INTRODUCTION
Stress exposure causes opioid release.1 μ-opioid receptor (MOR) agonists released at the time of stress exposure produce a bimodal response: initial analgesia followed by persistent hyperalgesia.2,3 European Americans (EAs) with one or more G alleles at the well-studied MOR genetic variant A118G (AG/GG) have been shown to have a reduced response to opioids.4

HYPOTHESES
(1) EA women with a AG/GG genotype will be less likely to experience moderate or severe pain six weeks after assault.5
(2) The effect will be most pronounced among women with substantial peritraumatic distress. (Hypothesized because these women are most comparable to our previous sexual assault study participants and because these women may be expected to have the greatest peritraumatic opioid release.)6

METHODS
EA women ≥18 years of age presenting to one of eight emergency departments (EDs) (Figure 1) within 24 hours of minor motor vehicle collision (MVC) were enrolled. ED assessment included evaluation for peritraumatic distress (Peritraumatic Distress Scale score ≥23). Six week telephone follow-up evaluation included assessment for MSP during the past week (average pain score ≤4 on 0-10 NRS). Moderate Severe Pain was assessed using multivariate log-binomial models adjusted for age, education, and study site.

RESULTS
Characteristics of study participants are shown in Table 1. As shown in Table 2, the AG/GG genotype (131/563 (23%) of enrolled women) was not significantly protective against MSP among all women (RR (95% CI): 0.85 (0.70, 1.03), p = .090), but was protective against MSP among women with initial peritraumatic distress (RR (95% CI): 0.74 (0.58, 0.96), p = .014). This association remained when women who received opioids in the ED were excluded.

CONCLUSIONS
Females with peritraumatic distress and AG/GG alleles in the mu-opioid receptor are less likely to experience moderate severe pain 6 weeks following MVC.

Further studies that evaluate the influence of opioid hyperalgesia on pain persistence after MVC are needed.

REFERENCES


5. Ballina LE, Ulirsch JC, Soward AC, Rossi C, Rotolo S, Linnstaedt SD, Haefner T, Foley KA, Batts J, et al. Characteristics of study participants are shown in Table 1. As shown in Table 2, the AG/GG genotype (131/563 (23%) of enrolled women) was not significantly protective against MSP among all women (RR (95% CI): 0.85 (0.70, 1.03), p = .090), but was protective against MSP among women with initial peritraumatic distress (RR (95% CI): 0.74 (0.58, 0.96), p = .014). This association remained when women who received opioids in the ED were excluded.

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