

## ERs dispensing more narcotic painkillers, study finds

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Less-powerful drugs often better choice, depending on source of pain, doctors say.

(HealthDay)—More and more Americans are being prescribed powerful narcotic drugs when they visit the emergency department for problems such as low back pain or a pounding headache, a new study finds.

Between 2001 and 2010, emergency departments in the United States showed a 49 percent increase in [prescriptions](#) for [narcotic painkillers](#)—also known as opiates. That was despite the fact that there was only a small increase in the percentage of visits for painful conditions.

Experts said the trend is concerning because narcotic painkillers—which include drugs like OxyContin, Percocet and Vicodin—can be addictive, or abused by people with existing drug problems. And while the drugs may be necessary for more-severe [pain](#), ER doctors see many patients who can stick with over-the-counter pain relievers.

"In many cases, naproxen, Tylenol (acetaminophen) and ibuprofen are the best choices," said Dr. Ryan Stanton, an ER doctor in Lexington, Ky., and spokesman for the American College of Emergency Physicians (ACEP).

Stanton, who was not involved in the study, said the findings "are not shocking."

"This is reflective of the growing use of opiates across the board, not just in emergency medicine," Stanton said.

So why did narcotic painkiller prescriptions go up so much in a decade? One likely reason is that experts started calling for better pain management. In 2000, the Joint Commission, which accredits U.S. hospitals, set new standards for evaluating and treating patients' pain.

"There was a feeling that pain was being undertreated," said Dr. Maryann Mazer-Amirshahi of George Washington University School of Medicine in Washington, D.C., one of the researchers on the new study.

Plus, ER doctors can feel pressure to "make patients happy," said Mazer-Amirshahi's colleague Dr. Jesse Pines, who also worked on the study.

Some hospitals, he noted, have pay incentives that are tied to patient satisfaction surveys, and patients who want a "strong painkiller" and aren't given one may not be happy about it.

ACEP spokesman Stanton agreed that ER doctors can feel pressured.

He added, though, that the trend with painkiller prescriptions could be shifting now. In the past few years, a number of states have passed laws designed to tighten opiate prescribing practices—in response to growing concerns about addiction and abuse.

According to the U.S. Centers for Disease Control and Prevention, about 12 million Americans abused prescription painkillers in 2010—meaning they used the drugs for nonmedical reasons. And in recent years, roughly 15,000 Americans have died annually from overdosing on the drugs. That's triple the rate in 1999.

The new findings, reported recently in the journal *Academic Emergency Medicine*, are based on figures from an annual CDC study of U.S. emergency departments.

The numbers show that in 2010, 31 percent of ER visits involved a narcotic painkiller prescription—up from about 21 percent in 2001.

The increases were seen for a host of conditions, including abdominal pain, back pain, headache, joint and muscle pain, and toothaches.

There are times, Stanton said, when a short-term prescription for a narcotic is "absolutely appropriate"—for broken bones or severe pain from kidney stones, for example.

But, he said, with more-minor problems like a sprained ankle or a back pain flare-up, the best choices are usually over-the-counter painkillers, ice, rest and possibly physical therapy in the longer term.

"You need an overall treatment plan, not a one-stop Band-Aid," Stanton said.

The risk of any one person becoming addicted from a short-term narcotic prescription is "probably not high," study co-author Pines acknowledged.

Still, Mazer-Amirshahi said, there are potential side effects, including sedation, and concerns about "diversion"—that is, legitimate

prescriptions falling into the hands of people who abuse the drugs.

For someone in pain, though, the most important point may be that narcotics do not seem especially effective for certain types of pain.

"For [low back pain](#) and headache, which are very common," Mazer-Amirshahi noted, "the evidence supporting the use of these drugs is actually not that good."

**More information:** The U.S. National Institute of Neurological Disorders and Stroke has more on [pain management](#).

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