

Researchers find new risk posed by opioid pain medication

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Patients with no recent history of taking opioid pain medication had a 25 percent higher risk of chronically using the drugs if they received them when discharged from the hospital, according to researchers at the University of Colorado Anschutz Medical Campus.

"These drugs are highly effective for pain control, but also cause feelings of euphoria. For these reasons, [patients](#) may ask their physicians for additional [opioid](#) medication even after their acute issue is resolved," said study author Susan Calcaterra, MD, MPH and assistant professor of medicine at the CU School of Medicine.

The researchers, a collaboration of experts from across health care disciplines, looked at 6,689 hospital patients who were prescribed opioids when discharged. None of them had been prescribed an opioid in the year preceding their hospitalization. Of those, 1,688 filled a new opioid prescription within 72 hours of leaving the hospital.

"These patients were more likely to become chronic opioid users and had an increased number of opioid refills one year post-discharge, compared to patients without opioid receipt," said Calcaterra. "They were five times more likely to be chronic users after one year."

Calcaterra, who also works at Denver Health Medical Center, studied both medical and surgical patients who received opioids upon leaving the hospital. While both groups of patients had an increased risk of chronic opioid use after one year, medical patients were more likely to progress to chronic use compared to surgical patients.

The most frequently prescribed opioids were hydrocodone and oxycodone.

"The use of opioids to treat pain escalated over the last decade and pharmaceutical opioid overdose deaths increased four-fold," said Calcaterra, who

like many CU Anschutz physicians is both researcher and practicing clinician. "Greater opioid prescribing contributed to increased opioid availability for abuse and overdose."

But another major factor at work, Calcaterra said, was the fact that hospital patients are rarely treated by their family doctor who knows them better, including whether they might be susceptible to abusing opioids.

"The primary care provider no longer cares for their patients in the hospital, the resident physician or a hospital-based physician does," she said. "So sometimes patients have risk factors that only their primary care doctors would know about."

According to Calcaterra, physicians need to advise patients of the risk posed by opioids before they are discharged. They should also discuss whether opioids are the right kind of medication for them or if an alternative might be better.

The Centers for Disease Control recently urged clinicians to prevent opioid overdoses by checking patients for substance use, active mental health problems and avoiding combinations of opioids and sedatives.

Calcaterra is currently working on a system to help doctors screen patients for factors like these that might put them at risk for chronic opioid use.

"Existing data already available in [electronic medical records](#) could alert physicians about patient-specific risk factors for [opioid abuse](#) or chronic use," she said. "Linking electronic medical records to prescription drug monitoring programs would allow physicians to verify opioid doses or other controlled substances patients are using."

The study appeared in the most recent edition of the *Journal of General Internal Medicine*.

Provided by University of Colorado Denver

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