

One out of five adult orthopaedic trauma patients sought additional providers for narcotic prescriptions

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"Doctor shopping," the growing practice of obtaining narcotic prescriptions from multiple providers, has led to measurable increases in drug use among postoperative trauma patients. The study, "Narcotic Use and Postoperative Doctor Shopping in the Orthopaedic Trauma Population," appearing in the August issue of the *Journal of Bone & Joint Surgery* (JBJS), links doctor shopping to higher narcotic use among orthopaedic patients. The data was presented earlier this year at the 2014 Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS).

"There has been an alarming rise in opioid use in our country, and the diversion of opioids for non-therapeutic uses is dramatically increasing," said lead study author, orthopaedic surgeon Brent J. Morris, MD. "Many suspect that orthopaedic [trauma patients](#) may be at a higher risk for pre-injury narcotic use and 'doctor shopping.'"

Researchers reviewed prescription records for 151 adult patients admitted to an orthopaedic unit at a Level 1 trauma center between January and December 2011. Using the Tennessee Controlled Substance Monitoring Database (CSMD), the study authors reviewed data on narcotic prescriptions obtained three months before, and within six months after, each patient's orthopaedic procedure.

The research found that 20.8 percent of patients sought prescription pain

medications from multiple providers. When compared to patients who continued to receive prescriptions and care from a single provider, the "doctor shoppers":

- Used narcotics four times longer than single provider patients (112 days versus 28 days).
- Obtained a median of seven narcotic prescriptions compared to two prescriptions for single provider patients.
- Had a higher morphine equivalent dose (MED) of narcotics each day (43 milligrams versus 26 milligrams).
- Were 4.5 times more likely to seek out an additional provider if they had a history of preoperative narcotic use.

The "doctor shopping" patients had an average age of 39.6 ± 12.2 years, and were primarily white (89 percent) and male (63 percent). Forty-four percent were uninsured. There were no differences between the single-provider and multiple-provider groups with regard to age, sex, race, injury type, distance between the patient's home and treating hospital, tobacco use, psychiatric history (depression, anxiety, attention deficit hyperactivity disorder, or bipolar disorder), or comorbidities.

"Our study determined that one out of five of our orthopaedic trauma patients obtained narcotic prescriptions from another provider after surgery while still receiving narcotic [prescriptions](#) from the treating surgeon," said Dr. Morris.

"Our study highlights the importance of counseling [patients](#) in the postoperative period, and that it is important to work together to establish reasonable expectations for pain control as part of treatment plan discussions and follow-up visits," said Dr. Morris. "A standardized pain protocol for specific operative and non-operative treatment plans with an opioid taper may also be helpful."

Provided by American Academy of Orthopaedic Surgeons

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