

Use of PMP may increase demand for drug treatment, reduce painkiller abuse

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A Rhode Island Hospital researcher has found that the use of electronic prescription drug monitoring programs (PMPs) may have a significant impact on the demand for drug treatment programs and how prescribers detect and respond to abuse of painkillers. The study by Traci C. Green, Ph.D., MSc, research scientist in Rhode Island Hospital's department of general internal medicine, is published online in advance of print in the journal *Pain Medicine*.

The study surveyed 1,385 providers in Rhode Island and Connecticut on their use of state PMPs, and found that PMP use was greater in Connecticut where an electronic PMP is available. PMPs are used to gather information about a patient's prescription history, and have the ability to verify patients' self-reported prescription history of abusable medications, aid in the determination of filling multiple prescriptions of the same drug from multiple providers, and assist in the cataloging of medications that may suggest contra-indications or increased risk of <u>adverse events</u>, like overdose.

Both states have reported significant increases in opioid-related death; in fact, overdose has surpassed <u>motor vehicle crashes</u> as the leading cause of unintentional injury death. A <u>national survey</u> indicates that Rhode Island has the highest per capita <u>illicit drug use</u> and ranks third, behind Oklahoma and Oregon, for non-medical use of prescription opioids among persons age 12 or older.

"Prescription <u>drug monitoring</u> programs have historically been oriented



to criminal and judicial end users," Green said. "Use of PMPs by prescribers is growing, but how clinicians in actual practice use the data that these systems contain is not well understood."

The researchers surveyed providers in both states who are licensed to prescribe Schedule II medications. These medications have a high potential for abuse, which may lead to severe psychological or physical dependence. Schedule II medications include <u>morphine</u>, Dilaudid, Demerol, <u>oxycodone</u>, fentanyl, and methamphetamine, among others.

The study found that prescribers' use of an electronic PMPs may influence medical care and decisions, especially with opioid abuse detection, and is associated with clinical responses to suspected doctor shopping or diversion. Doctor shopping refers to patients who seek to obtain multiple prescriptions for abusable medications from multiple doctors.

When prescribers suspected a patient of doctor shopping or diverting medications, PMP users were more likely to ramp up clinical monitoring with urine drug screens or refer the patient to drug treatment. PMP users were also less likely to ignore the warning signs or to call law enforcement.

"One thing is clear," Green said, "Clinicians, not law enforcement, have the medical and behavioral health care expertise to guide patients struggling with addiction to get the help they need, when they are ready for it. PMPs can be an important clinical tool to address possible addiction issues and start that conversation."

Green added, "Our study suggests that if states want wider use of PMPs by their prescribers, we need to increase access to drug treatment, especially opioid-dependence treatment options, if we are going to make headway on the epidemic of painkiller abuse and overdose death in our



communities."

Since the mid 1990s, there has been a significant nationwide increase in fatal overdose and opioid-related emergency department visits and hospitalizations, driven by a substantial growth in opioid analgesic prescriptions and non-medical use of prescription <u>opioids</u>. Most states report that just 25 percent of their prescribers are using PMPs, and few states require prescribers to check PMPs before dispensing medication.

"PMPs raise the red flags we could be missing on our own," Green said. "They call attention to multiple prescriptions by different doctors, and note contra-indications that put the patient at risk for injury or death. But not enough prescribers are using them. We need to further educate clinicians about these programs, improve <u>drug treatment</u> options and access, and make electronic PMPs more readily available so that this tool can be used most effectively to prevent unnecessary medication-related injury and death."

Provided by Lifespan

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