



OPAL: Opioid analgesics for acute spinal pain

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The George Institute
for Global Health

Facts:

- Low back pain and neck pain cost Australia \$4.8 billion in healthcare costs and \$8 billion in lost productivity per year.
- A commonly used painkiller is an opioid analgesic. Currently 12% of patients report using an opioid analgesic as their first choice medication for low back pain. Each year, doctors prescribe opioid analgesics to 20% of people with low back pain or neck pain.
- To date there are no clinical trials investigating the efficacy of opioid analgesics in acute low back pain or neck pain.

Partners:

School of Public Health, The University of Sydney, Australia

School of Pharmacy, The University of Sydney, Australia

Department of General Practice, Erasmus University

Medical Centre, Rotterdam, The Netherlands

University of New South Wales, Australia

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Supporters:

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National Health and Medical Research Council (NHMRC).

Background:

- Low back pain and neck pain are among the most burdensome conditions globally, affecting 964 million people around the world each year. Recovery from low back pain and neck pain is initially rapid but slows down with time.
- The use of opioid analgesics for low back pain and neck pain is widespread and increasing.
- However, opioid analgesics are controversial because of the uncertain efficacy and potential safety concerns, including some serious adverse reactions such as overdose, dependency and misuse.

Aims:

- The primary aim is to investigate if taking a short course of opioid analgesics reduces pain in people with acute low back pain or neck pain.
- The OPAL study will also investigate if taking opioid analgesics improves other outcomes (e.g. physical functioning), is reasonably tolerated and cost effective, and does not result in long-term opioid misuse.

Methods:

- Approximately 350 participants with acute low back pain or neck pain will be randomised to receive opioid analgesics or placebo for up to 6 weeks and be followed up for 3 months for effectiveness and cost-effectiveness outcomes. We will additionally assess the use and risk of misuse of opioid analgesics for up to 12 months.
- All participants will also receive guideline care from a general practitioner, including advice, reassurance, and other guideline recommended treatments such as referrals to physiotherapy as required.

Impact:

- Results of the OPAL study will be critical in providing robust evidence to inform the safe and appropriate use of opioid analgesics in two conditions affecting millions of people around the world: acute low back pain and neck pain.
- The results will influence international clinical practice guidelines and, if opioid analgesics are found effective, improve care for patients suffering acute low back pain or neck pain.

Contact:

To find out more about the OPAL study and its Principal investigator: Associate Professor Christine Lin or The George Institute for Global Health, please contact:

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