

Physicians more likely to prescribe opioids later in the day

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It's only human that decision-making changes when people are rushed. Researchers at the University of Minnesota and Harvard University conducted the first study in the United States to examine this

phenomenon—using a national source of electronic health records—in primary care physicians when they decide whether to prescribe opioid painkillers. The findings were recently published in *JAMA Network Open*.

Researchers looked at primary care appointments for patients with no history of opioid use within the past year and who were being treated for their first complaint of a painful condition. They tested for an association between appointment timing (i.e., time-of-day and whether the appointment started later than scheduled), pain treatment decisions (e.g., [opioid painkillers](#) and nonsteroidal anti-inflammatory drugs, such as aspirin), and referrals to physical therapy.

The study found:

- [primary care physicians](#) are more likely to prescribe opioid painkillers as the day wears on and when they're running behind schedule;
- no similar patterns were found with nonsteroidal anti-inflammatory drugs or physical therapy referrals.

"These findings support the widespread perception among providers that [time pressure](#) to provide a 'quick fix' is one reason why opioids are frequently prescribed in the United States," said study lead Hannah Neprash, an assistant professor in the School of Public Health. "If similar patterns exist in other clinical scenarios, such as managing challenging chronic illness, this phenomenon could have relevance for public health and quality improvement efforts."

Neprash plans to expand the research to test whether appointment timing is associated with other decisions that have major public health relevance such as antibiotic prescribing and chronic disease management.

More information: Hannah T. Neprash et al. Association of Primary Care Clinic Appointment Time With Opioid Prescribing, *JAMA Network Open* (2019). [DOI: 10.1001/jamanetworkopen.2019.10373](https://doi.org/10.1001/jamanetworkopen.2019.10373)

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