

Literature year in review: Fast take



- **“EMS program called First Watch:**
 - Alert to district attorneys and social services agencies when there is a surge in overdoses in a particular area.”
 - “Officials then take to social media to warn drug users and their families and friends to watch out for an especially dangerous batch of opioids.”

New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults

Postop:

- 6% continued to use opioids more than 3 months after their surgery.
- Prolonged opioid use can be deemed the most common postsurgical complication.

New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults

Chad M. Brummett, MD^{1,2}; Jennifer F. Waljee, MD, MPH, MS^{2,3}; Jenna Goesling, PhD¹; et al

JAMA Surg. Published online April 12, 2017

With new surgical program, Bon Secours reduces opioid use by 80 percent

BY KATIE O'CONNOR [Richmond Times-Dispatch](#)

- Following surgery:
 - Diet that minimizes IV fluids, tubes and drains
 - Given fewer narcotics and
 - More non-opioid painkillers, such as Tylenol and other anti-inflammatory drugs.
- 80% reduction in post-operative opioid use
- Shorter length of stay due to a better recovery.
- Adequate pain relief

A doctor was killed for refusing to prescribe opioids, authorities say

The Washington Post
Democracy Dies in Darkness



Opioids don't work for chronic pain

Opioid risks often are borne with minimal or no benefit, as shown by a meta-analysis of 20 clinical trials that involved >7000 patients with **chronic low back pain**.

Patients experienced **no clinically important improvement in pain**, even when daily opioid doses exceeded 240 MMEs

(NEJM JW Gen Med Jul 15 and JAMA Intern Med Jul 1; 176:958)

BCBSMA, 2012, prior to opioid script...

- A treatment plan between doctor and patient that **considers non-narcotic options**
- A **risk assessment** for addiction signed by the patient
- An **opioid agreement** between the patient and prescriber
- **Single pharmacy** (or chain) for all opioid prescriptions,
- **Single provider** (group)
- **Prior authorization:** all new short-acting opioid prescriptions for more than 30 days
- **Prior authorization:** all new long-acting opioid prescriptions

2016 CDC Confirms BCMA Impact on Opioid Crisis

- **There were 14,000 fewer prescriptions** for these drugs written per month
- Blue Cross' own analysis
 - **Eliminated an estimated 21.5 million doses of opioid-based medications in the community.**
 - Reduced claims for long-acting opioids such as OxyContin[®] by approximately 50 percent by switching patients to short-acting pain treatments.

CDC: Declines in Opioid Prescribing After a Private Insurer Policy Change — Massachusetts, 2011–2015

Weekly / October 21, 2016 / 65(41);1125–1131

BCBSMA, vs. BCBS nationwide 2016

- **14% of MA BCBS Pts** filled an opioid prescription in 2015
- **21.4% nationwide BCBS pts** filled an opioid prescription
- Nationally, opioid **SUD up almost 500%** from 2010 to 2016
- Nationally, **MAT up just 65%**.
- **In MA, 84% of BC members with SUD received MAT**, (the second highest rate in the nation behind Vermont)

BCBSMA, 2012 to 2017: 75% drop

Number of MA BCBS pts on a long acting opioid for 120 consecutive days:

- 16 K unique members in 2012,
- 4K in 2017

-Dr. Bruce Nash, CMO BCBSMA

23,000 patients who received long-acting opioids
verses control patients who did not.

The patients who received **opioids had about five times higher risk for death from accidental overdose**

Also about two- to threefold risk for death from cardiovascular causes; **cardiovascular-related deaths markedly exceeded those from overdose**

(NEJM JW Gen Med Jul 15 and JAMA Jun 14; 315:2415).

(CDC) major new guideline on opioid use.

- Encourage use of **nonopioid and nonpharmacological** approaches to chronic pain,
- Use of **immediate-release** rather than long-acting opioids,
- Limit on total daily opioid dosage of **50 morphine milligram equivalents** (MME; equal to 50 mg of hydrocodone or 33 mg of oxycodone),
- Avoidance in patients with **sleep-disordered** breathing,
- Regular use of state **prescription-monitoring programs**,
- Avoidance of concomitant use of **benzodiazepines**
- **Co-prescribe Naloxone**

A retrospective study of nearly 3000 adults who were hospitalized or seen in emergency departments for **nonfatal opioid overdose** showed

- **nearly half** of these patients had received daily opioid doses of =**100 MME** in the preceding 60 days.
- In the 300 days following overdose, nearly all patients (**91%**) **had received one or more new opioid** prescriptions.
- About a third of these prescriptions **again exceeded 100 MMEs**

Co-prescribing Naloxone works

2000 patients who were receiving long-acting opioids for chronic pain; about a third of patients also received concomitant prescriptions for naloxone with instructions for its use to reverse overdose. In the subsequent 12 months, **patients who received naloxone made 63% fewer emergency department visits than those who did not receive naloxone prescriptions**

(NEJM JW Gen Med Aug 15 and Ann Intern Med Aug 16; 165:245).

A Prospective Evaluation of Opioid Utilization After Upper-Extremity Surgical Procedures: Identifying Consumption Pattern and Determining Prescribing Guidelines.

