

# Study examines incidence, trend of substance use disorder among medical residents

December 3 2013

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Among anesthesiology residents entering primary training from 1975 to 2009, 0.86 percent had a confirmed substance use disorder during training, with the incidence of this disorder increasing over the study period and the risk of relapse high, according to a study appearing in the December 4 issue of *JAMA*, a medical education theme issue.

Substance use disorder (SUD) is a serious public health problem, and physicians are susceptible. Anesthesiologists have ready access to potent substances such as intravenous opioids, although only indirect evidence exists that SUD is more common in anesthesiologists than in other physicians, according to background information in the article.

"Formulation of policy and individual treatment plans is hampered by lack of data regarding the epidemiology and outcomes of physician SUD."

David O. Warner, M.D., of the Mayo Clinic, Rochester, Minn., and colleagues examined the incidence and outcomes of SUD among anesthesiology residents in the United State. The analysis included physicians who began [training](#) in anesthesiology residency programs from July 1, 1975, to July 1, 2009 (n = 44,612). Follow-up for incidence was to the end of training, and for relapse was until December 31, 2010.

Of the 44,612 residents, 384 (0.86 percent) had SUD confirmed during training. During the study period, an initial high rate was followed by a period of lower rates in 1996-2002, but the highest rates occurred since 2003. The most common substance used was intravenous opioids,

followed by alcohol, marijuana or cocaine, anesthetics/hypnotics, and oral opioids. Twenty-eight individuals (7.3 percent) died during the training period; all deaths were related to SUD.

The researchers estimated that approximately 43 percent of survivors experienced at least 1 relapse by 30 years after the initial episode. Rates of relapse and death did not depend on the category of substance used. Risk of [relapse](#) during the follow-up period was high, indicating persistence of risk after training. Risk of death was also high; at least 11 percent of those with evidence of SUD died of a cause directly related to SUD.

"To our knowledge, this report provides the first comprehensive description of the epidemiology and outcomes of SUD for any in-training physician specialty group, showing that the incidence of SUD has increased over the study period and that [relapse rates](#) are not improving," the authors write.

"Despite the considerable attention paid to this issue, there is no evidence that the incidence and outcomes of SUD among these physicians are improving over time."

**More information:** doi:10.1001/jama.2013.281954

Provided by The JAMA Network Journals

Citation: Study examines incidence, trend of substance use disorder among medical residents (2013, December 3) retrieved 27 April 2024 from <https://medicalxpress.com/news/2013-12-incidence-trend-substance-disorder-medical.html>

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