

Opioid dependence can start in just a few days

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(HealthDay)—Doctors who limit the supply of opioids they prescribe to

three days or less may help patients avoid the dangers of dependence and addiction, a new study suggests.

Among [patients](#) without cancer, a single day's supply of a narcotic painkiller can result in 6 percent of patients being on an opioid a year later, the researchers said.

The odds of long-term opioid use increased most sharply in the first days of therapy, particularly after five days of taking the drugs. The rate of long-term opioid use increased to about 13 percent for patients who first took the drugs for eight days or more, according to the report.

"Awareness among prescribers, pharmacists and persons managing pharmacy benefits that authorization of a second opioid prescription doubles the risk for opioid use one year later might deter overprescribing of opioids," said senior researcher Martin Bradley. He is from the division of pharmaceutical evaluation and policy at the University of Arkansas for Medical Sciences.

"The chances of long-term opioid use, use that lasts one year or more, start increasing with each additional day supplied, starting after the third day, and increase substantially after someone is prescribed five or more days, and especially after someone is prescribed one month of [opioid therapy](#)," Bradley said.

The odds of chronic opioid use also increase when a second prescription is given or refilled, he noted.

People starting on a long-acting opioid or tramadol (Ultram) were more likely to stay on opioids than those given hydrocodone (Vicodin) or oxycodone (Oxycontin), Bradley said.

The highest probability of continued opioid use at one and three years

was seen among patients who started on a long-acting opioid, followed by patients who started on tramadol, he said.

Tramadol is a narcotic-like painkiller that has been touted as not being addictive. Patients can, however, become dependent on tramadol.

Patients need to discuss the use of narcotic painkillers when they are prescribed, Bradley said.

"Discussions with patients about the long-term use of opioids to manage pain should occur early in the opioid-prescribing process," he said.

One addiction expert agreed.

"Prescribers should be cautious about what they prescribe, and they should educate patients that if they are going to prescribe opioids, there is a likelihood that patients will have an [opioid dependence](#)," said Dr. Scott Krakower. He is assistant unit chief of psychiatry at Zucker Hillside Hospital, in Glen Oaks, N.Y.

Given the dangers of opioids, doctors should first think about using non-narcotic pain medications, he suggested.

Krakower thinks that since the crackdown on opioids, doctors are becoming more cautious when prescribing them. But doctors also need to be cautious about prescribing tramadol, he said.

"No one planned to get hooked on [tramadol](#), but it has some dependent properties," Krakower noted.

He believes that patients who need a narcotic should be given one. "The problem is that so many patients were prescribed opioids, and the odds of becoming dependent are very high," Krakower said.

Once someone becomes addicted to opioids, it can take years to kick that dependence, he said.

"If your doctor is going to prescribe an opioid, be educated about what it can potentially do," Krakower said.

For the study, researchers looked at a sample of patients drawn from data from health insurers and managed care plans. Specifically, they looked at opioid use among patients not being treated for cancer.

The report was published March 17 in the U.S. Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*.

Drug overdose deaths have quadrupled since 1999. More than six out of 10 [overdose deaths](#) involve [opioid drugs](#), according to the CDC. Ninety-one people die every day in America from [prescription opioids](#) or heroin, the agency says.

Prescriptions for [opioids](#) have nearly quadrupled since 1999 even though there's been no overall change in Americans' reported pain levels, according to the CDC.

More information: Martin Bradley, PharmD, Ph.D., division of pharmaceutical evaluation and policy, College of Pharmacy, University of Arkansas for Medical Sciences, Little Rock; Scott Krakower, D.O., assistant unit chief, psychiatry, Zucker Hillside Hospital, Glen Oaks, N.Y.; March 17, 2017, *Morbidity and Mortality Weekly Report*

Visit the [U.S. National Institute on Drug Abuse](#) for more on opioids.

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