

February 28, 2010

TO: Charles O'Brien, M.D., Ph.D., Chairman  
and Thomas Crowley, M.D., Co-Chairman  
The American Psychiatric Association  
DSM-5 Substance-Related Disorders Work Group  
<http://www.dsm5.org/MeetUs/Pages/Substance-RelatedDisorders.aspx>

RE: Public comments on the proposed DSM-5 psychiatric diagnostic manual

Dear Sirs,

I would like to see *pseudo-addictions* included in your substance related disorders, as I have experienced them from both sides of the fence: as an individual and as a treating physician.

In the early 1980's while working as a research assistant in the Syracuse University Department of Chemistry (Syracuse, NY), I was accidentally poisoned by cyanide during one of the experiments. Shortly thereafter, I suffered seizures so severe that I broke my neck in two places and part of my left scapula slammed into and broke off inside of my vertebral column near T10. When I was released from the hospital, there was no acceptable form of pain management available to non-cancer patients, so I was discharged with a prescription for a half-dozen Percocet 5/235 mg pills. As this was the standard of care at that time, I was not able to obtain any further legal prescriptions for pain medication from any of the physicians who treated me. So I was left with three choices: live with the unbearable pain which was excruciating and functionally inhibited both my ADL's and IADL's, commit suicide, or buy illegal pain medications on the street. I chose option number three and intermittently bought illicit opioids as I needed them.

This iatrogenic-induced behavior pattern persisted on-and-off throughout the remainder of the 1980's. Thankfully, during the past two decades I have only needed legally-prescribed opioids for short-term use, less than seven days per episode, on two or three occasions. I attribute this fact to the severity of spinal degeneration that I have undergone over the nearly past thirty years, a strange side-effect being the loss of most chronic pain sensation in my afflicted areas. Luckily, as I was not seeking opioids for euphoric purposes, but merely for pain reduction, and given my opioid of choice was codeine-based Tylenol #3 (average use of four to six per day), I was able to easily wean myself off of this medication once the pain dissipated.

Today, I run one of the largest SAMHSA/CSAT certified buprenorphine Opioid Based Office Treatment programs in Florida (see my website listed below). Given the large number of "pain-management" pill-mills we have in Florida, I routinely see patients who have legitimate chronic physical pain but who were over-prescribed pain medications without proper medical management. My personal experience back in the 1980's was an iatrogenic pseudo-addiction due to the unavailability of proper pain management. Today, this problem still exists for many patients, however, the pendulum has also swung the other way and there is now a different but highly prevalent form of pseudo-addiction: iatrogenic pseudo-addiction due to the over-prescribing of pain medications.

Both of these forms of pseudo-addiction, unlike other forms of substance abuse, are not primary behavioral problems. They are iatrogenic-induced conditions caused by the over- or under-prescribing of medically necessary medications. In other substance abuse addictions, dependence occurs due to the use of a medication that is not medically necessary, and the appropriate treatment is to wean and withdraw the medication from the patient. Conversely, in a pseudo-addiction where the medication is medically necessary, the appropriate treatment is to properly titrate the patient to a safe and effective level of the medically necessary drug.

Therefore, I would like to see the DSM-5 acknowledge these two conditions:

1. IATROGENIC PSEUDO-ADDICTION DUE TO UNDER-TREATMENT: a condition where a patient suffers from a chronic illness or injury that is medically documented by corresponding signs, symptoms and appropriate diagnostic tests, but the patient is unable to obtain legally sufficient medical services to effectively reduce and/or relieve the suffering caused by that condition, so the patient turns to the use of illicit medications in an effort to ameliorate their own suffering.
  
2. IATROGENIC PSEUDO-ADDICTION DUE TO OVER-TREATMENT: a condition where a patient suffers from a chronic illness or injury that is medically documented by corresponding signs, symptoms and appropriate diagnostic tests, and the patient is able to obtain legally sufficient medical services to relieve the suffering caused by that condition, but that medical treatment involves the over-prescribing of a highly dependence forming medication which then induces an addictive-like behavior pattern upon the patient.

Please note that I did not use the words pain or opioids in these definitions as pseudo-addiction can occur with many types of medications other than opioids: sedatives, hypnotics, stimulants, etc..

I hope you will include these definitions in the DSM-5 so that the individuals who suffer from them might receive the long-overdue acknowledgment and treatment that they deserve.

Sincerely,

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--- On Sun, 2/28/10, sharepointadmin@psych.org <sharepointadmin@psych.org> wrote:

From: sharepointadmin@psych.org <sharepointadmin@psych.org>  
Subject: APA DSM-5 Comment Submission Confirmation  
To: DrRBMitchell@yahoo.com  
Date: Sunday, February 28, 2010, 12:37 PM

Thank you for your submission.

We appreciate your comments and recommendations for the proposed DSM-5. The APA will be unable to answer each contributor on an individual basis. However, all comments will be reviewed, aggregated by topic and shared with the appropriate DSM Work Group(s). Responses will be reflected in future DSM-5 revisions and justifications for such revisions.