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Opioids Overused in Treatment of Ankylosing Spondylitis

San Diego—Patients given opioids for ankylosing spondylitis (AS) may be getting a treatment that offers no real benefits and missing out on anti-inflammatory drugs that have considerable evidence for efficacy, a new study suggests.

Indeed, almost half of AS patients in the study were prescribed an opioid, despite no evidence that the drugs mitigate the inflammatory condition, the researchers reported during the 2017 American College of Rheumatology (ACR)/ARHP annual meeting (abstract 1548).

The team first outlined current ACR guidelines for managing AS, noting that the ACR recommends the use of nonsteroidal anti-inflammatory drugs (NSAIDs) as first-line therapy for patients with active disease. For patients who don't respond to NSAIDs, use of a tumor necrosis factor inhibitor (TNFi) is recommended. Physical therapy also is highly recommended. The guidelines do not, however, recommend the use of systemic glucocorticoids, nor do they address opioid use (*Arthritis Rheumatol* 2016;68[2]:282-298).

To evaluate the use of opioids in patients with AS, researchers reviewed the Truven Health MarketScan database of prescriptions from 2011 to 2016. They also explored concomitant use of NSAIDs and a TNFi during the same period. Only patients aged 18 years or older diagnosed with AS were included in the study.

The database identified 56,236 patients with AS. Of these, 27,347 (48.6%) had at least one opioid claim during the follow-up period. "Among this subset of opioid-exposed AS patients, 9,808 (35.9%) also had a claim for a TNFi, 17,539 (64.1%) had a claim for an NSAID, and 20,449 (74.8%) received an NSAID and/or a TNFi during the follow-up period," said lead author Victor S. Sloan, MD, from UCB Biosciences. The exposure rates were similar when the analysis was restricted to AS patients with at least two opioid claims during the follow-up period.

Dr. Sloan noted that about "one-quarter of AS patients were using only opioids and no medications recommended in treatment guidelines. The lack of therapies directed at inflammation almost certainly results in suboptimal treatment of this serious

inflammatory condition."

Because this was a retrospective review, data on pain and functional scores, or disease progression, were not available. Therefore, it is not known whether the patients who received only opioids had any benefit from therapy, Dr. Sloan said.

Commenting on the study findings, Lianne Gensler, MD, director of the Axial Spondyloarthritis Clinic at the University of California, San Francisco Medical Center, noted that "opioids may be prescribed to AS patients for reasons that may have nothing to do with the AS or inflammatory process—including pain that is unresponsive to antirheumatic treatments."

In the Sloan et al study, there was no information on disease activity measures, so "we don't know [if patients] were being prescribed [medications] for inflammation-mediated pain," Dr. Gensler added. "Also, the database only reported the use of prescription NSAIDs and not over-the-counter NSAID use, which many patients with AS use."

—Nikki Kean

The study authors reported financial interest in UCB Pharma, which sponsored this study.