

## Prescriptions for teens and young adults on the rise

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Adolescents and young adults are most likely to abuse prescription medications. Yet prescription rates for controlled medications, or drugs the Drug Enforcement Administration deems as having the potential for abuse, have nearly doubled for those age groups in the past 14 years, according to a recent study published in *Pediatrics*. Overall, a controlled medication was prescribed for young adults at approximately one out of every six visits and for young adult by adolescents one out of every nine encounters.

"Physicians must balance the need to treat patients' symptoms while remaining aware of the possibility that <u>prescription medications</u> can be misused or shared with others. At times, it can be a delicate balance between treating a problem and inadvertently causing one," said Robert J. Fortuna, M.D., M.P.H., principal investigator of the study and assistant professor of Pediatrics and Internal Medicine at the University of Rochester <u>Medical</u> Center.

The study found that between 1994 and 2007, prescription rates for controlled medications nearly doubled from 8.3 to 16.1 percent among young adults and rose from 6.4 to 11.2 percent in adolescents. This increase was observed for both males and females and across multiple settings – ambulatory offices, emergency departments, and for injury related and non-injury related visits.

The study examined prescription patterns for teens 15- to 19-years-old and young adults 20- to 29-years-old, using data from the National



Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS). The study's authors compared data with data about prescription patterns from 1994 from NAMCS and NHAMCS.

The study broke down clinical visits by classification of <u>drug</u> prescribed, type of visit, place of visit and demographic and geographic factors.

Drugs were classified as narcotics (or opioids), sedatives and stimulants.

Controlled medications were often prescribed for common conditions, such as headaches and back pain. While the study did not examine the appropriateness of prescriptions, researchers suggested that physicians take responsibility for monitoring patients receiving controlled medications to ensure that the treatment is effective and that the medications are being used appropriately.

Researchers partly attributed the rising trend in prescriptions for narcotics among young adults to evolving state and federal regulations increasing advocacy for pain management. For example, prescriptions for narcotics rose after 2001, when the Joint Commission on Accreditation of Healthcare Organizations launched an initiative to monitor and treat pain as a fifth vital sign (along with temperature, pulse, respiration and blood pressure).

Sedative medications were increasingly prescribed to young adults and adolescents. Researchers tied the rise to a heightened awareness of insomnia and anxiety, the availability of new pharmaceuticals and widespread direct-to-consumer marketing.

The study found adolescents were also increasingly prescribed stimulant medications. While reports between 2002 and 2008 showed that the overall misuse of stimulant medications like Ritalin has decreased, a recent study found that poison centers are increasingly receiving calls



from those who have intentionally misused stimulants, which could mean that the smaller numbers of those misusing stimulants are doing so more intensively. Further, stimulant medications are increasingly being shared with those who have not been prescribed the medication.

While researchers acknowledged that prescribing more controlled medications does not necessarily foster abuse or diversion – sharing medications with others – they advocated for more vigilance when physicians prescribe medications to <u>young adults</u> and <u>adolescents</u>.

"Physicians need to have open discussions with patients about the risks and benefits of using controlled medications, including the potential for misuse and diversion," Fortuna said.

## Provided by University of Rochester Medical Center

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