

For ER patients, self-reported drug ingestion history poor

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(HealthDay)—For patients presenting to the emergency department, self-reported drug ingestion histories are poor when confirmed by urine comprehensive drug screen (CDS), according to a study published in the January issue of *The Journal of Clinical Pharmacology*.

Andrew A. Monte, M.D., from the University of Colorado Department of Emergency Medicine in Aurora, and colleagues examined the accuracy of self-reported drug ingestion histories in 55 patients presenting to an urban academic [emergency department](#). A structured drug ingestion history was obtained for the 48 hours prior to emergency department presentation for all [prescription drugs](#), over-the-counter (OTC) medications, and [illicit drugs](#). CDSs were obtained and self-report/CDS concordance was examined.

The researchers found that self-reported drug ingestion histories were poor; 30.9 percent of histories were concordant with CDS. For the individual drug classes, concordance varied and was 58.2 percent for prescription drug-CDS, 60 percent for OTC-CDS, and 81.8 percent for illicit drug-CDS. There was no correlation noted between demographic factors and self-reported drug history. Drugs were detected by CDS but unreported in 16 patients; nine included an unreported opioid.

"In conclusion, self-reported drug ingestion histories are often inaccurate and resources are needed to confirm compliance and ensure unreported drugs are not overlooked," the authors write.

More information: [Abstract](#)
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