

## **Abuse, misuse, tolerance, dependence and addiction: the need of clear guidelines to avoid opiophobia**

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Current clinical practice recommendations indicate opioids as the gold standard for treatment of moderate to severe acute and chronic pain (Caraceni et al., 2012). However, opioid medications may be associated, with misuse, non-therapeutic use and addiction, particularly in vulnerable individuals. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DMS-5) recently eliminated the categories of opioid abuse and opioid dependence and replaced them with an overarching new category of opioid use disorders. For instance, opioid "dependence" has been easily confused with the term opioid "addiction" since tolerance and withdrawal that previously defined dependence are actually very normal responses to prescribed opioid medications and do not necessarily designate the presence of an addiction. Indeed, symptoms of tolerance and withdrawal occurring during appropriate opioid medical treatment with prescribed medications are specifically not counted when diagnosing an opioid substance use disorder. Therefore, the appearance of expected pharmacological tolerance and withdrawal during the course of chronic opioid treatment has been known to lead to an erroneous diagnosis of "addiction" even when these were the only symptoms present. Thus, patients whose only symptoms are those that occur as a result of medical treatment should not receive a diagnosis exclusively on the basis of these symptoms. Only when prescribed opioid shall be improperly used, and other symptoms such as compulsive, drug-seeking behavior could be present we will correctly diagnosed an opioid use disorder. These clinical needs should be considered in order to avoid prescribing opiophobia.