
OPIOID PAIN MEDICATION

In the absence of reliable evidence, it is the opinion of the work group that opioids not be prescribed as routine and long-term pain management of glenohumeral osteoarthritis.

Strength of Recommendation: Consensus ★☆☆☆☆

RATIONALE:

Only low-quality studies have evaluated the use of narcotic pain medication in the treatment for glenohumeral joint osteoarthritis in the preoperative setting. However, other literature is widely available that evaluates the impacts of these medications in the treatment of arthritis of other joints, in other orthopaedic settings and for other medical conditions.

Thompson et al (2019) showed that chronic opioid use in the pre-operative setting was an indicator for poor outcomes following anatomic TSA. The authors noted worse outcome scores, motion, and strength in those patients taking narcotic medications prior to surgery. They also suggested that while patients on narcotic medications could improve with anatomic TSA, it is not to the same degree as to those not on opioid medications prior to surgery.

Another study (Morris et al 2017) reported higher rates of sleep disturbance in those patients using narcotic pain medications prior to surgery, with sleep disturbance patients noting worse Constant pain, Constant activity, and WOOS index scores.

Recent CDC guidelines regarding the use of opioids for joint pain and arthritis recommend:

Many adults with arthritis are prescribed opioids,³ but there is a lack of evidence of their long-term effectiveness when used for chronic conditions such as arthritis. Safer options exist to help manage arthritis pain.

Strength of Evidence (evidence quality):

No reliable evidence

Benefits & Harms:

There is no harm in reducing the prevalence of opioid use in our society, given the current high rates of addiction and narcotic pain medication use. The recommendation to avoid routine use of opioids for the long-term management of glenohumeral osteoarthritis may benefit patients as it serves to increase the focus on modalities and interventions with greater proven benefit.

Cost Effectiveness/Resource Utilization:

With high rates of patient use, it would seem to be cost effective to reduce the utilization of these medications. However, the costs of alternative medications and required treatment programs must be taken into account.

Acceptability:

Patients on long term opioids may find it difficult to wean off narcotic pain medications, although recommendations should be readily accepted by treating physicians.

View background material via the [GJO CPG eAppendix 1](#)

View data summaries via the [GJO CPG eAppendix 2](#)