

Preset opioid prescription may not impact pain control after tonsillectomy

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A lower default number of doses for opioid prescriptions in electronic

health record systems does not appear to impact pain control among teens and young adults undergoing tonsillectomy, according to a study published online June 30 in *JAMA Network Open*.

Kao-Ping Chua, M.D., Ph.D., from the University of Michigan in Ann Arbor, and colleagues evaluated the association between decreasing the default number of doses in [opioid prescriptions](#) written in electronic health record systems and opioid prescribing and patient-reported outcomes among 237 adolescents and young adults (mean age, 17.3 years) undergoing tonsillectomy (Oct. 1, 2019, through July 31, 2021).

The researchers found that among 131 pediatric otolaryngology patients, one of 70 (1.4 percent) in the preintervention period and 27 of 61 (44.3 percent) in the postintervention period had 12 doses in the discharge opioid prescription. Among this same population, the mean number of doses prescribed in the preintervention period was 22.3 compared with 16.1 in the postintervention period. No changes in refills or pain-related visits were seen. In a secondary analysis of 150 patients, the intervention was only associated with changes in a sleep disturbance score (differential increase of 3.5 points), with higher scores indicating poorer sleep quality.

"This nonrandomized clinical trial suggests that evidence-based default dosing settings may decrease perioperative opioid prescribing among adolescents and [young adults](#) undergoing tonsillectomy, without compromising analgesia," the authors write.

One author disclosed financial ties to the [pharmaceutical industry](#).

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