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Self-reported cognitive function in individuals taking strong opioids to manage chronic non-cancer pain

Authors:

JANE AKHURST¹, AMY PEACOCK², RAIMONDO BRUNO¹

¹ *University of Tasmania, Hobart, Australia*

² *National Drug and Alcohol Research Centre, University of NSW, Sydney, Australia*

Presenter's email: jakhurst@utas.edu.au

Introduction and Aims: Opioid medications are prescribed to treat various chronic non-cancer pain (CNCP) conditions. However, they may impair cognitive functions drawn upon in everyday activities, such as memory. The present study examined the relationship between opioid use, pain and subjective cognition in a CNCP population.

Design and Methods: Participants ($n=248$; 211 female) completed an online survey assessing CNCP, pain severity and interference (via the Brief Pain Inventory), and past week opioid use. They provided ratings of prospective and retrospective memory function (via the Prospective-Retrospective Memory Questionnaire [PRMQ]), and general memory and concentration (via the Patient Reported Outcomes Measurement Information System [PROMIS] Cognitive Function v2.0.)

Results: Chronic back/neck pain was the most common CNCP condition (77.4%), and oxycodone (36.7%; modified release: 30.6%) and codeine (30.6%) the most frequently used opioids. A hierarchical regression analysis, with predictors 'pain' and 'opioid dose', revealed non-significant associations with cognition. Greater opioid dose was related to somewhat higher impairment on the PROMIS ($r = .145$, $p = .053$) and PRMQ ($r = -.146$, $p = .051$). No clear association was evident for pain interference and PROMIS ($r = -.008$, $p = .463$) or PRMQ ($r = .029$, $p = .374$) scores.

Discussions and Conclusions: Tentatively, opioid dose may be associated with mild self-perceived impairments in memory and concentration. However, this study failed to demonstrate a clear relationship between current opioid dose, pain, and cognitive function. These findings highlight the importance of assessing objective and subjective cognitive function longitudinally to capture enduring deficits associated with long-term opioid use.

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