Pain spreads beyond the original problem and keeps rising despite the medication.
- **Health declines.** Long-term opioids are linked to more falls and fractures, infections, hormone loss, depression, and breathing problems during sleep — illness that accumulates the longer they are taken.
- **Survival is shorter.** Patients on long-term opioids for chronic non-cancer pain have a higher overall death rate than similar patients treated without them — from cardiovascular and respiratory causes, not only overdose.

Acute Pain and Chronic Pain Are Different Problems

Acute pain is an alarm: tissue is injured, the alarm sounds, and it switches off as the tissue heals. Chronic pain is a sensitized alarm system — the signal persists because the spinal cord and brain have become better at amplifying it. Opioids act on that same system and, over time, sensitize it further. A drug that works well for three days after surgery works against you at three years. In the best year-long study to date, patients with chronic back, hip, or knee pain treated with opioids functioned no better, had slightly worse pain, and had more side effects than those treated without them.

BODY SYSTEM	WHAT LONG-TERM OPIOIDS CAN DO
Breathing & overdose	Blunted drive to breathe, especially during sleep. Risk multiplies with benzodiazepines, sleep medicines, muscle relaxants, gabapentin or pregabalin, and alcohol.
Hormones, bones & falls	Lower testosterone and estrogen: fatigue, low libido, erectile dysfunction, infertility, irregular periods, low mood, muscle and bone loss. With sedation and dizziness, fracture risk roughly doubles in older adults.
Brain, mood & sleep	Slower reaction time and impaired driving, poorer memory and attention, new or worse depression, and suppressed deep sleep — which itself lowers the pain threshold.
Digestion	Constipation in most long-term users that never fades, and can progress to impaction or bowel obstruction.
Treatment results	Patients on long-term opioids get less benefit from injections, nerve procedures, and spine surgery, and recover more slowly — a key reason we address the medication before treating the underlying problem.

What We Do Instead — and If You Take Opioids Now

We identify what is generating your pain and treat it directly: image-guided injections and nerve procedures, radiofrequency ablation, physical therapy, non-opioid medicines, and neuromodulation for selected patients. Opioids remain appropriate for short courses after surgery or injury and for cancer or end-of-life pain. **If you currently take an opioid, do not stop or reduce it on your own** — stopping suddenly causes withdrawal and can be dangerous. Bring your prescriber's information to your visit and we will discuss a safe, gradual plan with you.

Acknowledgment. I have read Abilene Pain's approach to opioid medications for chronic pain and accept it as part of my care.

PATIENT SIGNATURE

DATE

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