

Case 2

This 42 year old woman was seen because of morphine abuse.

At the time she saw me had a history of chronic lower back pain. She stated it had been assessed some time ago and was diagnosed as a muscle/ligament problem. She stated XRays had shown some degenerative disease in her lumbar spine.

She stated she worked as a care aide which, despite her efforts to lift and move patients carefully, aggravated her back. She was not overweight and had no other medical problems.

She stated she had been prescribed Tylenol #3 for the initial episode approximately 8 to 9 years ago. After the initial bout her family physician had reviewed with her the back care she need to do and where to get a back program. **The physician has also reassured her that changes on XRay do not necessarily correlate with back pain.**

She stated she had been having problems with the pain intermittently since that time. She noted that her use of Tylenol #1 over the counter had been increasing during her current bout to keep her pain under control, **sometimes up to 12-15 a day.**

She found in the 5 months before being seen that the Tylenol #1 were not working, and she was worried about losing her job. So she began to take morphine that was meant for the patients she looked after. She stated she had tried to stop the morphine but the back pain had been unbearable.

Importantly, she had not been doing any of the stretching exercises or a walking program that had repeatedly been suggested to her by her family physician and others.

I reviewed with her the withdrawal symptoms of discontinuing opioids and explained that the back pain she felt when she tried to stop the morphine was really withdrawal pain. I reviewed with her that her oversensitivity to pain in general would gradually decrease and disappear within 3 to 6 months.

I saw her frequently over the next several months after she returned from a treatment centre to help with her morphine abuse (arranged by her employer). She developed an exercise program, as well as a strengthening and stretching program with a physiotherapist. By the end of the time I saw her she was in minimal to no pain. She stated she would follow her physician's initial recommendations for non opioid medications and treatments for further bouts of the chronic lower back pain.