- **CONCLUSIONS:**

- Patients are being **prescribed approximately 3 times greater opioid medications than needed** following upper-extremity surgical procedures.
- We have **provided general prescribing guidelines**, and we recommend that surgeons carefully examine their patients' opioid utilization and consider customizing their opioid prescriptions on the basis of anatomic location and procedure type to prescribe the optimal amount of opioids while avoiding dissemination of excess opioids
- [J Bone Joint Surg Am.](#) 2016 Oct 19;98(20):e89.
- **A Prospective Evaluation of Opioid Utilization After Upper-Extremity Surgical Procedures: Identifying Consumption Patterns and Determining Prescribing Guidelines.**
- [Kim N¹](#), [Matzon JL¹](#), [Abboudi J¹](#), [Jones C¹](#), [Kirkpatrick W¹](#), [Leinberry CF¹](#), [Liss FE¹](#), [Lutsky KF¹](#), [Wang ML¹](#), [Maltenfort M¹](#), [Ilyas AM²](#).

Opioids are not effective in managing common chronic pain conditions

- Opioid use in chronic noncancer pain leads to substantial excess mortality from both overdose and other causes.
- Such use seems to be common even in the face of prior overdose
- Such use is **not effective in managing common chronic pain conditions.**
- Abiding by the CDC guideline is a good way to start addressing these issues.

— Thomas L. Schwenk, MD

Prescription Opioid Analgesics Commonly Unused After Surgery, Systematic Review. August 2, 2017

- Oversupply of prescription opioids Post op (seven types of surgeries)
- 67% to 92% of patients had unused opioids.
- Up to 21% did not fill their opioid prescription
- Up to 14% filled the prescription but did not take any of the pills
- Three-quarters of patients stored their opioids in unlocked areas.
- Just 4–30% of patients intended to dispose of their unused pills.
- "The combination of unused opioids, poor storage practices, and lack of disposal sets the stage for the diversion of opioids for nonmedical use."

[Mark C. Bicket, MD¹](#); [Jane J. Long, BS¹](#); [Peter J. Pronovost, MD, PhD^{1,2}](#); et alG. [Caleb Alexander, MD, MS^{2,3}](#); [Christopher L. Wu, MD¹](#)

Author Affiliations

JAMA Surg. Published online August 2, 2017. doi:10.1001/jamasurg.2017.0831

Wide Variation and Excessive Dosage of Opioid Prescriptions for Common General Surgical Procedures

- 5 outpatient procedures: partial mastectomy (PM), partial mastectomy with sentinel lymph node biopsy (PM SLNB), laparoscopic cholecystectomy (LC), laparoscopic inguinal hernia repair (LIH), and open inguinal hernia repair (IH).
- **Wide variation in the number of opioid pills** prescribed to patients undergoing the same operation. The median number (and range) prescribed were: PM 20 (0–50), PM SLNB 20 (0–60), LC 30 (0–100), LIH 30 (15–70), and IH 30 (15–120).
- **Only 28% of the prescribed pills were taken.**
- We identified the number of pills that would fully supply the opioid needs of 80% of patients undergoing each operation: PM 5, PM SLNB 10, LC 15, LIH 15, and IH 15.
- Excess pills are prescribed.
- Using our ideal number, surgeons can **adequately treat postoperative pain and markedly decrease the number of opioids prescribed.**

Wide Variation and Excessive Dosage of Opioid Prescriptions for Common General Surgical Procedures

Hill, Maureen V. MD; McMahon, Michelle L. BS; Stucke, Ryland S. MD; Barth, Richard J. Jr. MD

- U.S. consumes more prescription opioid than all other countries combined.
- **Nonmedical use of opioids rises and falls with medical prescriptions**
- **Teenagers are frequent intentional users** of nonmedical opioids.
 - Opioids are now a major cause of mortality and morbidity in this age group.
- We, the medical community, **could be better stewards** of prescription opioids.
- While important for painful injuries or postsurgical pain, **opioids don't address chronic suffering.**
- A better approach: both **patient and physician education**, as well as changes in how we support patients with chronic pain.

- From January 2012 to July 2014 for dental, neck, back, or unspecified chronic pain
- Significant ($p < 0.001$) and sustained decrease in rates of opioid prescriptions for dental, neck, back, or unspecified chronic pain. The **rate of opioid prescribing decreased from 52.7% before the guideline to 29.8% immediately after its introduction, and to 33.8% at an interval of 12 to 18 months later.**
- An opioid **prescribing guideline significantly decreased the rates** at which opioids were prescribed for minor and chronic complaints in an acute care setting

New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults

- 6% continue to use opioids more than 3 months post surgery
- Prolonged opioid use can be deemed the most common postsurgical complication

New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults Chad M. Brummett, MD^{1,2}; Jennifer F. Waljee, MD, MPH, MS^{2,3}; Jenna Goesling, PhD¹; et al *JAMA Surg.* Published online April 12, 2017

An Estimated 2 Million U.S. Adults Have an Opioid Use Disorder in 2015

- 91.8 million (37.8%) U.S. adults used prescription opioids
- 11.5 million (4.7%) misused them
- **1.9 million (0.8%) had a use disorder.**
- Misuse and use disorders were most commonly reported:
 - uninsured
 - unemployed
 - low income or
 - behavioral health problems.
- Among adults with misuse,
 - 59.9% reported using opioids without a prescription
 - 40.8% obtained prescription opioids for free from friends or relatives

Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use are available from the National Academies Press at <http://www.nap.edu>

New program aims to secure prescription drugs at open houses

“Keep Kids Safe: real estate agents provide homeowners with re-sealable plastic bags marked with instructions for safely securing and disposing of medications.

The program was started in San Diego last year by a substance abuse specialist who discovered that **some teenagers had identified open houses as the best place to find and steal prescription drugs.”**

<http://www.patriotledger.com/article/20151006/NEWS/151007469>