



How do Rheumatologists of CREER group manage level 2 analgesics

Groupe CREER (<https://www.association-creer.com>)

Objectives

- **Primary:** Study the use of Level 2 analgesics among the 7 most common conditions encountered by private practice rheumatologists.
- **Secondary:** Investigate the perceived effectiveness and possible drug dependence of patients on some of these medications.

Material and Methods

- 130 patients recruited by 13 rheumatologists from the Paris region, each selecting 10 patients typically using Level 2 analgesics.
- Data collected through patient questionnaires accounting for their current and previous analgesic treatments.
- 71% of patients were women, with an average age of 67 years (women = 70, men = 59).
- Conditions included: Rheumatoid arthritis (7%), Ankylosing spondylitis (11%), Psoriatic arthritis (4%), Osteoarthritis (44%), Lower back pain (26%), Radiculopathy (17%), and Fibromyalgia (3%).
- Lifestyle factors: 26% smokers, 7% consumed more than one drink of alcohol per day, 3% both.

Results (1/2)

Initially, 33% of patients were not using Level 2 analgesics. Among those who were:

1. **Current Treatment:** Opium is the most commonly used (33-57%), followed by tramadol (30-40%), codeine (13-25%), with Nefopam and morphine at 7% (now excluded from the study). For both inflammatory or not conditions, the hierarchy is opium, tramadol, and codeine, except for ankylosing spondylitis (AS).
2. **Previous Treatment:** In both inflammatory or not, the order was the same: tramadol = opium (30-42%), codeine (7-28%).

By condition:

- **Inflammatory Conditions:** A shift from equal use of opium and tramadol to greater reliance on opium in current treatment.
- **Osteoarthritis:** Opium, tramadol, and codeine were equally used initially but shifted to more opium in current treatment.
- **Lower Back Pain:** Tramadol led (30%) initially, followed by opium and codeine (25% each), shifting to tramadol (41%), opium (33%), and codeine (22%).
- **Radiculopathy:** Initial treatment was 42% opium, 29% tramadol, and 24% codeine, moving to 33% opium, 30% tramadol, and 20% codeine.
- **Ankylosing Spondylitis (AS):** Unique pattern with initial treatment of 42% tramadol=opium and 17% codeine, shifting to 50% codeine and 21% tramadol=opium.
- **Gender Differences:** Men used opium, tramadol, and codeine equally (30%), while women used opium (49%), tramadol (38%), and codeine (8%).
- **Duration:** The average duration of Level 2 analgesic use was 3.5 years regardless of the medication.

Effectiveness :

