

Examining the Impact of Opioid Monotherapy vs. Opioid-Antidepressant Combination on Self-Reported Health Outcomes in Black Adults (45-64) with Low Back Pain and Depression: A Secondary Analysis of the All of Us Database FSU Gianella Cruz, Yijiong Yang, PhD, Setor Kofi Sorkpor, PhD., MPH, MSN, RN **UNDERGRADUATE RESEARCH OPPORTUNITY PROGRAM**

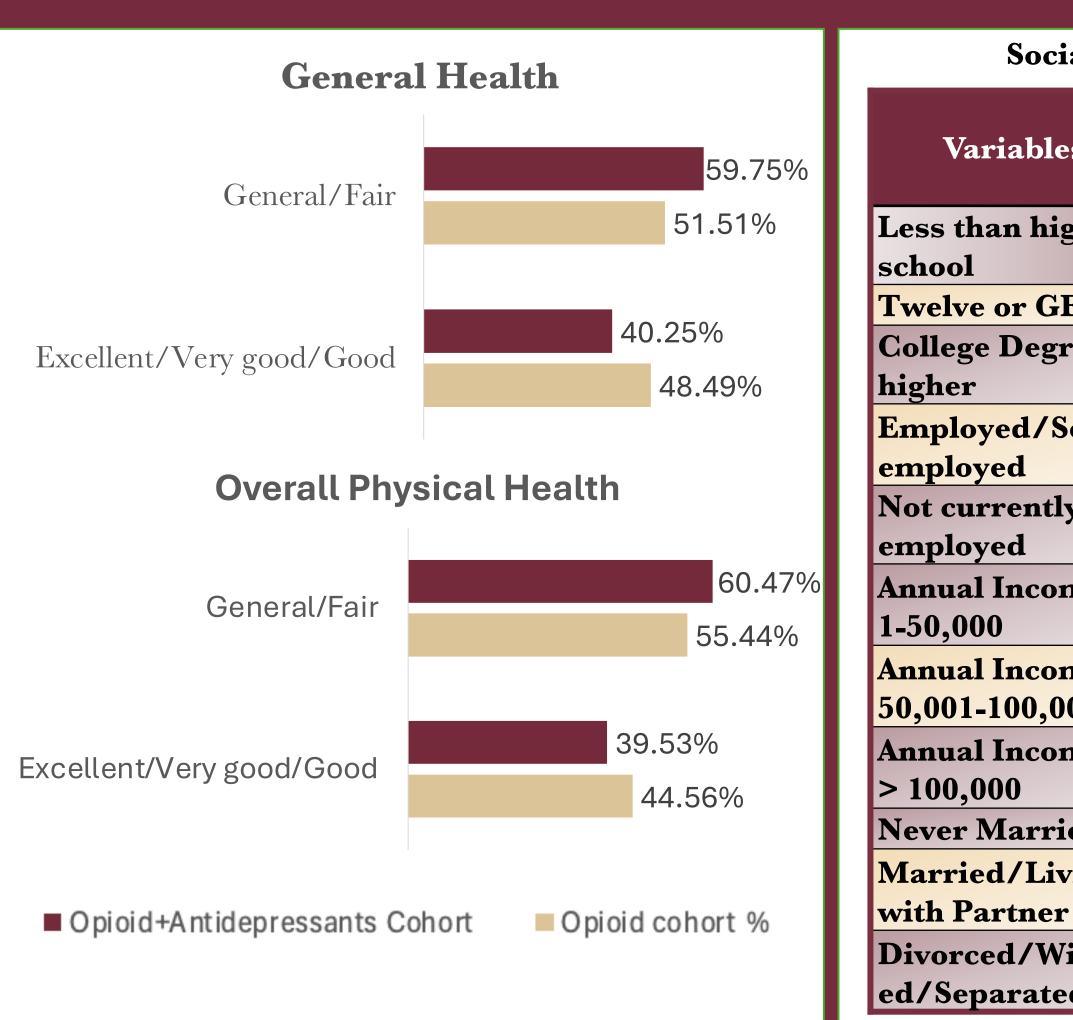
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Introduction

- Chronic low back pain (CLBP) is a growing health concern among Black adults aged 45–65, significantly affecting daily function and quality of life.
- Managing CLBP is complex, as physical, social, and psychological factors—especially comorbid depression—can worsen symptoms and complicate treatment.
- Clinical guidelines recommend holistic, patient-centered care (e.g., physical therapy, exercise, psychological support) and strongly discourage opioid use.¹ However, opioid prescriptions remain high in this population.
- Among Black adults with CLBP and depression, opioids are often co-prescribed with antidepressants, yet little is known about how this combination affects self-reported health outcomes.
- Black adults are underrepresented in research, often due to historical exclusion, systemic barriers, and limited study recruitment efforts.² As a result, there is a critical need for diverse, representative health data.
- The All of Us database provides a unique opportunity to study this population by addressing these gaps in research.³
- This study investigates whether opioid monotherapy or opioid-antidepressant combination therapy leads to better self-reported health outcomes in Black adults aged 45-65 using data from the All of Us database.

