

Opioids, Options and Openness: Chronic Pain Patients’ Beliefs and Understanding Treatment Alternatives

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INTRODUCTION

Chronic pain is a common and distressing symptom experienced by many patients, substantially impairing quality of life. It is estimated that about 20% of U.S. adults live with chronic pain and 5-10% are on long-term opioid therapy. Understanding patient preferences for pain treatment could prove to be extremely beneficial towards optimizing individualized pain care and preventing opioid dependence, further improving quality of life. Patient interests and treatment preferences dictate perceived helpfulness and satisfaction with care, often predicting outcomes. As a result, investigating patient-related factors may in turn lead to improved treatment efficacy.

METHODS

A quantitative survey study was devised and administered to patients with the purpose of investigating whether patients are familiar with specific chronic pain treatment modality types and preference (likelihood of pursuing) modality types, upon initial chronic pain intake. Information regarding patient demographics of interest (e.g. age, gender, race/ethnicity and education level) were also collected to explore common factors that potentially influence patient preferences. Participants completed the structured survey questionnaire prior to being seen for a new pain medicine intake appointment at the Pain Management Center.

AIMS

- Investigate patient knowledge of and preferences for various treatment modalities
- Examine whether patient-related factors predict treatment preferences for this demographic of patients.
- Explore the reasons underlying patient preference for treatment modality type

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RESULTS & DISCUSSION

- 455 patients: 372 (81.8%) reported opioid use vs. 83 (18.2%) non-opioid users**
- Non-opioid users demonstrated significantly higher willingness to try complementary/alternative therapies (68.7% vs. 53.8%, $p=0.016$) but no significant differences were observed for other modalities
- Awareness of non-pharmacological modalities was comparable between opioid and non-opioid users, with a trend toward lower awareness in opioid users for certain modalities**
- Knowledge strongly correlated with willingness to try non-pharmacologic strategies, particularly among opioid users, where all awareness-willingness associations were highly significant ($p<0.001$)
- Non-opioid users showed equivocal associations between awareness and willingness to try non-pharmacologic strategies for most modalities, however, notably physical or occupational therapy revealed a strong awareness-willingness association ($p < 0.001$)
- Logistic regression confirmed that provider recommendation (OR 1.72–2.48), perceived efficacy (OR 3.27–4.87), and desire for medication reduction (OR 2.11–2.78) were robust predictors of willingness across all modalities**
- Perceived risk and side effects were negatively associated with willingness.
- For behavioral health modalities specifically, factors such as provider recommendation (OR 1.54), perceived efficacy (OR 2.29), and reduced medication reliance (OR 2.53) were significant predictors, independent of opioid use
- Treatment goals differed: Opioid users were less likely to prioritize reduced medication dependence (79.5% vs. 66.9%, $p=0.026$) but showed similar priorities for pain relief, functional improvement, and emotional well-being**
- Lower chronic pain severity scores correlated with increased willingness to adopt behavioral health approaches
- Opioid users were significantly more likely to be influenced by the following factors: report being familiar with the alternative modalities (50.0% vs. 36.7%, $p = 0.0111$), to believe the alternative modalities would be helpful for their pain (92.5% vs. 79.1%, $p < 0.0011$), and to note that their pain provider recommended the treatment (62.1% vs. 41.8%, $p < 0.0011$)**

