Impact of Chiropractic Care on Use of Prescription Opioids in Patients with Spinal Pain

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Abstract

Objective

Utilization of nonpharmacological pain management may prevent unnecessary use of opioids. Our objective was to evaluate the impact of chiropractic utilization upon use of prescription opioids among patients with spinal pain.

Design and Setting

We employed a retrospective cohort design for analysis of health claims data from three contiguous states for the years 2012–2017.

Subjects

We included adults aged 18–84 years enrolled in a health plan and with office visits to a primary care physician or chiropractor for spinal pain. We identified two cohorts of subjects: *Recipients* received both primary care and chiropractic care, and *nonrecipients* received primary care but not chiropractic care.

Methods

We performed adjusted time-to-event analyses to compare recipients and nonrecipients with regard to the risk of filling an opioid prescription. We stratified the recipient populations as: *acute* (first chiropractic encounter within 30 days of diagnosis) and *nonacute* (all other patients).

Results

The total number of subjects was 101,221. Overall, between 1.55 and 2.03 times more nonrecipients filled an opioid prescription, as compared with recipients (in Connecticut: hazard ratio [HR] = 1.55, 95% confidence interval [CI] = 1.11–2.17, P = 0.010; in New Hampshire: HR = 2.03, 95% CI = 1.92–2.14, P < 0.0001). Similar differences were observed for the acute groups.

Conclusions

Patients with spinal pain who saw a chiropractor had half the risk of filling an opioid prescription. Among those who saw a chiropractor within 30 days of diagnosis, the reduction in risk was greater as compared with those with their first visit after the acute phase.