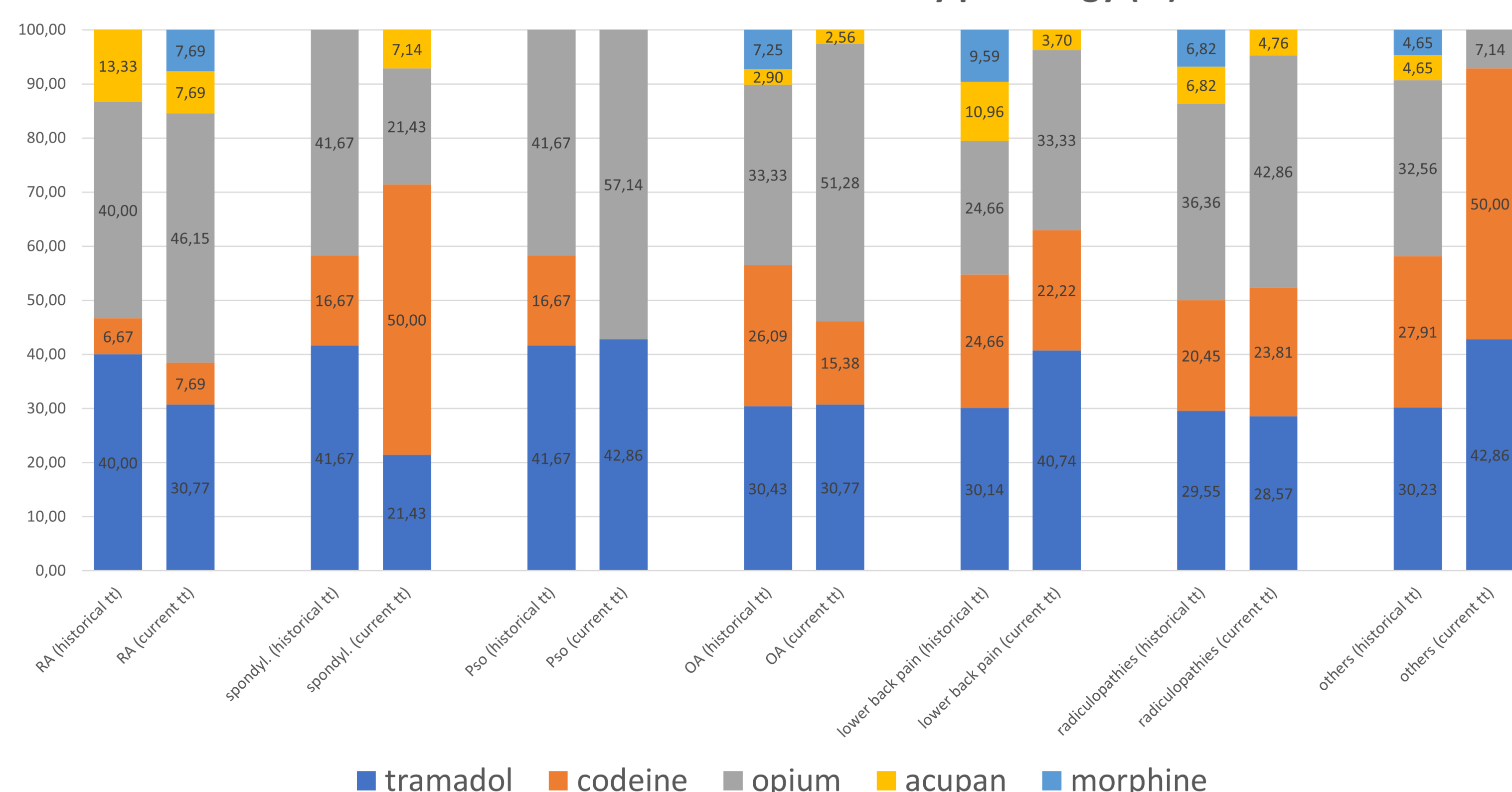
- In initial treatment, perceived effectiveness was 6/10 for opium, 5.8/10 for codeine, and 5.5/10 for tramadol, often leading to treatment changes. At an effectiveness score of 7/10, changes were due to intolerance in 22% of cases, while at 4.4/10, changes occurred due to ineffectiveness in 56%.
- For current treatment, perceived effectiveness ratings were 6.9/10 for codeine, 6.6/10 for opium, and 6.4/10 for tramadol.
- Frequency of daily doses decreased from initial to current treatment, while weekly frequency increased, indicating improved effectiveness with changes.

Results (2/2)

Prescriptions :

- Initial treatment was initiated by rheumatologists and general practitioners (50% each), with renewals by rheumatologists.
- Current treatment was initiated by rheumatologists in 70% of cases and renewed by them in 67%, while general practitioners initiated in 19% and renewed in 31%.
- 23% of patients modified doses in previous treatments, with few using the medication for other purposes, like sleep.
- For current treatment, 27.3% reduced their dosage (71.4% were women); 40% on opium, 27% on tramadol, 20% on codeine, 29% had lower back pain, 21% RA, 21% osteoarthritis, and 15% radiculopathy.
- 56% felt unable to stop their treatment: 71% women, average age 63, 14% smokers, 16% smokers + alcohol users, 46% had osteoarthritis, 45% used opium, 29% tramadol, 21% codeine, with daily use in 84% of cases. Of those, 73% had switched treatments, 15% believed they could reduce the dose, and 11% wanted to increase it.

Historical and current treatments by pathology (%)



Conclusion

Opium is the most prescribed Level 2 analgesic for both initial and secondary treatments, especially among women, likely due to its tolerance, effectiveness, and prescriber habits. An exception is AS, with 50% of cases on codeine. Product switches appear effective as usage frequency declines in secondary treatments. Surprisingly, no correlation was found between smoking/alcohol use and patients who felt unable to stop their treatment or those increasing their dosage. Conclusion: Level 2 analgesics are extensively used in rheumatology, likely due to their effectiveness and tolerance over the long term. This study did not highlight addiction to these treatments but suggests a probable acclimatization to pain.

Poster presentation
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