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Utilization of complementary and integrative health services and opioid therapy by patients receiving Veterans Health Administration pain care.

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Abstract

OBJECTIVES: The aims of the current study were to characterize veterans who used a complementary and integrative health (CIH) service in the Veterans Health Administration (VHA) and to assess the extent to which using a CIH-related service was associated with receiving an opioid analgesic prescription following the initiation of specialty pain service, a time at which higher intensity care is needed for patients experiencing greater psychiatric and medical complexity.

DESIGN: This study utilized a retrospective cohort design of veterans using specialty pain services. The index visit was defined as the first specialty pain visit in Fiscal Years 2012-2015. Demographics, opioid analgesic prescriptions, psychiatric disorder diagnoses, medical comorbidity, pain severity scores, and pain conditions were extracted from VHA administrative data.

SETTING: The cohort was comprised of veterans who had at least one visit with a specialty pain service as identified by a billing code.

MAIN OUTCOME MEASURES: The main outcome measures were use of a CIH-related service in the 365 days prior to the index visit and opioid analgesic prescription within 365 days after the index visit. Adjusted logistic regression analyses accounted for key covariate and potential confounding variables.

RESULTS: Use of CIH-related services was relatively low across the cohort (1.9%). Veterans who used a CIH-related service in the 365 days prior to the index visit were more likely to be female, be younger, have less medical comorbidity, have less severe pain, and were less likely to have received an opioid prescription in the 365 days prior to the index

visit. After accounting for key covariates and potential confounders, veterans who used a CIH-related service were less likely to receive an opioid analgesic prescription in the 365 days following the index visit.

CONCLUSION: CIH-related services were not commonly used among Veterans initiating specialty pain services. Engaging in CIH-related services prior to specialty pain services is associated with decreased opioid analgesic and non-opioid analgesic prescriptions.

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KEYWORDS: Complementary and integrative health; Opioids; Pain; Veterans

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