# The Effectiveness of Interventional Neuromodulation in Reducing Opioids Use: A Systematic Review and Meta-Analysis

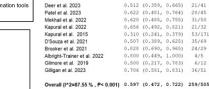
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### **BACKGROUND**

Chronic pain poses a significant challenge to patient well-being and treatment refractory pain has been well understood to be a significant contributor towards opioid usage. Neuromodulation offers a promising alternative, aiming to reduce pain and pharmacological dependency, though more research is needed on its efficacy in opioid reduction. A systematic review and meta-analysis identified ten studies showing varying degrees of reduced opioid use post-neuromodulation, highlighting the need for further investigation to understand the impact of neuromodulation on opioid management comprehensively.

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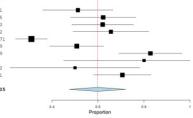


Figure 2: Meta-analysis of opioid use reduction after neuromodulation versus conventional medical management

RESULTS

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Studies	Est:	imate (9	5% C.I.)	Ev/Trt	Ev/Ctr	L							
Deer et al. 2023	2.100	(0.767,	5.752)	21/41	9/27				-				
Kapural et al. 2022	9.273	(3.109,	27.653)	21/32	7/41				+		_		
Albright-Turner et al. 2022	4.000	(0.299,	53.468)	4/5	4/8	_		_	-	-	· · ·		_
Gilmore et al. 2019	1.333	(0.283,	6.279)	6/12	6/14	_		-					
Overall (I^2=45.79 % , P=0.137)	3.282	(1.275,	8.450)	52/90	26/90			-	-				
							-			-	-	-	
						0.28	0.57	1.42	2.83 Odds Ratio	5.66 o (log scale)	14.16	28.31	53.4

## DISCUSSION

Results showed heterogeneous reduction and/or elimination of opioid use amongst all studies (I^2 = 87.55%, p<0.001). However, further meta-analysis of treatment comparisons of four studies that reported opioid use outcomes in post-neuromodulation and conventional medical management (CMM) cohorts showed an increased odds ratio of opioid reduction in patients treated with neuromodulation versus CMM (I^2 = 45.79%, p = 0.137). There were limited studies that included opioid use data for both treatment and control groups; however, all studies reported an increased proportion of reduction in opioid use in the post-neuromodulation cohort. We recommend further studies to closely follow-up opioid use in patients after neuromodulation and record ancillary parameters such as baseline and follow-up morphine milligram equivalent (MME) to further characterize the effectiveness of neuromodulation on reducing opioid use.

## REFERENCES

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Databases (n = 2197)

manual search (n = 0)

Records screened:

Reports sought for retrieval:

Reports assessed for eligibility

Studies included in review:

(n = 1740)

(n =62)

Additional record identified from

**METHODS** 

(n = 0)

Wrong study design: (n = 674)

Background article: (n = 247)

Wrong intervention: (n = 189)

Reports not retrieved: (n = 0)

Reports excluded:

No reported opioid usage

Wrong study population: (n = 393)

Wrong publication type: (n = 133)
Wrong reported outcome: (n = 35)



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