

Addressing substance use and pain is key to limiting self-directed hospital discharge

January 19 2022



Credit: Pixabay/CC0 Public Domain

It is not uncommon for people with opioid-related conditions, including opioid dependence and opioid use disorder (OUD), to be regularly hospitalized to treat infections, trauma, or other emergent conditions.

Data show that patients with substance use disorders (SUDs) are much more likely to self-discharge against medical advice than patients admitted for similar conditions without SUDs. This can lead to poorer health outcomes including worsening illness, readmissions, and death.

Could poorly treated pain be a reason for these self-directed discharges, and if so, what approaches could be tried to prevent patients who have been historically marginalized from experiencing avoidable harm and suffering?

A new study from the University of Pennsylvania School of Nursing (Penn Nursing) published in the *Harm Reduction Journal* suggests that stigma toward persons with SUDs, including OUD, may account for an under assessment and management of pain.

The study found that patients with acutely painful admitting diagnoses were almost twice as likely to have a self-directed discharge than those without. These diagnosis codes were extremely common among patients who had a self-directed discharge on six or more occasions within a single year. The study also found that a diagnosis of chronic pain was inconsistently noted in the patient group, leading to the conclusion that inadequate pain assessment is a potential motivator of self-directed discharge in this patient population.

"These findings underscore the importance of pain care in disrupting a process of self-directed discharge, intensifying harm, and preventable financial costs and suffering," says lead author of the article Peggy Compton, PHD, RN, FAAN, van Ameringen Chair in Psychiatric and Mental Health Nursing and Professor of Nursing at Penn Nursing. "Each admission represents a potential opportunity to provide harm reduction and treatment interventions addressing both substance use and [pain](#)."

The article "Acute Pain and Self-Directed Discharge Among

Hospitalized Patients with Opioid-Related Diagnoses: A Cohort Study" is available online. Co-authors of the article are Penn Nursing's Shoshana V. Aronowitz, Ph.D., MSHP, FNP-BC, Assistant Professor, Department of Family and Community Health; Evan Anderson, JD, Ph.D., Lecturer, Department of Biobehavioral Health Sciences; and Penn Medicine's Heather Klusaritz.

More information: Peggy Compton et al, Acute pain and self-directed discharge among hospitalized patients with opioid-related diagnoses: a cohort study, *Harm Reduction Journal* (2021). [DOI: 10.1186/s12954-021-00581-6](https://doi.org/10.1186/s12954-021-00581-6)

Provided by University of Pennsylvania School of Nursing

Citation: Addressing substance use and pain is key to limiting self-directed hospital discharge (2022, January 19) retrieved 27 April 2024 from <https://medicalxpress.com/news/2022-01-substance-pain-key-limiting-self-directed.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.