

Outpatient care less efficient for neonatal abstinence syndrome

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(HealthDay)—In infants with neonatal abstinence syndrome (NAS)

outpatient pharmacotherapy is associated with longer length of therapy and higher rates of emergency department utilization than exclusive inpatient treatment, according to a study published online May 10 in *The Journal of Pediatrics*.

Faouzi I. Maalouf, M.D., from American University of Beirut, and colleagues performed a [retrospective cohort study](#) to compare differences in health care utilization in 736 infants with NAS who were either treated exclusively with inpatient [pharmacotherapy](#) or discharged on outpatient pharmacotherapy. The infants were enrolled in the Tennessee Medicaid program, and the researchers used administrative and vital records data from 2009 to 2011.

The researchers found that 72.3 percent of infants were treated with pharmacotherapy, and of those, 45.5 percent were discharged home on outpatient medications. Initial hospital length of stay was shorter (11 versus 23 days) and length of therapy was longer (60 versus 19 days; adjusted incidence rate ratio, 2.84) for infants discharged on outpatient pharmacotherapy. Within six months of discharge, [infants](#) discharged on outpatient pharmacotherapy had a greater number of emergency department visits (adjusted odds ratio, 1.52) compared with those treated as inpatients alone after adjustment for potential confounding variables.

"Future research should focus on improving the efficiency of NAS management while minimizing postdischarge complications," write the authors.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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