

Opioid use disorder treatment associated with decreased risk of overdose after surgery, suggests study

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Although people with opioid use disorder (OUD) are significantly more likely to overdose or have a complication after major surgery than those

without the disorder, using medications for the treatment of OUD before surgery may eliminate that extra risk, suggests a large, first-of-its-kind study presented at the [ANESTHESIOLOGY 2023 annual meeting](#).

Patients with OUD who didn't use an OUD [medication](#) (such as buprenorphine or methadone) were over four times more likely to [overdose](#) after having [surgery](#), yet those who used evidence-based OUD medication before surgery were essentially at no greater risk than those who didn't have OUD, according to the study. Taken orally, OUD medications reduce withdrawal and cravings and prevent opioids from producing the feeling of euphoria that drives addiction.

"We know that OUD treatments are very effective in helping to prevent relapse, overdose and death in nonsurgical patients, but our research is the first to show that they also may be remarkably effective in at-risk patients facing surgical stress and recovery pain that often is addressed with opioids," said Anjali Dixit, M.D., MPH, a pediatric anesthesiologist at Stanford University, California.

"This is helping us learn more about how to optimally treat OUD patients so that their surgical and post-surgical pain is well-controlled, while also making sure we are minimizing their risk of relapse and overdose."

Researchers analyzed 4,030,032 surgeries performed between 2008 and 2020 from the Merative MarketScan Commercial Database, a nationwide sample of data from patients with both employer-sponsored and Medicare Advantage insurance.

The analysis reviewed overdoses and other complications (such as OUD-related hospitalization or infection) that occurred in the three months after surgery for the 25 most common surgeries, including knee and hip replacement, hysterectomy and gallbladder removal.

Of the over 4 million surgeries, 26,827 were performed on patients who had a history of OUD, 9,699 (36%) of whom used OUD medications in the month before surgery and 17,128 (64%) who did not. OUD patients who did not use OUD medications were 4.2 times more likely to overdose or have an OUD-related infection or hospitalization than those who did not have the disorder, according to the study. OUD [patients](#) who used OUD medications did not experience a statistically different risk of opioid-related adverse events compared to those who did not have the disorder.

As many as 7.6 million people in the U.S. live with OUD, according to research, and that number continues to grow. Only 20% of people with OUD currently use OUD medications, said Dr. Dixit. She noted the number of people in the study who used OUD medications was likely higher, because they had access to commercial insurance and therefore, better access to care. The researchers also want to look at other populations such as those on Medicaid, because they may be sicker and have less access to care.

"The national efforts to increase access to OUD medications is good news for people with OUD, including those who need surgery," said Dr. Dixit. "The next step is to determine if a particular medication or regimen is better than another."

Provided by American Society of Anesthesiologists

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