

FAST FACTS AND CONCEPTS #68 IS IT PAIN OR ADDICTION?

David E Weissman MD

Background A very commonly requested educational pain topic by clinicians, surrounds differentiating the patient in pain from the patient with a substance abuse disorder. The key to proper assessment lies in understanding 1) the definitions of tolerance, physical and psychological dependence, 2) the components of an addiction assessment, and 3) the differential diagnosis of the symptom of “pain.”

Definitions

- *Tolerance*: the need to increase a drug to achieve the same effect. In clinical practice, significant opioid tolerance is uncommon. Tolerance may be present in the pain patient or the addict; by itself it is not diagnostic of addiction.
- *Physical Dependence*: development of a withdrawal syndrome when a drug is suddenly discontinued or an antagonist is administered. Most patients on chronic opioids will develop physical dependence; its presence cannot be used to differentiate the pain patient from the addict.
- *Psychological Dependence (Addiction)*: overwhelming involvement with the acquisition and use of a drug, characterized by: *loss of control, compulsive drug use, and use despite harm*. Research suggests that opioids used to treat pain rarely leads to psychological dependence.

Addiction (Substance Abuse) Assessment Assess for addiction in the domains presented in the list below (see Reference 1). Note: one positive item from the list does not establish a substance abuse disorder. Rather, the diagnosis rests on a pattern of behavior that includes several positive findings (see Reference 4).

- Loss of control of drug use (has no partially filled med bottles; will not bring in bottles for verification).
- Adverse life consequences – use despite harm (legal, work, social, family).
- Indications of drug seeking behavior (reports lost/stolen meds, requests for high-street value meds).
- Drug taking reliability (frequently takes extra doses, does not use meds as prescribed).
- Abuse of other drugs (current/past abuse of prescription or street drugs).
- Contact with drug culture (family or friends with substance abuse disorders).
- Cooperation with treatment plan (does not follow-up with referrals or use of non-drug treatments).

Differential Diagnosis The differential diagnosis for a patient reporting “pain” includes physical causes (broken leg, sciatica, pseudoaddiction – see *Fast Fact #69*); psychological causes (depression, anxiety, hypochondriasis, somatization disorder, etc.); spiritual causes (impending death, grief); substance abuse; and secondary gain/malingering/criminal intent (desire for attention, disability benefit, or financial gain from pain medications).

References

1. Sees KL, Clark HW. Opioid use in the treatment of chronic pain: assessment of addiction. *J Pain Symptom Manage*. 1993; 8:257-264.
2. Savage SR. Addiction in the treatment of pain: significance, recognition and management. *J Pain Symptom Manage*. 1993; 8:265-278.
3. Eisendrath SJ. Psychiatric aspects of chronic pain. *Neurology*. 1995; 45:S26-S34.
4. Passik SD, Kirsh KL, Portenoy RK. Understanding aberrant drug-taking behavior: addiction redefined for palliative care and pain management settings. *Principles and Practice of Supportive Oncology Updates*. 1999; 2:1-12.

Version History: This *Fast Fact* was originally edited by David E Weissman MD. 2nd Edition published July 2006; 3rd Edition May 2015. Current version re-copy-edited April 2009; then again May 2015.

Fast Facts and Concepts are edited by Sean Marks MD (Medical College of Wisconsin) and associate editor Drew A Rosielle MD (University of Minnesota Medical School), with the generous support of a volunteer peer-review editorial board, and are made available online by the [Palliative Care Network of Wisconsin](#) (PCNOW); the authors of each individual *Fast Fact* are solely responsible for that *Fast Fact's* content. The full set of *Fast Facts* are available at [Palliative Care Network of Wisconsin](#) with contact information, and how to reference *Fast Facts*.

Copyright: All *Fast Facts and Concepts* are published under a Creative Commons Attribution-NonCommercial 4.0 International Copyright (<http://creativecommons.org/licenses/by-nc/4.0/>). *Fast Facts* can only be copied and distributed for non-commercial, educational purposes. If you adapt or distribute a *Fast Fact*, let us know!

Disclaimer: *Fast Facts and Concepts* provide educational information for health care professionals. This information is not medical advice. *Fast Facts* are not continually updated, and new safety information may emerge after a *Fast Fact* is published. Health care providers should always exercise their own independent clinical judgment and consult other relevant and up-to-date experts and resources. Some *Fast Facts* cite the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.