

THE FAILURE TO DIFFERENTIATE BETWEEN ADDICTION, CHRONIC PAIN, AND IPS

A major goal of our IPS Research and Education Project is to demand and admonish all parties that there is a distinction between persons who are:

1. An Addict (“Opioid Use Disorder”)
2. A Simple Chronic Pain Patient
3. An Intractable Pain Syndrome (IPS) Patient

WHY DIFFERENTIATE?

The differentiation between the three groups is obviously essential, as treatment is very different. As unbelievable as it may sound, there appear to be parties that either don’t know they must differentiate, or they intentionally don’t want to differentiate between the three groups.

Perhaps our observation and analysis of the situation is incorrect, or off-base, but the rhetoric and writings of some parties seem to indicate the belief that anyone who takes an opioid, for whatever reason, is an addict or has “opioid use disorder.” The motive to us appears, correctly or incorrectly, to sell Suboxone®, or some type of psychotherapy regardless of which of the types is involved.

SIMPLE DIFFERENTIATION

Here is the basic differentiating characteristics of the three groups:

#1. Addict or “Opioid Use Disorder”- takes opioids and other medications on a random basis for non-pain or medical purposes.

#2. Simple Chronic Pain- Has a common pain condition such as arthritis, fibromyalgia, or migraine that is periodic and doesn’t require daily pain medication.

#3. IPS- Constant pain with a clear cause and demonstrable cardiovascular and endocrine complications.

A MAJOR PROBLEM

Since differentiation has not been done by many medical and mental health professionals, many legitimate IPS patients have been mislabeled and deprived of treatment. Many persons WITHOUT IPS have erroneously been given opioids, benzodiazepines, or stimulants, and then abused them, **and often** overdosed.

KEY POINT

To ensure proper treatment with the necessary medications to treat IPS, every IPS patient and their family (or caregiver) has to document, with records, the medical condition that initiated IPS, and the tests that show its cardiovascular and endocrine complications.

*Published as a public service by the
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