

# 'Doctor-shopping' for painkillers common after broken-bone surgery, study finds

August 29 2014, by Randy Dotinga, Healthday Reporter

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1 in 5 patients sought narcotics from multiple physicians.

(HealthDay)—About one in five patients operated on for broken bones or other orthopedic trauma shops around for additional painkillers after surgery, a new study finds.

Less-educated patients and patients who had used narcotic painkillers previously were several times more likely to be "doctor shoppers," said study lead author Dr. Brent Morris, a shoulder and [neck surgeon](#) in Lexington, Ky. Overall, he said, the study suggests that doctors aren't talking to one another about the painkiller needs of their patients.

"There needs to be coordination if additional pain medications are needed," he said. "Patients should not be receiving multiple narcotic pain medication prescriptions from multiple providers without coordinating

with their treating surgeon."

Use of narcotic painkillers for nonmedical purposes is a serious concern in the United States. Unintentional overdose deaths increased 124 percent from 1999 to 2007 largely because of prescription narcotics, according to background information in the study.

Doctor shoppers go to multiple physicians in search of [prescription medications](#), often narcotic painkillers, anti-anxiety drugs such as Xanax, or medications to treat attention deficit hyperactivity disorder (ADHD), said Julie Worley, an assistant professor of nursing at Rush University in Chicago, who has studied the trend.

Patients who doctor-shop are often addicted to painkillers or looking to get drugs they can sell, Worley said. Most states track prescriptions of narcotic painkillers to prevent abuse, but the systems "have many issues and aren't foolproof," she said. In addition, she said, physicians are often wary of confronting their patients.

In the new study, published in the August issue of the *Journal of Bone & Joint Surgery*, researchers examined the medical and pharmacy records of 130 patients ages 18 to 64 who sought treatment at Nashville's Vanderbilt University Medical Center in 2011.

They looked at painkiller prescriptions for three months before admission and six months after discharge. All of the patients suffered from single orthopedic injuries such as broken legs, ankles and arms.

"The surgeon that performed the operation is typically responsible for pain control immediately after surgery," Morris said. "Pain control after this type of surgery often requires narcotic pain medications for the first several weeks."

Overall, 21 percent of the patients tried to get narcotic painkillers from more than just the surgeon who treated them. Patients who weren't college-educated were 3.2 times more likely to try to get the drugs from more than one doctor, and those who had used narcotic painkillers before were 4.5 times more likely.

The doctor shoppers—who were mostly white males—used narcotics for about 3.5 months after surgery whereas single-provider painkiller users took them for four weeks on average, the study found. Many obtained seven or more narcotic prescriptions compared to two prescriptions for single-provider patients.

Whether the doctor shoppers had legitimate pain needs isn't clear from the study. "The ER is definitely an area where people doctor-shop. But I don't know that they're going to be having an orthopedic trauma to get drugs," said Worley.

It's possible, she said, that some of the patients went to other [doctors](#), perhaps their own physicians, in search of painkillers.

Whatever the reasons, Morris and Worley called for more reliable systems to prevent patients from abusing [narcotic painkillers](#).

Worley said physicians should be wary of patients who pay with cash since doctor-shoppers with insurance are more easily detected. It's also helpful to check patients for needle marks and to use more extensive drug test procedures to make sure patients aren't sneaking in someone else's urine, she said.

Morris added that one important way to help identify patients who are doctor-shopping is by using a prescription drug-monitoring program. Nearly all states have an active prescription drug-monitoring program, "but only seven states actually mandate use of these programs," he said.

"Physicians and patients have to work together," he added, "to establish reasonable expectations for pain control and to identify at-risk [patients](#) early on to allow appropriate interventions."

**More information:** For more about painkiller abuse, see the [U.S. National Institute on Drug Abuse](#).

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Citation: 'Doctor-shopping' for painkillers common after broken-bone surgery, study finds (2014, August 29) retrieved 6 May 2024 from <https://medicalxpress.com/news/2014-08-doctor-shopping-painkillers-common-broken-bone-surgery.html>

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