reduction. With that goal achieved we would consider re-treatment if the nodule regrows and/or is symptomatic. For further research we think that it will be important to identify factors associated with nodule regrowth to properly counsel patients for repeat RFA, while conversely eliminating the need for repeat procedures in those who are very likely to do well after single-session RFA.

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The Root Causes of the Current Opioid Crisis

To the Editor: I read with a great deal of interest the article by Rummans et al1 and the accompanying editorial by Srivastava and Gold in the March 2018 issue of the Mayo Clinic Proceedings. Both sets of authors should be commended for attempting to address the root causes of the opioid epidemic. In particular, Srivastava and Gold deserve recognition for looking beyond the “supply-side” approach to the crisis: too often, potential solutions to the epidemic focus solely on the role of pharmaceutical manufacturers or physician prescription patterns.

In their description of the “demand side” of the equation, Srivastava and Gold rightly point to the importance of assessing for the presence of concurrent psychiatric illness in patients with substance use disorders. They also state the necessity of treating addiction as a chronic, relapsing disease, one that requires long-term follow-up.

But in other, critical ways, their editorial paints an incomplete picture. There are additional root causes of the opioid epidemic, which the authors neglect to mention at all—namely, those related to widespread social upheaval.

The past few decades have been characterized by rising unemployment, poverty, and wealth inequality due to neoliberal austerity measures and a fraying social safety net. In disadvantaged communities, social capital becomes supplanted by feelings of isolation and hopelessness. Meanwhile, the US government continues to engage in drug interdiction efforts, which, in turn, lead to the emergence of synthetic and deadly heroin alternatives in the domestic black market.3

The end result of these seemingly disparate processes, of course, is what we see before us today: increasing overdoses and other “diseases of despair.”4 No discussion of the “underpinnings and evolution of the current opioid crisis” is thus complete without an account of these structural factors.

I agree with the authors’ recommendation that “more resources need to be devoted to addressing the opioid epidemic,” including implementing comprehensive care programs. I worry, however, that other recommendations, such as developing personalized neurotherapeutics, would draw attention away from what many in the public health community are beginning to realize: structural disadvantage contributes to addiction, and overcoming it will require more than a biomedical approach.

Physicians are in a privileged position to guide the conversation around this important topic. In addition to spreading the important message of “addiction as a disease,” we should be advocating for social change.

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In Reply I—Root Causes of the Opioid Crisis

To the Editor: We thank Dr. Pendyal for the thoughtful and articulate response to our article.1 We agree that a thorough examination of opioid use disorders and overdoses includes evaluation of structural- and societal-level factors. Indeed, income inequality, social disparities, and other structural inequities are important considerations in chronic illnesses, disease management, premature deaths, infant mortality,