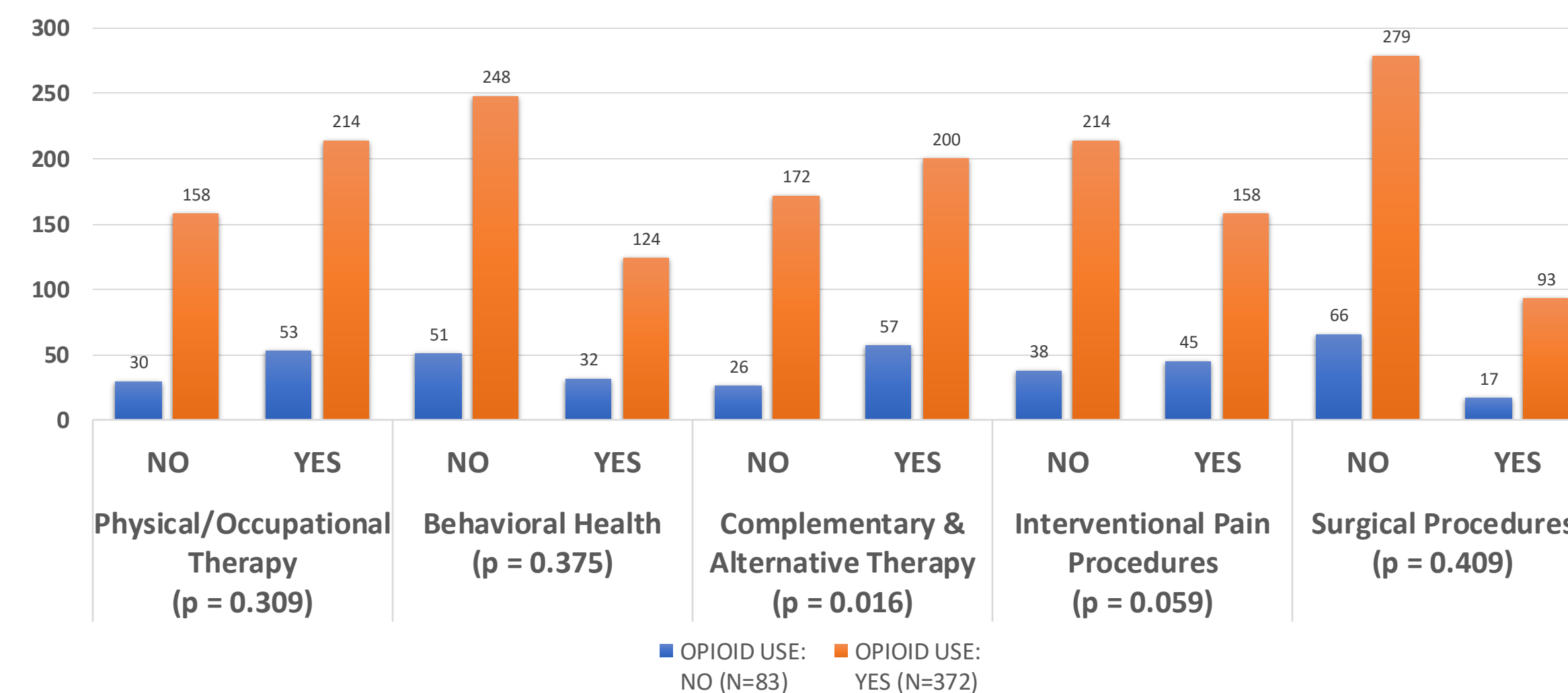
CONCLUSIONS

- Opioid users are more familiar with and optimistic about alternative pain treatments, yet less motivated by reducing medication reliance
- Non-opioid users prioritized avoiding dependence, highlighting differing goals
- Prior knowledge, provider recommendation, and perceived efficacy were consistent drivers of willingness, whereas concerns about risk and stigma limited openness, particularly towards the behavioral health modality**
- Behavioral Health Treatments (e.g. CBT and counseling) had the lowest willingness rates, largely due to stigma and misconceptions; however, targeted education significantly increased interest
- Proactive and early education about multimodal options could shift treatment trajectories before patients become reliant on opioids**
- Reinforcing the efficacy of behavioral and complementary therapies through provider communication may bridge gaps in patient willingness
- Aligning treatment recommendations with patient goals—such as functional improvement, quality of life, and reduction of side effects—may increase adherence and satisfaction**

