

Most patients still prescribed opioids after nonfatal overdose, study finds

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A study led by Boston Medical Center (BMC) indicates that most patients with chronic pain who are hospitalized after a nonfatal opioid overdose continue to receive prescription opioids after the overdose and are at high risk for experiencing a repeated overdose. The findings, published online ahead of print in the *Annals of Internal Medicine*, highlight the challenges faced by physicians to balance the known risks with potential benefits of prescription opioids for patients with chronic pain and reinforces the importance of developing tools that will help better identify and treat patients at risk for opioid use disorders and/or overdose.

According to Marc LaRochelle, MD, MPH, a physician in general internal medicine at BMC who led the research team, this study is the first to examine treatment patterns and risk of repeated overdose following a nonfatal opioid overdose.

Utilizing Optum, a large national commercial insurance claims database with data on 50 million individuals over a 12 year period, the researchers identified nearly 3,000 individuals who were prescribed opioids for chronic pain that had been treated in the emergency department and/or as an inpatient following a nonfatal opioid overdose. The data showed 91 percent of patients continued to be prescribed opioids after the nonfatal overdose. In addition, 70 percent received prescriptions from the same provider who prescribed them opioids before their initial overdose. And, at two years of follow-up, patients who continued taking high dosages of opioids were twice as likely to have another overdose compared to those

who discontinued opioid use after their initial overdose.

"While the nonfatal opioid overdoses in this study were treated and recorded in a patient's medical record, it is unclear if the physician who prescribed the medication was notified when their patient experienced an overdose event, which is important to note," said LaRochelle, who also is an assistant professor of medicine at Boston University School of Medicine. "This could be the result of patients not receiving emergency care where they receive outpatient care as different health systems utilize different electronic medical records—and many times, these event records never make it to the outpatient provider. As a provider, this is troublesome because this is information that I need access to in order to best treat my patient."

Several ways to potentially improve notification of treated nonfatal overdose would be provide a seamless communication stream between emergency and/or hospital providers and outpatient providers. Prescription drug monitoring programs are available in 49 states that could be leveraged to help improve communication. Additionally, because patients' health insurance records include hospitalizations and prescriptions, there could be a way to implement prior authorizations for patients after an overdose before they are able to obtain another opioid prescription.

"The intent of this study is not to point fingers but rather use the results to motivate physicians, policy makers and researchers to improve how we identify and treat patients at risk of opioid-related harms before they occur," said LaRochelle.

More information:

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