

Patients could be dying from accidental overdose of prescription opioids in England

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A study has revealed that 232 people could have died from taking an accidental overdose of prescription opioids in England between 2000 and 2015.

Led by Dr. Teng-Chou Chen from The University of Manchester, it is the first to study the medication history for [opioid](#) related death using half a million electronic health records.

Opioid related deaths are rare but can result from high opioid prescribing.

However, Dr. Teng-Chou Chen's study reveals around 25% of the 232 patients who died from opioids between 2000 and 2015 had not been prescribed the drugs for [pain](#) 12 months before their death.

That, argues the team, suggests they stockpiled previously prescribed opioids or had been given them from people they knew—without realizing the dangers of taking high combined doses.

Around 35% of the patients had been prescribed high dose opioids of 120mg a day in the 12 months before their death.

Taking an additional opioid when already on such a high dose probably caused unintentional death in those people for similar reasons, the team argues.

Most of the overall opioid-related deaths occurred between the ages of 30 to 50. Around 55% of them were men, 30% had a history of substance abuse and 80% suffered from psychological illnesses.

Although the data is 6 years old, the team argue there is no reason to think the situation will be any different today.

The study, published in the *British Journal of Anaesthesia*, was carried out by a team based at the Universities of Manchester and Nottingham.

It used the [electronic health records](#), Clinical Practice Research

Datalink, representing 8% of the UK population—or 5.13 million people from 2000 to 2015.

Prescription opioids are mainly used for pain relief and work on the Central Nervous System by attaching receptors to our brain cells, releasing signals that block pain. The most common include morphine, tramadol, fentanyl, codeine, and oxycodone.

Overdose can cause [respiratory depression](#), drowsiness, fatigue and falls. Respiratory depression is the most common cause of death in opioid overdose, though symptoms of drowsiness may mask it.

Dr. Teng-Chou Chen from The University of Manchester said: "Our research clearly shows that opioid prescribing could be linked to patient deaths in England.

"This is worrying as we already know that prescribing for these drugs has increased hugely over the past decade.

"Chronic pain, often accompanied by anxiety and depression, is a serious public health problem and makes the lives of millions of people a misery.

"People desperate for [pain relief](#) seemingly take whatever opioids they can find whether prescribed or not.

"They may stockpile prescribed drugs, or get them from friends or neighbors. Some obtain them online. But the terrible consequences of doing this are now very apparent."

He added: "Psychotropic medicines, such as gabapentinoids and antidepressants are commonly prescribed for patients with [chronic pain](#).

"Our study also showed an increased risk of opioid-related [death](#) when opioids were co-prescribed with those psychotropic medicines, even though in most cases, people were prescribed opioids with a lower daily dose."

Dr. Li-Chia Chen, from The University of Manchester who leads the research team said: "There is actually is no evidence to suggest that opioid-based painkillers are able treat many complex long-term pain conditions, though if used appropriately for acute pain such as surgical pain they are extremely helpful.

"We think the guidance for doctors on opioid dosing should be much more detailed. But patients too need more knowledge about the dangers of overdosing on these drugs.

"We also believe better monitoring and systems should be in place for the disposal of these drugs.

"And clinicians should think very carefully about opioids prescribed 'as required,' because these often stay in the cupboards of patients and are never returned to pharmacies.

"Most importantly, patients need to be offered other alternative options for managing their chronic pain, as the recent NICE chronic pain guidance suggests, and avoid long-term pharmacotherapy as a mainstay for chronic pain management."

More information: Teng-Chou Chen et al, Association between opioid-related deaths and prescribed opioid dose and psychotropic medicines in England: a case-crossover study, *British Journal of Anaesthesia* (2021). [DOI: 10.1016/j.bja.2021.06.049](https://doi.org/10.1016/j.bja.2021.06.049)

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