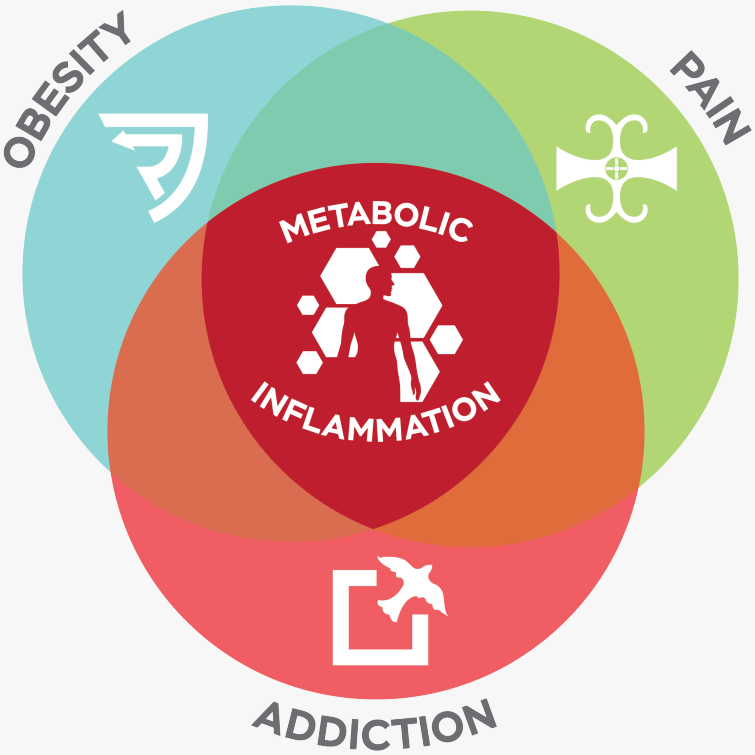
International Overdose Awareness Day

St. Louis Pain Practice Publishes Its Own Opioid Numbers, Reporting Most Patients Weaned Below 30 MME

ST. LOUIS, MO, UNITED STATES, August 31, 2026 /EINPresswire.com/ -- On International Overdose Awareness Day, an interventional pain physician argues the field's failure was never only overprescribing — it was treating the prescription as the treatment.



The epidemics of addiction, obesity, and chronic pain interlinked by metabolic dysfunction

Two narratives have dominated a decade of American pain medicine. In the first, physicians manufactured an overdose crisis by writing too many prescriptions. In the second, the correction overshot, and patients with real disease were tapered, discharged, and abandoned.

The Padda Institute Center for Interventional Pain Management is publishing its own internal figures on International Overdose Awareness Day because they sit in neither story.

- The average new patient has been in pain for more than 2.5 years and is receiving more than 90 morphine milligram equivalents per day.
- Within 90 days of active interventional treatment, 21% of patients are completely weaned off opioid pain medication, and within one year, 34% are completely weaned off all opioid pain medication.
- Of those who cannot be weaned, the vast majority are weaned below 30 morphine milligram equivalents per day — well beneath the thresholds at which federal prescribing guidance places its sharpest cautions.

What makes the numbers worth reporting is the mechanism. The practice is interventional first and does not offer medication only pain management. When the pain generator is identified and

treated directly — an inflamed facet joint, a compressed nerve root, an irritated sacroiliac joint — the clinical need for systemic opioids frequently falls on its own, without a taper imposed as an end in itself.

"Pain is the final pathway," said Dr. Gurpreet Singh Padda, MD, MBA, MHP, who directs the practice. " It is the body screaming something has gone wrong. A prescription answers the report, but it may not answer the thing being reported.."

Padda Institute

The distinction that matters

Tapering and treating are not the same intervention, though they are reported as though they were. A taper reduces a dose. Treating the generator changes why the dose was there.

> Pain is the final pathway, It is the body screaming something has gone wrong. A prescription answers the report, but it may not answer the thing being reported..”
>
> *Dr. Gurpreet Singh Padda, MD, MBA, MHP*

Every injection and nerve procedure at the practice is performed under fluoroscopic or ultrasound guidance rather than by anatomical landmark, so placement is confirmed before medication is delivered. Diagnostic blocks establish which structure is producing pain before anything is treated — the difference between a knee that hurts and a knee that is the source of the hurt.

"Tapering is not a treatment," Padda said. "It is arithmetic. If you have not changed why the patient needed the medication, you have not treated anything — you have moved a number."

The problem the drug creates

There is a second reason the mechanism matters, and it is one clinicians discuss more readily than the literature reports. Sustained opioid exposure can produce opioid induced hyperalgesia — a state in which the nervous system becomes more sensitive to pain rather than less, through changes in NMDA receptor signaling and descending pain modulation. The clinical picture is a patient whose pain worsens as the dose rises, which is often misread as tolerance and answered with more medication.

Longterm opioid therapy also carries a metabolic cost that rarely appears in the overdose conversation: suppression of the hypothalamic-pituitary-gonadal axis, with consequent hypogonadism, and effects on insulin sensitivity, bone density and immune function. In a patient population already carrying a high burden of metabolic disease, that cost compounds.

Front Desk Padda Institute

The terrain underneath

The practice's broader position is that chronic pain, opioid dependence and metabolic disease are three presentations of one inflammatory process rather than three epidemics.

Visceral adipose tissue is not inert storage. It is an endocrine organ that secretes interleukin-6, tumor necrosis factor alpha, and other cytokines directly into portal circulation. Those same mediators sensitize peripheral nociceptors and drive central sensitization in the dorsal horn. The result is a nervous system with a lower threshold for reporting pain — before any structural injury is considered.

Insulin resistance compounds it. Hyperglycemia impairs microvascular perfusion of peripheral nerve, and glycemic variability correlates with neuropathic pain intensity independently of average control. This is why the practice runs metabolic and lifestyle care alongside interventional treatment rather than after it.

"You can inject the right structure, in the right place, and watch it fail," Padda said. "Not because the procedure was wrong — because you put a repair into an inflamed body and expected the body to cooperate."

Dr. Gurpreet Singh Padda
Center for Interventional Pain Management
+1 314-481-5000
email us here
Visit us on social media:
LinkedIn
YouTube

try to be careful about weeding out false and misleading content. As a user, if you see something we have missed, please do bring it to our attention. Your help is welcome. EIN Presswire, Everyone's Internet News Presswire™, tries to define some of the boundaries that are reasonable in today's world. Please see our Editorial Guidelines for more information.