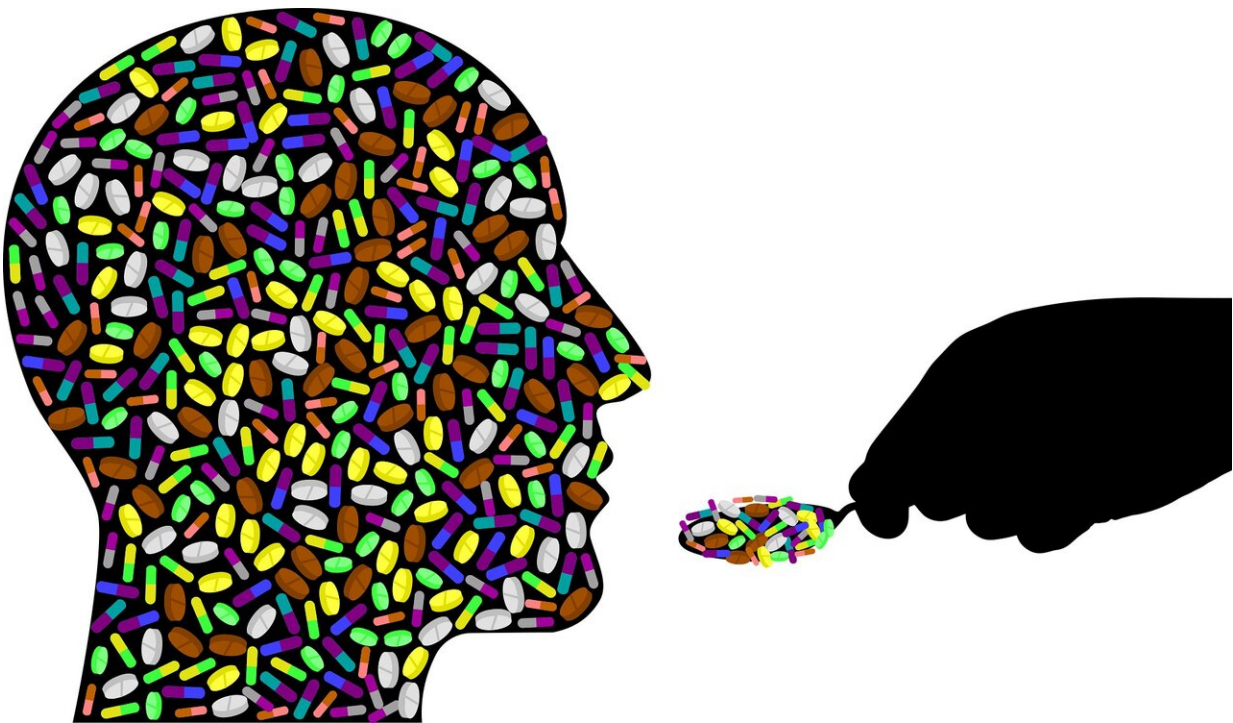


Opioid prescribing and use drop significantly after state imposes regulations

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A state-mandated policy restricting opioid prescriptions along with increased public awareness and education about the opioid epidemic preceded drastic reductions in opioid prescribing and use for surgical patients at the University of Vermont Medical Center (UVMCC) without impacting patient satisfaction with their postoperative pain

management, according to findings presented at the American College of Surgeons Clinical Congress 2019.

In July 2017, the Vermont Department of Health issued new rules for prescribing opioids for pain. These regulations require physicians to discuss with patients the risks and benefits of opioid analgesia, to counsel them on non-opioid analgesia as first-line treatment, and to educate them on the safe disposal of unused opioids. Patients sign an informed consent and providers are required to check a patient's pain medication history in the state prescribing database (Vermont Prescription Monitoring System) before receiving a new prescription for opioids greater than 10 pills.

The study evaluated [opioid prescribing](#) patterns at UVMMC for 15 common operations across four surgical specialties for 12 months before the regulations went into effect (n=365) and for 17 months afterward (n=768). This study found that the median morphine milligram equivalents (MME)—a measure of cumulative potency of pain meds prescribed—declined by 33 percent.

"The clear trend is that physicians are prescribing less, patients are using less, and there is no appreciable change in patient-reported pain control or satisfaction after implementation of these regulations," said study presenter Mayo Fujii, MD, MS, clinical instructor in surgery at the University of Vermont Larner College of Medicine. "That patients are using less may reflect the impact of patient education efforts to establish expectations of postoperative pain and use non-opioid pain management strategies, as well as public awareness of the [opioid epidemic](#)."

The study evaluated 15 different procedures ranging from less invasive to more invasive, in vascular, general, orthopedic and urologic surgery. The median MME prescribed before and after July 2017 were 96 and 64, respectively. Strikingly, the median MME used after surgery was

zero (Range: 0 to 40 MMEs) after the regulations versus 16 MME (Range: 0 to 80 MMEs) before the regulations. The proportion of patients who did not receive any opioids after surgery more than doubled, from 12.7 percent to 26 percent after the regulations (p

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