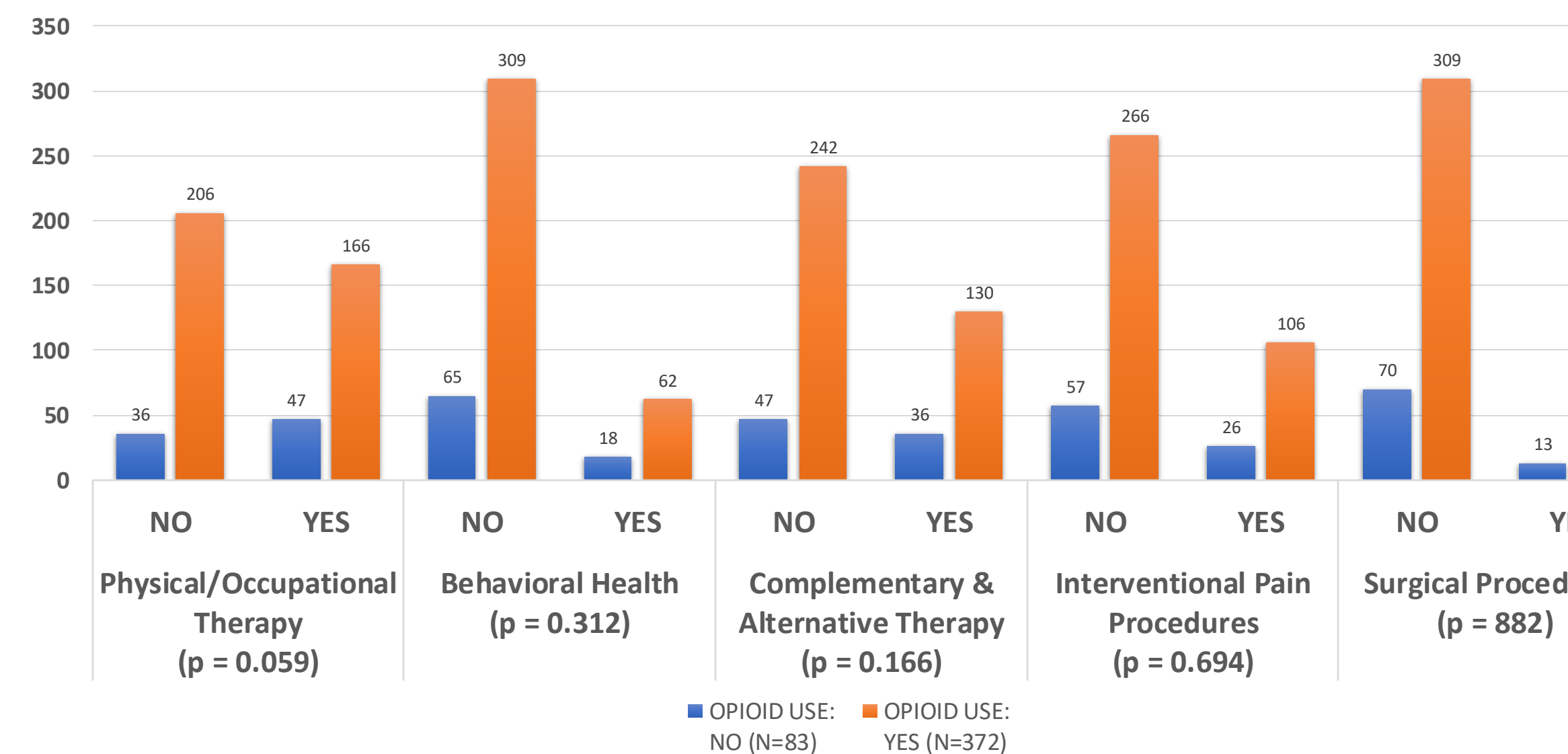
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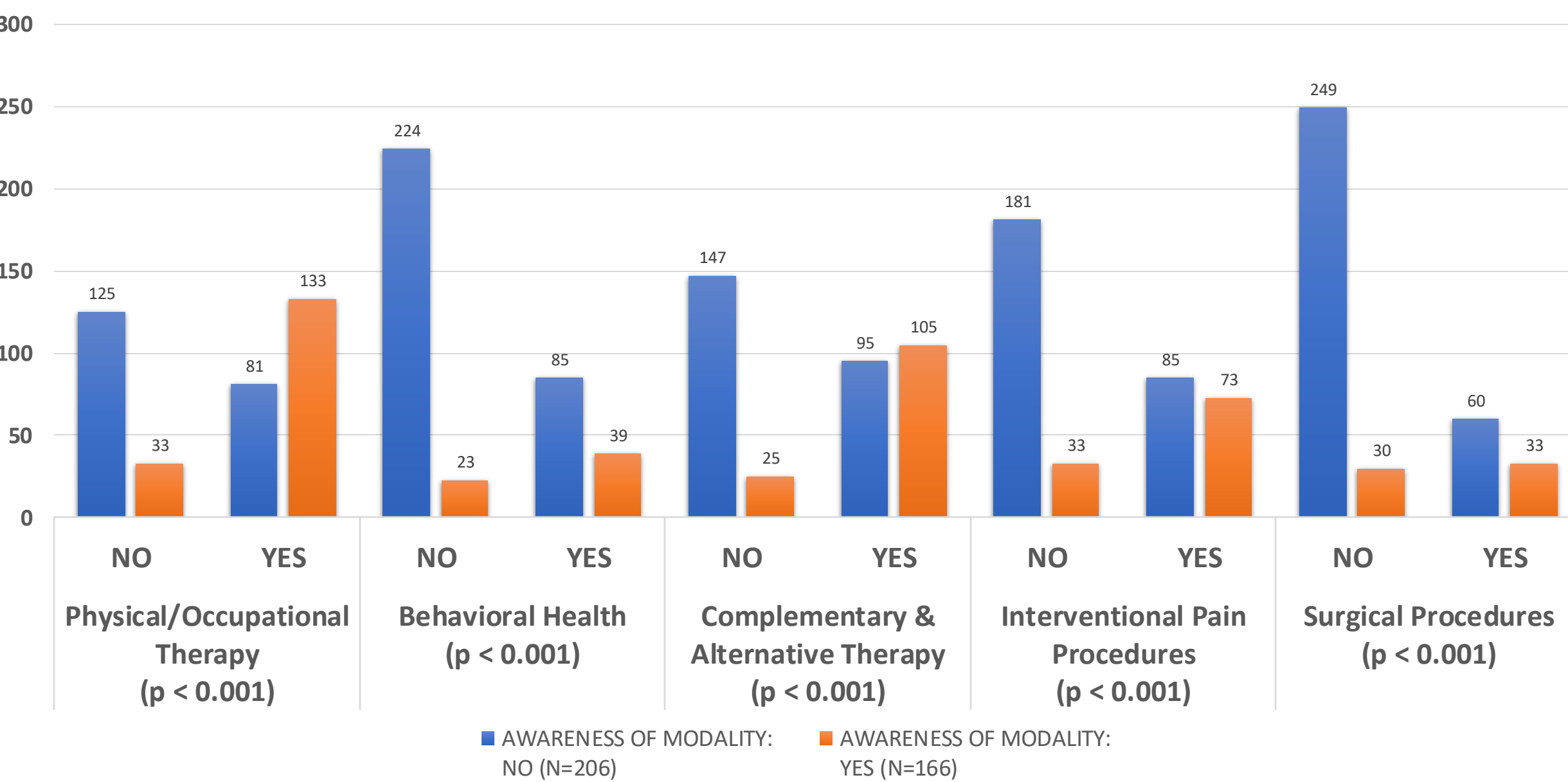
Willingness to Try: Opioids vs. Non-Opioid Users



