

Study finds racial disparity in emergency department opioid prescriptions

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Dr. Astha Singhal, Assistant Professor in the Department of Health Policy and Health Services Research at Boston University Henry M. Goldman School of Dental Medicine (GSDM), published a study that found a racial disparity in opioid prescriptions for emergency department visits for non-definitive pain-related conditions. Titled "Racial-Ethnic Disparities in Opioid Prescriptions at Emergency Department Visits for Conditions Commonly Associated with Prescription Drug Abuse," the paper was published in *PLOS ONE* on Aug 8th. The paper was co-authored by Yu-Yu Tien of the University of Iowa College of Pharmacy and Renee Y. Hsia of the University of California at San Francisco.

The team's results show that [black patients](#) who visit emergency rooms with back and abdominal pain are significantly less likely to receive opioid prescriptions than white patients with the same pain level. These conditions are referred to as 'non-definitive conditions' as they do not have a clear clinical presentation, and are often difficult to diagnose. It is important to note that no difference was found for visits pertaining to fractures, kidney stones or toothaches. Given the prescription opioid epidemic throughout the country, physicians and hospitals are under increased pressure to be vigilant when prescribing such medications. As such, doctors may be relying on subjective cues such as race when prescribing opioids for pain-related conditions.

The researchers conducted their experiment using the National Hospital Ambulatory Medical Care Survey (NHAMCS). Examining medications

prescribed and administered in emergency departments over a five-year period from 2007 - 2011, they discovered a significant difference in the likelihood of receiving opioid prescriptions for white versus black patients. No previous studies have examined such imbalances in opioid prescriptions at [emergency department](#) visits.

These results show that blacks who visit the emergency department with vague pain-related conditions, are less likely to receive an opioid prescription than white patients, likely because blacks are more often stereotyped as a drug-seeker. Such discrimination could lead to an increase in existing racial disparities in health and pain-control. In addition, recent studies show a greater prevalence of drug abuse among whites. These discriminatory prescription practices could be a contributing factor.

"Access to healthcare and pain management decisions should be made without regards to patients' race-ethnicity. Health care providers need to be sensitized to their inherent biases, so that they can consciously avoid these biases from affecting their practice behavior," Dr. Singhal said in the article.

In addition to the racial disparities in pain treatment for vague pain-related conditions, this research raises a perplexing question as to whether it is black patients who are being under-prescribed, or are [white patients](#) being over-prescribed? While black patients do not benefit from such biases, an unintended consequence might be that they are at a lower risk of developing an addiction to opioids because they receive fewer opioid prescriptions.

More information: Astha Singhal et al. Racial-Ethnic Disparities in Opioid Prescriptions at Emergency Department Visits for Conditions Commonly Associated with Prescription Drug Abuse, *PLOS ONE* (2016). [DOI: 10.1371/journal.pone.0159224](https://doi.org/10.1371/journal.pone.0159224)

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