

# AAOS Board of Directors approves information statement to combat growing opioid epidemic

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To help address the growing opioid epidemic in the U.S., the American Academy of Orthopaedic Surgeons (AAOS) Board of Directors is calling for a comprehensive effort to increase and improve physician, caregiver and patient education; the tracking of opioid prescription use; research funding for alternative pain management; and support for more effective opioid abuse treatment programs.

"While minimizing patient discomfort remains an important goal of orthopaedic care, great caution should be used in prescribing opioids," said David Ring, MD, PhD, a member of the AAOS Patient Safety Committee. "The new ['AAOS Information Statement on Opioid Use, Misuse and Abuse in Orthopaedic Practice'](#) outlines specific strategies, considerations and collaborations for advancing safer and more effective pain management."

Opioids are prescription medications that reduce pain. Starting in the 1980s and 1990s, advocates and pharmaceutical companies promoted greater [opioid](#) use for nonmalignant pain. As the use of opioids increased, so did the rate of addiction and accidental death. Opioid overdose is now the leading killer of young adults in the U.S. A key aspect of this opioid crisis was the diversion (gifted, sold or stolen) of opioids from those to whom they were prescribed.

The opioid crisis is specific to the U.S. and Canada. It is estimated that

Americans consume 80 percent of the global opioid supply. The rest of the world is able to manage the same types of illnesses with far fewer opioids, yet with equal satisfaction in terms of pain relief.

Orthopaedic surgeons are the third highest prescribers of opioids behind medical doctors and dentists. Physicians need to do their part to address this crisis and promote safe opioid use, according to the statement, while ensuring that patients are as comfortable as possible.

Among the recommendations:

- Standardized opioid prescription protocols/policies. Orthopaedic surgeons and their staffs can more effectively depersonalize discussions about opioids by using standardized protocols to control prescriptions and use. Protocols should set ranges for acceptable amounts and durations of opioids for various surgical and non-surgical conditions and procedures. Opioids should not be prescribed for pre-operative and non-surgical patients.
- Predictive opioid use misuse/abuse tools. Patients at risk for greater opioid use, such as those with substantial symptoms of depression and less effective coping strategies, should be identified and treated for these conditions prior to elective surgery. Physicians, the public and policy makers should value interventions to lessen stress, improve coping strategies, and enhance support for patients recovering from injury or surgery. Screening instruments such as the Opioid Risk Tool can also help identify patients at risk. Care should be closely coordinated with the doctors that know these patients best.
- Communication strategies. Surgeons should practice empathetic and effective communication. Patients are more comfortable and use fewer opioids when they know their doctor cares about them as a person.
- Professional, inter-personal and organizational collaborations.

Partnerships need to be established among hospitals, employers, patient groups, state medical and pharmacy boards, law enforcement agencies, pharmacy benefit managers, insurers and others to minimize and combat [opioid abuse](#). Before surgery, physicians should encourage or work with patients to establish a social network—visiting nurses and home health aides, neighborhood volunteers, family and friends—to provide emotional and physical support during recovery.

- Improved care coordination and opioid tracking. A nation-wide tracking system would allow surgeons and pharmacists to see all prescriptions filled by a given patient. Opioid use is best coordinated through a single prescribing physician/surgeon/practice. Other consulting physicians should contact the original prescriber to see if an exception is warranted.
- Quality Improvement. Physicians and caregivers should integrate substance use disorder screening, stricter opioid prescribing, and performance improvement in pain management into new delivery model quality metrics.
- Maintain proper opioid access. Health care providers must recognize that patients with terminal conditions and other appropriate conditions should have access to opioids for pain management.
- Opioid culture change. Making opioids the focus of pain management has created many unintended consequences that often put both patients and their families at increased risk of addiction and death. Peace of mind is the strongest pain reliever. Studies have found that opioids are associated with more pain and lower satisfaction with pain relief.

"A culture change has created the current opioid epidemic, and only a culture change -led by physicians unafraid to limit opioid prescriptions—will solve the epidemic," said Dr. Ring. "It's up to us to treat [pain](#) with less dependence on opioids. This information statement

outlines the steps and strategies to help get us there."

In addition to approving the new information statement, the Academy is among the 27 physician organization members of the American Medical Association Task Force to Reduce Opioid Abuse, committed to identifying the best practices to combat the opioid public health crisis and moving swiftly to implement those practices across the country.

Provided by American Academy of Orthopaedic Surgeons

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