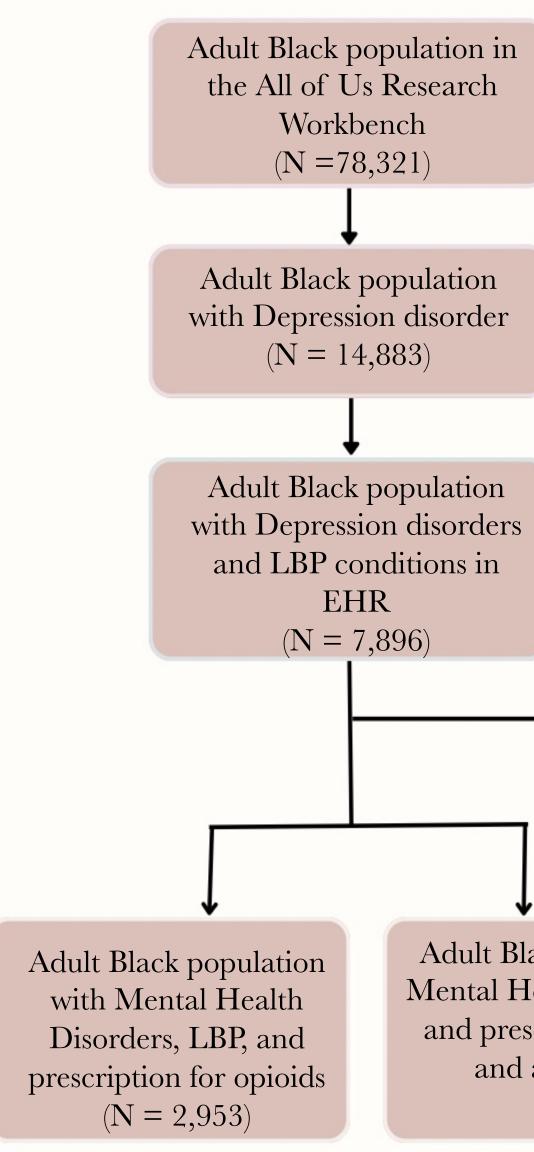
Methods

- Study Design: A retrospective cohort study using data from 3,512 Black adults aged 45–64 diagnosed with CLBP and depression in the All of Us Research Program (as of January 2025).
- Diagnosis Confirmation: CLBP and depression were identified using ICD-9/10 codes. Study Groups: Participants were categorized into two groups of Opioid-only group (n=2,953) and
- Opioid-Antidepressant therapy group (n=559)
- Outcome Measures: Self-reported general health, mental health, physical health, quality of life, and social well-being were analyzed. demographic factors and social determinants of health (education, employment, income) were also considered.
- Statistical Analysis: Descriptive statistics and Chi-squared tests were conducted using Python-based Jupyter Notebook with a significant level set at 0.05



Social Determinants of Health

		Opioid+Antide			
es	Opioid	pressants			
	cohort: %	Cohort: %			
gh					
0	473: 16.02%	84: 15.03%			
ED	980:33.19%	221: 39.53%			
ree or					
	1358: 45.99%	218: 39%			
Self-					
	825: 27.94%	99: 17.71%			
l y					
	1990: 67.39%	440: 78.71%			
me					
	2022: 68.47%	416: 74.42%			
me					
00	221: 7.48%	20: 3.58%			
me					
	70: 2.37%	6: 1.07%			
ied	1196: 40.5%	228: 40.79%			
ving					
r	692: 23.43%	128: 22.9%			
idow					
ed	918: 31.09%	180: 32.2%			



	Results	
General Health Status	Opioid cohort : %	Opioid+Antidepressant s Cohort : %
Excellent/Very good/Good	1432 (48.49%)	225 (40.25%)
General/Fair	1521 (51.51%)	334 (59.75%)
General Mental Health	Opioid cohort : %	Opioid+Antidepressant s Cohort : %
Excellent/Very good/Good	1709 (57.87%)	290 (51.88%)
General/Fair/Poor	1244 (42.13%)	269 (48.12%)
Overall Physical Health	Opioid cohort : %	Opioid+Antidepressant s Cohort : %
Excellent/Very good/Good	1316 (44.56%)	221 (39.53%)
General/Fair/Poor	1637 (55.44%)	338 (60.47%)
Overall Health: General Quality	Opioid cohort : %	Opioid+Antidepressant s Cohort : %
Excellent/Very good/Good	1807 (61.19%)	
General/Fair/Poor	1146 (38.81%)	224 (40.07%)
Overall Health: General Social	Opioid cohort : %	Opioid+Antidepressant s Cohort : %
Excellent/Very good/Good	1862 (63.05%)	345 (61.72%)
General/Fair/Poor	1091 (36.95%)	214 (38.28%)

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ion in arch		Ages 45-64 Female
tion order		Male Transgender/ Prefer 1 to answer
ation orders ns in		 General Health: The compared to 40.25% Mental Health: The (57.87%) compared to 40.25%
	Aged < 45 years or 65 excluded (N = 3,935) No opioid or Antidepressants excluded (N=449)	 Physical Health: TI (44.56%) compared to (44.56%) compared to Quality of Life & S good/excellent quality social well-being (63.0) Social Determination
		health perceptions in

Adult Black population with Mental Health disorders, LBP, and prescription for opioids and antidepressants (N = 599)

	Opioid Cohort	Opioid+Antidepressants Cohort
Ages 45-64	2953: 84.08%	559: 15.92%
Female	2088: 70.71%	379: 67.8%
Male	827: 28.01%	167: 29.87%
Transgender/ Prefer not		
to answer	38: 1.29%	13: 2.33%

- 05% vs. 61.72%) ($\chi^2 = 0.360$, p = 0.5486). health perceptions in both groups.

- to those on opioid monotherapy.
- **Potential Explanations:**
- group.
- role in self-reported health perceptions between the two groups.
- population, as polypharmacy may not always lead to better outcomes.
- considering opioid-antidepressant co-prescription.

- 2022. MMWR Recomm Rep. Nov 4 2022;71(3):1-95. doi:10.15585/mmwr.rr7103a1
- 2015;12(12):e1001918. doi:10.1371/journal.pmed.1001918 doi:10.1056/NEJMsr1809937
- Adults with Chronic Low Back Pain and Depression. Pain Med. Aug 1 2020;21(8):1538-1545. doi:10.1093/pm/pnz279
- 7. Jan 1 2016;16(1):105-16. doi:10.1016/j.spinee.2015.10.037

Acknowledgments

- the process.
- cohort] examined in this study

Demographics

Kesults

The opioid-only group reported good/very good/excellent health (48.49%) in the combination therapy group ($\chi^2 = 12.81$, p = 0.0003).

ne opioid-only group reported good/very good/excellent mental health

to 51.88% in the combination therapy group ($\chi^2 = 6.889$, p = 0.0087)

The opioid-only group reported good/very good/excellent physical health

to 39.53% in the combination therapy group ($\chi^2 = 4.83$, p = 0.027).

Social Well-Being: The opioid-only group reported good/very

y of life (61.19%) compared to 59.93% in the combination therapy group, and

ints of Health: Education, employment, and income influenced self-reported

Discussion

Key Findings: Black adults (45–64) with CLBP and depression who received opioidantidepressant combination therapy reported poorer general, mental, and physical health compared

• Opioid use may reduce antidepressant effectiveness, potentially leading to worse pain and depression outcomes, which could explain the lower health ratings in the combination therapy

• Depressive symptoms are linked to worse CLBP outcomes, as depression can exacerbate pain perception and interfere with treatment response, contributing to poorer health ratings.⁵ • Differences in social determinants of health (education, employment, income) may also play a

Clinical Implications: Findings highlight the need for careful medication management in this

Future Directions: Further research should explore the mechanisms behind these interactions to guide more effective treatment strategies. These results reinforce guideline-based caution when

References

Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain - United States,

Oh SS, Galanter J, Thakur N, et al. Diversity in Clinical and Biomedical Research: A Promise Yet to Be Fulfilled. PLoS Med. Dec

Denny JC, Rutter JL, Goldstein DB, et al. The "All of Us" Research Program. N Engl 7 Med. Aug 15 2019;381(7):668-676.

Stahl ST, Jung C, Weiner DK, Peciña M, Karp JF. Opioid Exposure Negatively Affects Antidepressant Response to Venlafaxine in Older Pinheiro MB, Ferreira ML, Refshauge K, et al. Symptoms of depression as a prognostic factor for low back pain: a systematic review. Spine

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