TRANSITIONAL PAIN SERVICE: SMOKING IS ASSOCIATED WITH MORE INTENSE PAIN AND LOWER LIKELIHOOD TO WEAN FROM OPIOID MEDICATIONS AFTER SURGERY

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INTRODUCTION / AIM

Smoking is associated with poorer outcomes for patients with chronic pain; less is known regarding smoking and postsurgical pain. We investigated the relationship between smoking, postsurgical pain and opioid use in Transitional Pain Service (TPS) patients within a median of 8 weeks of hospital discharge.

METHODS

Smoking status was abstracted from medical records. Pain (0-10 NRS), opioid use (morphine equivalents), and pain-interference (BPI) were collected as patients were followed by the TPS.

RESULTS

Of the 186 participants, 27% were smokers (S), 39% were past smokers (PS) and 34% were never smokers (NS). Pack-years (log) correlated significantly with early outpatient pain scores (R=.22, p=.028; median: 21 days after discharge) even after controlling for preoperative chronic pain (B = .28, p=.045). ANOVA followed by post-hoc analyses indicated that numeric rating scale pain scores were higher (p=0.02) in smokers (6.2±2.1) versus non-smokers (4.7±2.3). Smokers had higher early outpatient pain-interference scores compared to non-smokers (p=.03). Male smokers used more opioids than female smokers (p=0.01) and more females than males were able to completely wean off opioids regardless of smoking status (p=0.02). Those who reduced opioid use to zero had significantly fewer pack-years than those still using opioids by their last time point (p=.04, 7.0 vs. 18.8 pack-years). Standardized residual change scores for opioid use were positively correlated with pack-years.

DISCUSSION / CONCLUSIONS

Smoking status and pack-years were related to greater postsurgical pain severity and more pain interference, and predicted less successful opioid weaning. Female smokers were more successful in opioid weaning than male smokers.

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