

Abstract

Background: The problem of the simultaneous use (co-use) of benzodiazepines (BZD) and/or alcohol in patients with a diagnosis of chronic non-cancer pain (CHNCP) using strong opioid analgesics (OA) is still poorly mapped in the Czech Republic.

Aims: To map the prevalence of co-use of BZDs and alcohol among patients with CHNNB taking long-term prescription OA. To determine differences between co-using groups and not-co-using patients and to determine predictors of co-use.

Design and setting: The research is based on a secondary analysis of data collected in the period from March 2019 to December 2019 in the form of an anonymous questionnaire survey among patients of nine pain treatment centers in the Czech Republic. For research purposes, clinical and sociodemographic data related to co-use obtained from a semi-structured (anamnestic) questionnaire and data from the standardized questionnaires Screener and Opioid Assessment for Patients with Pain (SOAPP-R), Opioid Risk Tool (ORT) and Emotional Thermometers (ET) were analyzed.

Participants: The sample consisted of 305 respondents older than 18 years with diagnosed chronic pain and treated with strong OA for at least three months.

Measurements: Descriptive analysis was performed using descriptive statistics methods. Mann-Whitney test, chi-square test, and Fisher's exact test were used for pairwise analysis. Logistic regression was used for multivariate analysis with adjustment for potential confounders.

Findings: The prevalence of BZD and alcohol co-use was 15.8 % and 7.2%, respectively. Pairwise analysis showed differences of co-using patients in sociodemographic, clinical, and emotional variables. Logistic regression established as predictors of co-use of BZD female gender, use of strong OA for a significantly longer time and diagnosis of depression in the personal history. As predictors of co-use of alcohol were identified higher doses of OA and a high risk of their problematic use according to ORT.

Conclusion: The use of strong OA with BZD and/or alcohol occurs relatively often in patients with CHNNB and is associated with clinical and sociodemographic risk factors and negative outcomes. To be effective, the pain treatment of these patients requires the multidisciplinary care including addiction specialist. Monitoring of risk factors can help in early diagnosis and management of risky co-use behavior and lead to better outcomes of the pain treatment.

Keywords: Addiction, alcohol, benzodiazepines, chronic non-cancer pain, co-use, opioids, problem use.