

Study examines initial events linked to sustained opioid use

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Most of the events that led to sustained prescription opioid use were not hospital events and associated procedures, but diagnoses that were either nonspecific or associated with spinal or other conditions for which opioid administration is not considered standard of care, according to a study published by *JAMA Surgery*.

The initial event associated with exposure to prescription opioids has not been widely explored, but is often maintained to stem from an injury or surgical procedure. Andrew J. Schoenfeld, M.D., M.Sc., of Brigham and Women's Hospital, Harvard Medical School, Boston, and colleagues evaluated the medical diagnoses linked with an opioid prescription that resulted in sustained opioid use in Americans insured through TRICARE, the insurance plan of the U.S. Department of Defense that provides [health care coverage](#) for over 9 million beneficiaries. This population may be comparable to the proportion of the general public at greatest risk of sustained opioid use.

The researchers identified 117,118 patients (opioid naïve, i.e., no use of [prescription opioids](#) for six months before receipt of a new prescription) who met the criteria for sustained prescription opioid use. Only 800 individuals (0.7 percent) received their initial opioid prescription following an inpatient encounter, with 0.4 percent having undergone an inpatient procedure. The most common diagnosis associated with the initial opioid prescription for the entire group was other ill-defined conditions (30.6 percent). The most frequent diagnosis among patients treated in military facilities was lumbago. Spinal conditions were among

the most frequent diagnoses in both civilian and military settings. Among specific categories of conditions associated with the initial opioid prescription, spine and orthopedic disorders were the most prominent.

Limitations of the study include its retrospective design and reliance on insurance claims.

"Improved adherence to best practices in [opioid](#) prescribing and requirements for better documentation of the rationale for such prescriptions may reduce the risk of sustained use," the authors write.

More information: Andrew J. Schoenfeld et al. Sustained Prescription Opioid Use Among Previously Opioid-Naive Patients Insured Through TRICARE (2006-2014), *JAMA Surgery* (2017). [DOI: 10.1001/jamasurg.2017.2628](#)

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