Impairment of Motivational Efforts: Another Complication of Opioid Compromise of Sleep Quality?

To the Editor:

Fitzcharles and Shir[1] emphasize the "negative effects of opioids in chronic pain conditions." Kim, *et al*[2] attribute detrimental effects of opioids to compromise of adherence to therapeutic regimens, but Fitzcharles and Shir[1] suggest an important role for other factors, including substance or psychoactive drug use, and disease duration and severity as compromising therapeutic responsiveness. Kim, *et al*[2] suggest that opioids compromise motivation (suggesting a relationship to cannabinoid induction of "amotivational" disorders) and enhance fatigue. These may certainly be factors in the final common pathway of opioid interference and physiologic compromise, but a simpler primary factor may be even more significant in patients with fibromyalgia (FM).

If loss of motivation is also a manifestation of the mental "dulling" characteristic of opioid usage, perhaps there is another operative factor. One of the major characteristics of FM is sleep compromise[3,4,5,6]. Indeed, restoring stage IV/ rapid eye movement sleep appears to mollify that disorder[6,7,8]. Because opioids interfere with reaching those sleep states[3,9,10], is it any surprise that they are not only ineffective in treating FM, but that they actually compromise the benefit of any other interventions?

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REFERENCES

1. Fitzcharles MA, Shir Y. Another nasty effect of opioids: attenuating the benefits of motivational interviewing in fibromyalgia? (editorial) J Rheumatol 2017;44:407-9.
2. Kim S, Slaven JE, Ang DC. Sustained benefits of exercise-based motivational interviewing, but only among nonusers of opioids in patients with fibromyalgia. J Rheumatol 2017;44:505-11.
3. Rothschild BM. Zolpidem efficacy in fibromyalgia. J Rheumatol 1997;24:1012–13.
4. Mork PJ, Nilsen TI. Sleep problems and risk of fibromyalgia: longitudinal data on an adult female population in Norway. Arthritis Rheum 2012;64:281–4.
5. Thomas RJ. Sleep as a window into the world of fibromyalgia syndrome. J Rheumatol 2011;38:2499–500.
6. Rothschild BM, Vu J. Retrospective assessment of fibromyalgia therapeusis. Compr Ther 1994;20:545–9.
7. Walsh JK, Erman M, Erwin CW, Jamieson A, Mahowald M, Regestein Q. Subjective hypnotic efficacy of trazodone and zolpidem in DSMIII-R primary insomnia. Hum Psychopharmacol Clin Exp 1998;13:191–8.
8. Davies KA, Macfarlane GJ, Nicholl BI, Dickens C, Morriss R, Ray D, et al. Restorative sleep predicts the resolution of chronic widespread pain: results from the EPIFUND study. Rheumatology 2008;47:1809–13.
9. Rothschild BM. To sleep, perchance to dream: restoration of normal sleep physiology versus sedation in management of sleep disorders and fibromyalgia. Rheumatologist 2015;9:67.
10. Pandharipande PP, Pun T, Herr SA, Maze M, Girard TD, Miller RR, et al. Effect of sedation with dexmedetomidine vs lorazepam on acute brain dysfunction in mechanically ventilated patients: The MENDS randomized controlled trial. JAMA 2007;298:2644–53.

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