Pacifica Pain Management Services &
St. Helena Hospital Pain Rehabilitation Program

Definitions regarding certain drug reactions:

Recommendations from the American Academy of Pain Medicine, American Pain Society, and the American Society of Addiction Medicine regarding definitions (American Pain Society, 2001).

I. Addiction

A primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.

II. Physical Dependence

A state of adaptation that is manifest by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.

III. Tolerance

A state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time.

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The Diagnostic and Statistical Manual of the American Psychiatric Association (DSM IV) for psychiatric disorders does not use the term "addiction" but uses "substance dependence" instead. Distinction is made between Dependence and Abuse.

I. Substance Dependence

Essential feature is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems. There is a pattern of repeated self-administration that usually results in tolerance, withdrawal, and compulsive drug-taking behavior. This can be applied to every class of substances except caffeine. "Craving" (a strong subjective drive to use the substance) is likely to be experienced by most, if not all, individuals with Substance Dependence. Dependence is defined as a cluster of three or more of the symptoms listed below occurring at any time in the same 12 month period.

Criteria for Substance Dependence (summary)

Maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by 3 or more of the following occurring in same 12 months:

1. tolerance
2. withdrawal
3. substance taken in larger amounts or over longer period than was intended.
4. persistent desire or unsuccessful efforts to cut down or control substance use.
5. much time is spent in activities necessary to obtain substance and use of substance to recover from its effects.
6. important social, occupational, or recreational activities are given up or reduced because of the substance.
7. substance use continues despite knowledge of having a persistent or recurrent physical or psychological problems that is likely to have been caused or exacerbated by the substance.

Specify: "With Physiological Dependence" (evidence of tolerance or withdrawal) "Without Physiological Dependence".

II. Substance Abuse

Essential feature is a pattern of maladaptive use manifested by recurrent and significant adverse consequences related to the repeated use of the substance. These problems must occur within the same 12 month period. Substance abuse **does not** include tolerance, withdrawal, or a pattern of compulsive use and instead include only the harmful consequences of repeated use. Does not apply to nicotine or caffeine.

Criteria for Substance Abuse (summary)

Maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following criteria:

1. failure to fulfill major role obligations at work, school, or home.
2. recurrent use in situations in which it is physically hazardous.
3. recurrent substance-related legal problems.
4. continued use despite having persistent or recurrent social/interpersonal problems caused or exacerbated by the effects of the substance.

III. Substance Induced Disorders

Intoxication
Withdrawal

Delirium
Dementia
Amnesia
Psychotic Disorders

Drug Reaction (continued)

Mood disorder
Anxiety disorder
Sexual dysfunction
Sleep disorder
Flashbacks

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Weissman & Haddox (1989) proposed the term "pseudoaddiction" to describe aberrant drug - related behavior (seeking, obtaining, hoarding, doctor shopping, etc.) in acute cancer patients who are inappropriately under-medicated and therefore desperately seek adequate levels of analgesia. The concept of pseudoaddiction has been borrowed form acute medical disorders and now seems to justify extensive and often indiscriminant opioid treatment of chronic, benign pain syndromes. The "aberrant drug-related behaviors" proposed by Portnoy & Payne (1997) in essence nullifies and renders useless important criterion behaviors for diagnosing addiction.

Under "behaviors less suggestive of an addiction disorder" they include:

- aggressive complaining about the need for more drug
- drug hoarding during periods of reduced symptoms
- requesting specific drugs
- openly acquiring similar drugs from other medical sources
- unsanctioned dose escalation or other non-compliance with therapy
- unapproved use of drug to treat another symptom

The concept of pseudoaddiction which considers the above aberrant drug related behaviors in the aggregate as not reflecting a serious drug abuse or dependence problem in a population of chronic, "idiopathic" pain sufferers is seriously flawed. Pseudoaddiction seems to be an untenable concept in most instances in a population of chronic, intractable, benign pain syndromes.

Conclusion

For purposes of pain management Pacifica Pain Management Services and the Pain Rehabilitation Program at St. Helena Hospital, will adopt the DSM IV definition of substance dependence and abuse in defining our patient's drug use pattern. Addiction, when used, will be synonymous with substance dependence, not substance abuse. The latter reflects other, less severe problems connected with drug use. Pseudoaddiction will be considered in all patients but would appear to be of little value as defined.

6 Woodland Rd. Suite 303 || St. Helena, CA 94574
Telephone: (800) 964-1493 toll free || (707) 963-1493 || (707) 963-1463 fax
email: info@pacificapain.com