

Study shows amount and days of opioids prescribed at discharge decreased after 2017 Ohio prescription opioid cap law

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The Ohio Opioid Cap Law, enacted on August 31, 2017, limited the total dose and duration of opioids that could be prescribed for minors. The

anticipated benefit of cap laws in preventing opioid overdose, death and addiction was counterbalanced by fears that decreased opioid prescribing could hurt patient satisfaction.

Assessing the impact of state prescribing cap laws on opioids prescriptions is essential, given the large amount of opioids prescribed for postoperative [pain](#) management and the risk for addiction or overdose.

In a new study, [published in PLOS One](#), researchers at the Center for Injury Research and Policy, Center for Pediatric Trauma Research, Department of Pediatric Surgery, Department of Pediatrics, Department of Orthopedics, and Department of Anesthesiology and Pain Medicine at Nationwide Children's Hospital compared the amount of [opioid](#) analgesics prescribed to children following enactment of the Ohio Opioid Cap Law with historical controls.

Researchers selected two patient cohorts commonly prescribed [opioid pain medications](#): burn injury and knee arthroscopy patients.

Researchers first performed a retrospective chart review of 930 pediatric burn injury and knee arthroscopy patients age 0–18 years who received a prescription for opioid analgesics following a) burn care in inpatient or outpatient settings or b) knee arthroscopy between August 2015 and August 2019 at Nationwide Children's. Next, they performed a telephone survey in 2020 with a convenience sample of caregivers of 50 separate burn injury and knee arthroscopy patients.

The chart review and telephone survey were done to assess the impact of the Ohio opioid prescribing cap law on opioid utilization during the hospital stay, opioid and pain medications prescribed at discharge, pain management satisfaction and opinions regarding pain medications after hospital discharge.

"Maintaining a delicate balance between reducing opioids while also ensuring effective pain management is critical," said Henry Xiang, MD, MPH, Ph.D., MBA, director of the Center for Pediatric Trauma Research, research director of Center for Injury Research and Policy at Nationwide Children's Hospital and senior author of this study.

"Poorly managed acute postsurgical pain has the risk to transition to chronic pain, which could cause serious psychological problems in children with impacts reaching well into adulthood."

Legislation to limit opioid use significantly decreased opioid exposure in the study population. After enacting the opioid prescribing cap law, the median number of days and total doses of opioids prescribed to pediatric burn and knee injury patients at discharge significantly decreased. However, the median doses taken within 24 hours of hospitalization did not change significantly; nor did the discharge opioid prescriptions exceed to daily dosing limit outlined in the law, as more than 95% of the prescriptions pre- and post-law were already under this limit.

Variability was found in opioid [medication](#) use, pain control satisfaction, the amount of opioids prescribed at discharge and how leftover opioid medications were handled. Burn patients used prescribed opioid analgesic medications for a median 6.5 days, while the knee patients used their [opioid analgesics](#) for a median two days after discharge.

The majority of patients (72% of burn patients; 68% of arthroscopy patients) were very satisfied with their pain control after discharge. Most (84%) of burn patients and 56% of knee patients felt they received the right dosage of pain medication. Interestingly, 12% of burn patients and 32% of knee patients reported being prescribed too much medication. In comparison, 4% of burn patients and 8% of knee patients felt their prescribed pain medications were insufficient.

"This study found the median number of days and median total doses of opioids prescribed to pediatric burn and [knee](#) injury patients significantly decreased after the 2017 Ohio [opioid prescribing](#) cap law but that the majority of opioids prescribed at discharge pre-law were already under the new prescribing cap," said Dr. Xiang. "Despite observed decreases in the number of opioids dispensed, a substantial proportion of respondents indicated that physicians nonetheless prescribed too many opioids."

Pain is increasingly recognized as a complex biopsychosocial process which pharmacologic treatments alone may be insufficient. The variability in opioid pain medication use, pain control satisfaction, and opinions of parents or guardians about the amount of opioids prescribed at [discharge](#) in this study highlight the subjective nature of the pain experience.

More information: Megan Armstrong et al, Impact of opioid law on prescriptions and satisfaction of pediatric burn and orthopedic patients: An epidemiologic study, *PLOS ONE* (2023). [DOI: 10.1371/journal.pone.0294279](#)

Provided by Nationwide Children's Hospital

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