People with chronic pain smoke at a greater rate than the general public. Some people smoke to cope with their chronic pain; for others, smoking may ease the symptoms of depression and anxiety, which are often found with chronic pain. While smoking may provide short-term analgesic effects, it creates a vicious cycle of dependence and worsening of painful conditions.

Every pain management treatment plan should include counseling about smoking cessation. Given the high incidence of ongoing tobacco use with chronic pain patients, one can speculate patients may not understand the long-term effects related to smoking on their pain condition. Clinicians have a responsibility to not only encourage patients to stop smoking but to also explain why this is important.

**Patient education tips:**

1. Patients who smoke are more likely to develop chronic pain, particularly low back pain.
   - Smoking can speed the deterioration of intervertebral discs.
   - Smoking increases the risk for osteoporosis and the possibility of painful vertebral compression fractures.
   - Smoking interferes with bone healing and wound healing, leading to prolonged pain after trauma or surgery.
   - Rheumatoid arthritis, headaches, fibromyalgia, and osteoarthritis are associated with greater incidence and severity in patients who smoke.

2. Smoking increases pain intensity.
   - Smoking releases inflammatory chemicals in the blood stream.
   - Smoking causes changes in the nervous system and how pain is transmitted (neuroplasticity).
   - Smoking also reduces the body’s natural ability to control pain (dysregulation of endogenous opioids).

3. Patients who smoke tend to be less responsive to pain treatment.
   - Smoking is associated with greater opioid use. (Cross-tolerance of nicotine and morphine as well as alteration in opioid pharmacology has been suggested; more research is needed to confirm these relationships.)

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References and suggested reading:
