

# 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**

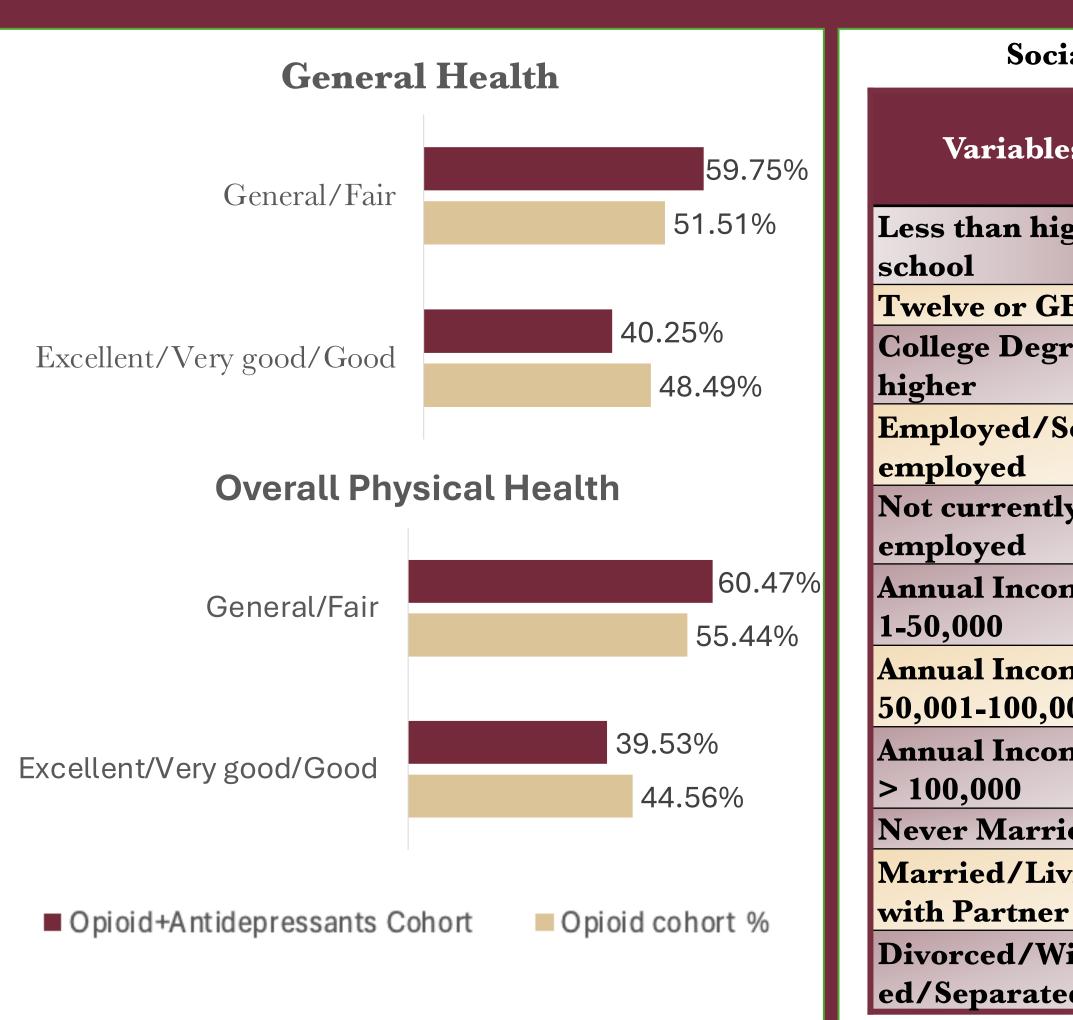
# FLORIDA STATE FSU

# 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup>
- 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.

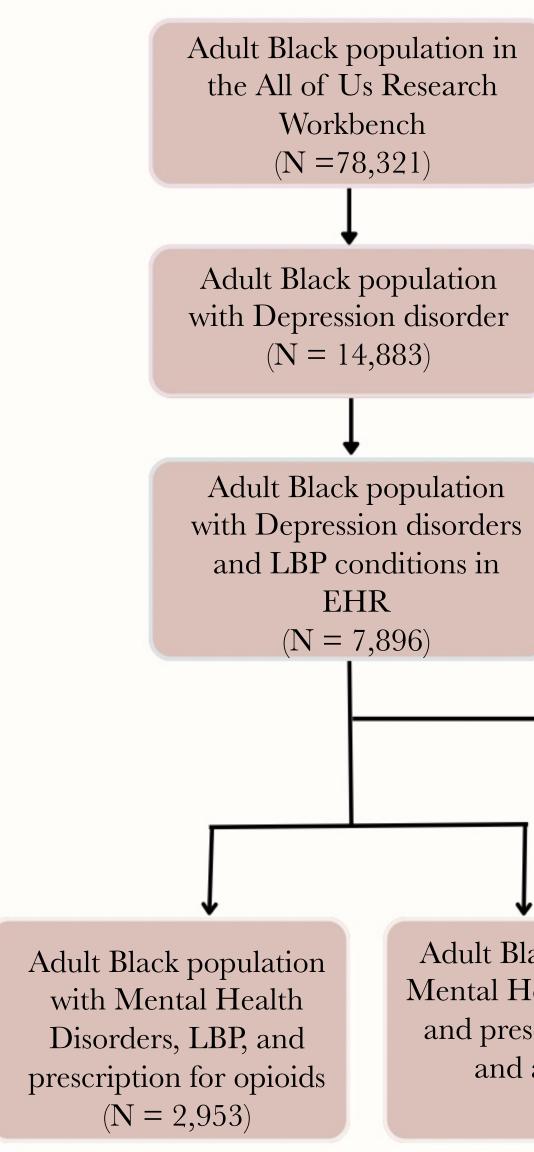
# Methods

- 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

		<b>Opioid+Antide</b>			
es	Opioid	pressants			
	cohort: %	<b>Cohort:</b> %			
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 <b>y</b>					
	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	<b>692: 23.43%</b>	128: 22.9%			
idow					
ed	918: 31.09%	180: 32.2%			



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

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# College of Nursing

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

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

	<b>Opioid</b> Cohort	<b>Opioid+Antidepressants Cohort</b>
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.

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# 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.<sup>5</sup> • 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

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