

Mastectomy and reconstructive surgery may lead to patients becoming persistent drug users

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Women who receive mastectomy and reconstructive surgery as part of breast cancer treatment may face the risk of developing persistent use of

opioids and sedative-hypnotic drugs, according to data presented at the 2020 San Antonio Breast Cancer Symposium, held Dec. 8-11.

"It has become clear that [short-term exposure](#) to opioids for any reason can lead to long-term dependence, given the highly addictive potential of these agents," explained the study's lead author, Jacob Cogan, MD, a fellow in hematology/oncology at NewYork-Presbyterian/Columbia University Irving Medical Center in New York. "Many patients receive this initial exposure around the time of surgery, and patients with cancer are at particularly high risk of becoming dependent on opioids post-operatively."

Cogan added that another class of addictive medications, sedative-hypnotics, are frequently prescribed to patients with cancer, but have received less attention relative to opioids. Patients with cancer may receive sedative-hypnotic prescriptions around the time of surgery to combat anxiety or insomnia. In this study, he and colleagues aimed to assess breast cancer patients' risk of becoming dependent on opioids and/or sedative-hypnotic drugs after mastectomy with reconstruction surgery.

Researchers used the MarketScan health care claims database to evaluate women who underwent mastectomy and reconstruction between 2008 and 2017. They identified prescriptions for opioids and sedative-hypnotics during three time periods: the pre-operative period (365 days to 31 days prior to surgery); the peri-operative period (31 days prior to 90 days after their surgery); and the post-operative period (90 days to 365 days after surgery).

The researchers identified 25,270 women who were not prior users of opioids and 27,651 who were not prior users of sedative-hypnotics. Patients who had no use in the first time period but filled at least one prescription in the perioperative period and at least two prescriptions in

the post-operative period were considered new chronic users.

Results showed that 13.1 percent of opioid-naïve patients become new persistent [opioid](#) users after mastectomy and reconstruction. Meanwhile, 6.6 percent of sedative-hypnotic-naïve patients become new persistent sedative-hypnotic users. When removing "non-user" patients from these groups (i.e., those who did not receive or fill a perioperative controlled substance prescription), the rates rose to 17.5 percent and 17 percent, respectively.

The study also found that the chance of becoming a persistent user of both types of controlled substances was significantly increased among women under age 60, those with a breast [cancer](#) diagnosis (versus those who had prophylactic surgery), and those treated with chemotherapy. As the number of risk factors increased, the risk of becoming a persistent user also increased.

"I hope that our study can increase awareness that these are addictive medications, and a brief exposure for [surgery](#)-related pain or anxiety can lead to long-term use," Cogan said. "Both patients and providers should be aware of this issue, and of the risk factors that elevate an individual patient's risk."

Cogan said the study results do not suggest that opioids and sedative-hypnotic drugs should be avoided. "Rather, [patients](#) should be vigilant about taking these medications only when necessary, and they should work closely with the prescribing provider to attempt to minimize risk of dependence," he said.

Cogan noted that a limitation of the study is that it is based on claims that providers submitted to insurance companies. These may not be fully accurate and are not submitted in a uniform fashion from provider to provider.

Provided by American Association for Cancer Research

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