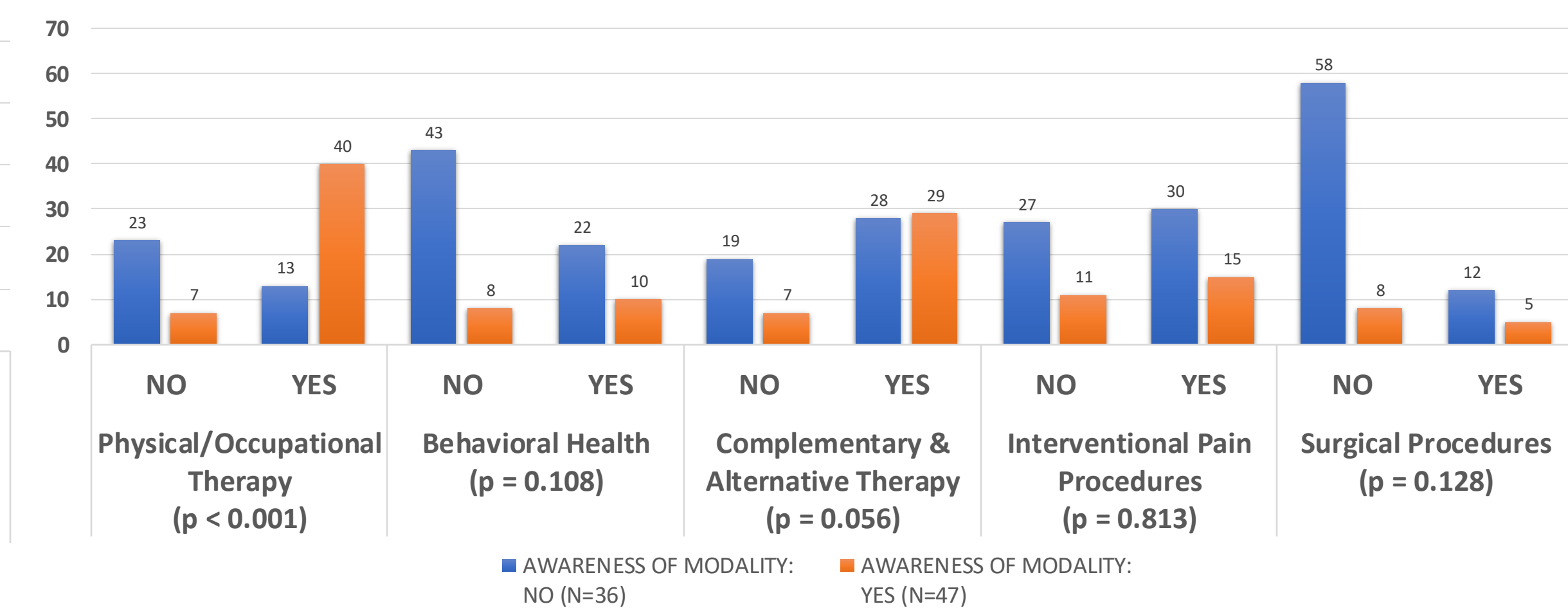
Awareness: Opioid vs. Non-Opioid Users



Opioid Users: Knowledge vs. Willingness



Non-Opioid Users: Knowledge vs. Willingness



Opioid Users: Willingness to Try New Modalities vs. Factors that Influence Willingness

