

Emergency department interventions cut opioid perscription rates

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(HealthDay)—Most emergency department interventions aimed at

cutting opioid prescribing cut the prescription rate but not the prescribed opioid quantity, according to a review published online Jan. 13 in *JAMA Network Open*.

Raoul Daoust, M.D., from Le Centre Intégré Universitaire de Santé et de Services Sociaux du Nord-de-l'Île de-Montréal, and colleagues conducted a systematic literature review to identify intervention studies aimed at reducing [opioid prescriptions](#) at emergency department discharge.

Based on 45 studies included in the [meta-analysis](#), the researchers found a statistically significant reduction in the opioid prescription rate for both interrupted time series (ITS; six-month step change, –22.61 percent) and other study designs (odds ratio, 0.56). ITS studies showed no significant reduction in prescribed opioid quantities (six-month step change, –8.64 percent), but there was a small, significant reduction in other study designs (standardized mean difference, –0.30). Education, policies, and guideline interventions were better at reducing the opioid prescription rate in ITS studies (six-month step change, –33.31 percent) versus prescription drug monitoring programs and laws (six-month step change, –11.18 percent). Prescribed opioid quantities were not reduced by most intervention categories.

"Novel interventions are needed to reduce the quantity of opioids per prescription by emergency department physicians while evaluating their associations with patient-centered outcomes," the authors write.

More information: [Abstract/Full Text](#)

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