

Emergency physicians use new tool to detect drug-seekers in the ER

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Emergency physicians and other emergency department staff were fairly accurate in assessing which patients were drug-seekers in the emergency department, changing their prescribing plans for less than 10 percent of patients after consulting an objective computerized state prescription drug monitoring program (PDMP). The analysis of emergency providers' prescribing patterns and clinical factors associated with suspecting drug-seeking in the ER were [published online](#) yesterday in *Annals of Emergency Medicine* ("Clinician Impression vs. Prescription Drug Monitoring Program Criteria in the Assessment of Drug-Seeking Behavior in the Emergency Department")

"Although emergency clinicians are unfairly blamed for the escalating problem of opiate abuse in the U.S., we and our patients benefit from the extra help provided by prescription monitoring programs," said lead study author Scott G. Weiner, MD, MPH, of Tufts Medical Center in Boston, Mass. "Because pain is so subjective, we are guided by our experience and our gut when deciding what pain medications to use for patients. Data from the PDMPs can provide important objective criteria to help better inform prescribing decisions."

Researchers compared emergency physicians' impressions of drug-seeking behavior to data contained in a state PDMP on 544 patient visits to emergency departments. PDMPs are state-based centralized data collection programs that record combinations of controlled substance medications for certain classes of [prescription medications](#) that are typical drugs of abuse. Emergency physicians assessed 35.6 percent of

patients as drug-seekers, while the PDMP assessed 23.2 percent of patients as drug-seekers (defined in this study as patients who had four or more opiate [prescriptions](#) from four or more providers in 12 months).

After reviewing data in the PDMP, emergency physicians changed their prescribing plan for 9.5 percent of patients: 6.5 percent more patients received a prescription that was not previously planned and 3.0 percent did not receive a prescription that was originally planned.

"Data from the PDMP shows us that [patients](#) who request medication by name, had multiple visits for the same complaint, had a suspicious history or had symptoms out of proportion to their examination are more likely to have drug-seeking behavior," said Dr. Weiner. "This information can help us strike that balance between treating legitimate pain and restricting opiate access to those with abuse potential. Our study suggests that the use of certain criteria combined with prescription monitoring programs may help us find that sweet spot in the middle."

Provided by American College of Emergency Physicians

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