

# The opioid epidemic and its impact on orthopaedic care

May 7 2015

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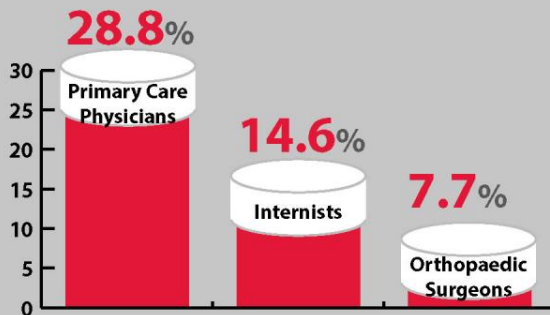
# The Opioid Epidemic & Orthopaedic Care

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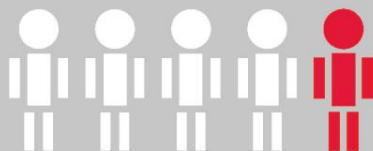
When pain is masked too greatly with opioids, the body's self-protection mechanism is disrupted, and patients can unknowingly hurt themselves during the recovery process.



**80%** The U.S. consumes 80 percent of the global opioid supply and approximately 99 percent of all hydrocodone—the most commonly prescribed opioid in the world.



**Orthopaedic surgeons** are the **third** highest prescribers of opioid prescriptions among physicians in the United States—behind **primary care physicians** and **internists**.



**One out of every five** prescription drug abusers receive their prescriptions from a single physician prescriber.

A growing percentage obtain them by seeking multiple providers for opioid prescriptions (“doctor shopping”).



For more information on the impact opioids can have on orthopaedic care, visit [OrthoInfo.org](http://OrthoInfo.org).

Credit: American Academy of Orthopaedic Surgeons

The United States makes up less than five percent of the world's population but consumes 80 percent of the global opioid supply and approximately 99 percent of all hydrocodone—the most commonly prescribed opioid in the world. And, according to the authors of a new literature review in the May issue of *The Journal of the American Academy of Orthopaedic Surgeons*, orthopaedic surgeons are the third highest prescribers of opioid prescriptions among physicians in the United States—behind primary care physicians and internists.

"The past few decades have seen an alarming rise in opioid use in the United States, and the negative consequences are dramatically increasing," says study co-author Hassan R. Mir, MD, MBA, associate professor of orthopaedics and rehabilitation at Vanderbilt Orthopaedic Institute. "Management of pain is an important part of patient care; however, the increased usage of opioids for the treatment of pain has led to several unanticipated aftereffects for individual patients and for society at large."

Opioids are now also prescribed by physicians more frequently to treat chronic conditions, including musculoskeletal pain of the spine and limbs, while [prescriptions](#) for non-opioids like [nonsteroidal anti-inflammatory drugs](#) (NSAIDs) or acetaminophen have remained constant. The increased usage of opioids for [pain management](#) has led to unanticipated consequences:

- Patients building up tolerance to drugs;
- Worse treatment outcomes for conditions including work-related

- musculoskeletal disorders, joint replacements and spine surgery;
- Unlawful sale or sharing of opioid medications with others; and,
- When used inappropriately, addiction and unintentional overdose deaths can result.

"Orthopaedic patients can experience a tremendous amount of pain with acute injuries and chronic conditions, and the treatment plan may involve opioid prescriptions for relief of discomfort," says Dr. Mir. "A significant number of orthopaedic patients and their families are at risk for repercussions from opioid use. We must work together with all prescribers and patients to decrease the use of opioids for [musculoskeletal pain](#)."

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**Are you or your loved one a patient considering pain management options before, during and after orthopaedic care?**

- Ask your doctor about ways to control your pain with minimal use of opioids.
- Do not seek opioids from multiple physicians as "doctor shopping" for pain medication is dangerous.
- Seek help if you or a family member are becoming dependent on opioids.

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Credit: American Academy of Orthopaedic Surgeons

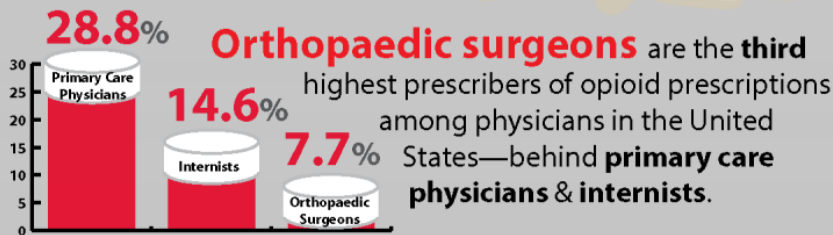
Study co-author Brent J. Morris, MD, a shoulder and elbow surgeon with the Lexington Clinic Orthopedics - Sports Medicine Center, says "Physicians should aim to control pain and improve patient satisfaction while avoiding overprescribing opioids. A comprehensive strategy of risk assessment is needed to identify patients who may be at risk for [opioid abuse](#). Objective measures including patient history, recognition of aberrant behavior, urine drug testing, state prescription drug—monitoring programs, and opioid risk-assessment screening tools may be necessary in select cases." Reasonable expectations should be established for pain management discussions and follow-up visits, and incorporate a protocol for a patient to be transitioned off of an [opioid](#) to acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs) at a specific time point following surgery.

According to Drs. Mir and Morris, the patient-physician relationship is built upon trust. Orthopaedic surgeons trust that patients will accurately report their level of pain and only use opioids when appropriate. Patients trust their surgeons to assess and adequately treat the pain associated with their orthopaedic conditions. Unfortunately, a small percentage of patients use opioids non-therapeutically and doctor shop for additional opioids making this a delicate balancing act for physicians.

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## If you are a physician counseling a patient on opioid use:

- Establish reasonable expectations for pain as a part of treatment plan discussions and follow-up visits.
- Create a standard pain protocol for specific surgical and nonsurgical treatment plans with an opioid taper.
- Consider available objective risk-assessment tools and state prescription drug monitoring programs to use as adjuncts to clinical experience and judgment when dealing with challenging patient scenarios.



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Credit: American Academy of Orthopaedic Surgeons

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