



The Use of Osteopathic Manipulative Therapies for the Reduction of Prescribed Opiate Morphine Milligram Equivalents in Patients Receiving Treatment for Chronic Pain: A Retrospective Study

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Background

- As of November 2020, the prevalence of chronic pain was 20.4% in the United States. Most patients with chronic pain are in rural areas. Many of these patients are on long-term opiate therapy to address their pain. Presently, there is limited data on multimodal pain management approaches that include osteopathic manipulative therapies.
- With the ongoing opiate epidemic in the United States, safe reduction in Morphine Milligram Equivalents in patients using multimodal techniques is becoming a greater priority.
- Osteopathic techniques exist to safely and effectively treat patients of all ages with a variety of ailments.

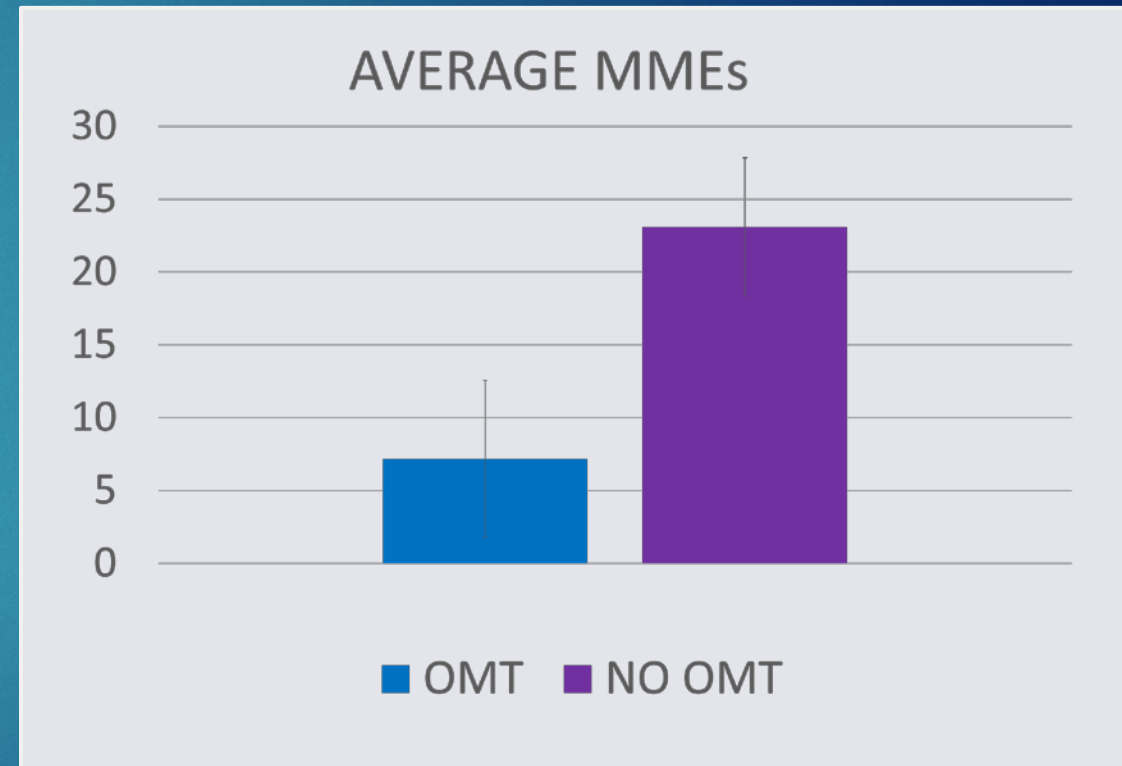
Methods

- A retrospective study of patients within a rural outpatient primary care setting who were receiving treatment for chronic pain between the dates of January 1, 2021 and July 31, 2021 were analyzed.
- 210 patients with a diagnosis of chronic pain were included in the analysis. 30 were actively receiving OMT; 180 were not.
- Patients who were actively receiving OMT were compared to those who were not.
- Patients “actively receiving OMT” were defined by having received at least one dedicated OMT treatment during the data period. Modalities included well-known OMT techniques only.
- The primary outcome being assessed was total average opiate MMEs prescribed per month.
- Patient age and total length of opiate therapy were documented.

Results

	OMT (n=30)	No OMT (n=180)	P-value
Average MMEs Prescribed	7.18 (\pm 14.42)	23.09 (\pm 32.24)	0.006655 ^a
Average Age in years	49.47(17.05)	59.21(14.89)	0.001352 ^a

^aOne Factor ANOVA



Conclusions

- Augmenting chronic pain regimens with OMT appears to lead to fewer MMEs to achieve adequate pain control.
- OMT is safe and efficacious for treating a variety of chronic pain complaints.
- OMT could be a viable option in helping combat the opiate epidemic.
- Further prospective study involving the use of OMT in patients with chronic pain is warranted.
- IRB approval has been obtained to pursue ongoing research by offering and providing OMT to patients being managed for chronic pain.

Limitations

- While this was a retrospective analysis of patients, ongoing prospective study is recommended to show improvement in patient outcomes.
- Objective measures such as reduced MMEs do not provide a complete picture of pain management. Subjective measures such as pain perception have great importance but are hard to objectively measure.
- Accurate average length of time receiving opiates could not be obtained as the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) only allows for records to be searched back to 4 years.
- It is unknown whether patients receiving OMT required fewer MMEs before or after OMT was added to their treatment regimen. A longer study span would be beneficial.
- It is unknown to what extent MME reduction was prioritized by other providers in both patient groups.
- There is limited published data on the efficacy of OMT for chronic pain.

Sources

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