

Study reveals key factors in surgeons' opioid prescribing patterns

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Researchers revealed new insights into the patterns and predictors of opioid prescribing after surgery in a comprehensive county-level study across the United States. The research results, which offer a detailed

look at how various social and health care factors influence opioid prescribing, are published in the *Journal of the American College of Surgeons*.

Using data from the 2013–2017 Medicare Part D database, the researchers found:

- The average number of [opioid](#) prescriptions per beneficiary (OPBs) decreased from 1.08 in 2013 to 0.87 in 2017.
- There were several factors associated with a higher OPB, including a younger population, higher education levels, and higher health care costs.
- Counties with fewer mental health providers and higher uninsured rates also saw higher OPBs.

"In our study, we were surprised by the variance in opioid prescription rates across different states," said Apostolos Gaitanidis, MD, co-lead author of the study. Dr. Gaitanidis was a research fellow in the division of trauma, [emergency surgery](#), and surgical critical care at Massachusetts General Hospital, Boston, at the time the research was conducted. He worked under the supervision of Haytham Kaafarani, MD, MPH, FACS. Dr. Kaafarani is an associate professor of surgery at Harvard Medical School.

For instance, in West Virginia, where the opioid epidemic was notably rampant, the authors observed fewer opioid prescriptions by surgeons compared to states like Louisiana, Alabama, and Missouri, which were not as heavily affected by the epidemic, Dr. Gaitanidis added.

"This raises important questions about the role of different medical specialties in the opioid crisis," he said. "It's a common assumption to associate high opioid prescriptions with surgical practices. However, our findings suggest that the reality is more complex and that the issue may

not be predominantly with surgical prescriptions."

Notably, the authors found higher OPBs in counties with higher uninsured rates and reduced access to mental health services, suggesting that decreased access to health care and mental health services may significantly impact patterns of opioid prescribing after surgery.

"It is likely that in counties with restricted health care access, due to higher health care costs, lack of insurance coverage, and decreased availability of mental health providers, patients may receive more postoperative opioids as they might not be able to easily obtain additional opioid pills should they need to, or, more likely, that the higher opioid prescribing is masking an unaddressed overall health and mental health burden in this patient population," the authors wrote.

Counties with higher education levels, which often host major hospitals and referral centers, might see higher opioid prescriptions due to a larger influx of complex cases. On the contrary, better health care quality on a county level was associated with a greater drop in OPB over time, according to Dr. Gaitanidis.

The findings highlight the need for a comprehensive approach to addressing [pain management](#) and the opioid epidemic, particularly focusing on enhancing [mental health services](#) and [health care](#) accessibility, the authors noted.

One limitation to this study is not knowing if a prescription initially made in one county was then diverted to another county or state.

Areas for further study, according to the researchers, include using data from private insurance companies, which capture a younger patient population, and analyzing OPBs for specialties other than surgery. Additional data after 2017 could be analyzed to see if these patterns

persist or change, reflecting the continued cultural evolution among surgeons prescribing opioids.

Study co-authors are Ander Dorken Gallastegi, MD; Inge van Erp, BS; Anthony Gebran, MD; George C. Velmahos, MD, Ph.D., FACS; and Haytham M. A. Kaafarani, MD, MPH, FACS.

More information: Nationwide, County-Level Analysis of the Patterns, Trends and System-Level Predictors of Opioid Prescribing in Surgery in the US: Social Determinants and Access to Mental Health Services Matter, *Journal of the American College of Surgeons* (2024).

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