



Traumatic Brain Injury and Receipt of Prescription Opioid Therapy for Chronic Pain in Iraq and Afghanistan Veterans: Do Clinical Practice Guidelines Matter?

Purpose

To examine and describe opioid prescribing patterns in Veterans with chronic pain and traumatic brain injury (TBI).

Participants

53,124 Iraq and Afghanistan Veterans enrolled in VA health care with chronic pain not prescribed opioids in the previous year

How was the study conducted?

This study was a retrospective observational study between October 2007 and March 2015. This means that the researchers examined data from the past; in this case, the data was from the Comprehensive Traumatic brain Injury Evaluation (CTBIE) database. Multiple logit models were used to model the adjusted relative risks of initiation of: 1) short-term and 2) long-term prescription opioid use for chronic pain in the year after the CTBIE.

Findings

Veterans with the most severe head injury sequelae were significantly more likely to receive opioid therapy. Veterans with moderate to severe TBI and comorbid post-traumatic stress disorder and depression had a greater risk of initiating long-term opioid therapy.

Military Impact

Veterans with chronic pain and TBI with mental health comorbidities may be more likely to receive long-term opioid therapy and may benefit from improved access to behavioral health and nonpharmacological therapies for chronic pain.

Seal KH, Bertenthal D, Barnes DE, Byers AL, Gibson CJ, Rife TL, Yaffe K. (2018). Traumatic Brain Injury and Receipt of Prescription Opioid Therapy for Chronic Pain in Iraq and Afghanistan Veterans: Do Clinical Practice Guidelines Matter? Journal of Pain. Published online March, 28, 2018. Doi: 10.1016/j.jpain.2018.03.005