

Opioid prescribing patterns of oral and maxillofacial surgeons: A nationwide survey

March 23 2018

At the 47th Annual Meeting of the American Association for Dental Research (AADR), held in conjunction with the 42nd Annual Meeting of the Canadian Association for Dental Research (CADR), Brandon Michael Syme, University of Iowa College of Dentistry, Iowa City, presented a poster titled "Opioid Prescribing Patterns of Oral and Maxillofacial Surgeons: A Nationwide Survey." The AADR/CADR Annual Meeting is in Fort Lauderdale, Fla. from March 21-24, 2018.

This study aimed to identify patterns of opioid [prescriptions](#) by Oral and Maxillofacial Surgeons (OMFS) following rescheduling of hydrocodone containing products in 2014. A 10 questionnaire [survey](#) tool was sent electronically to 6,132 OMFS across USA and chi-square and Fischer-Exact tests were used to examine factors associated with prescription patterns of OMFS.

Of the 1,137 OMFS who responded to the survey, 95% said that they prescribed an opiate for patients who have had one or more impacted third molars removed. Hydrocodone-containing products were the most often prescribed

After rescheduling of hydrocodone containing products in 2014, 13.9% used 5 mg dose - 10 tablets (compared to 8.9% before rescheduling); 20.4% used 5 mg dose - 15 tablets (compared to 17.6% before rescheduling); 24.9% used 5 mg dose - 20 tables (compared to 33.9% before rescheduling) and 92.8% mentioned that they did not change to a more potent drug (hydrocodone to oxycodone containing product) after

rescheduling in 2014.

9.6% mentioned that they noticed an increase in post-operative visits requesting refills for hydrocodone containing products after rescheduling. 41.8% mentioned that they noticed less [phone calls](#) requesting authorization for refills after rescheduling. 59.8% mentioned that they are more likely to call in a different pain medication after rescheduling. 5.6% mentioned that their prescription patterns vary by practice location. Following a change to a more potent drug after rescheduling, there was a significant reduction in phone calls requesting refill authorizations (64.4% versus 40%, p

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