

Pushing Back the Tide of Opioid Prescribing

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Background

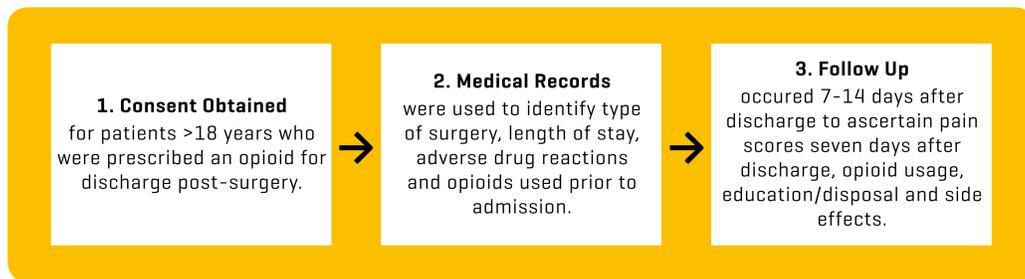
Opioids are an important treatment option for acute postoperative pain.¹ However, mounting literature suggests the overprescribing of opioids post-surgery place patients at risk of chronic use.^{2,3} Opioid dependence increases the likelihood for severe adverse events⁴ and are the leading drug group associated with fatal accidental overdoses in Australia.⁵ The Australian and New Zealand College of Anaesthetists recommend against the use of slow-release [SR] opioids for acute pain due to the risk of respiratory depression.⁶ Previous research found that 70% of medications prescribed for postoperative pain were unused,⁷ opening avenues of potential diversion.^{4,8}

Aim

To gain an understanding of opioids prescribed and quantities required at discharge for postoperative pain relief.

Methods

Four prospective audits were undertaken over three week periods (2018-2019) across three private metropolitan/regional hospitals.



Results

A total of 199 patients were included in the study and 93% of patients were opioid naïve on admission. Orthopaedic surgery accounted for the most common surgery performed [see figure 1]. Pain scores improved seven days post-discharge where 82% of patients reported absent to minor pain [see figure 2]. A combination of opioids including SR formulations were received by 38% of patients on discharge. The most common analgesic prescribed for postoperative pain was oxycodone immediate-release [IR] with 164 out of 199 patients receiving supply. The average quantity prescribed exceeded the average quantity of tablets taken for all opioids [see figure 3]. Awareness of correct disposal of opioids was only known to 37 patients.

Discussion

Putting into perspective for 199 patients:

- 93% of patients were opioid naïve on admission.
- 38% of patients were prescribed SR opioids.
- 82% of patients were prescribed oxycodone IR.
- Average oxycodone IR use was 8 out of 20 tablets.

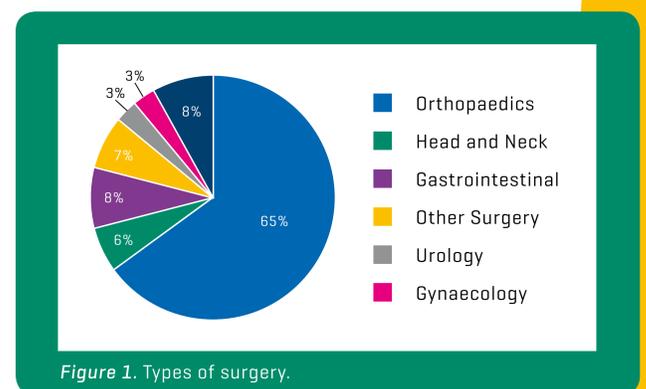


Figure 1. Types of surgery.

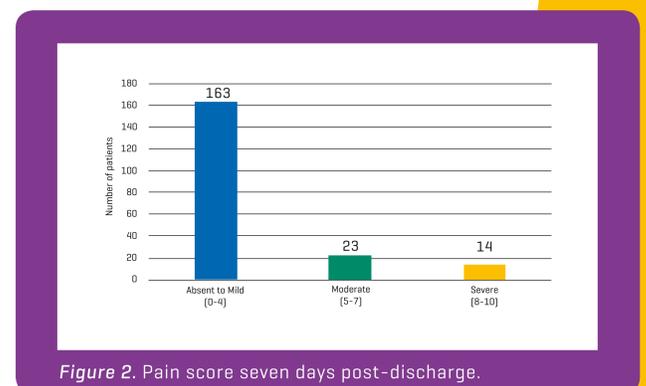


Figure 2. Pain score seven days post-discharge.

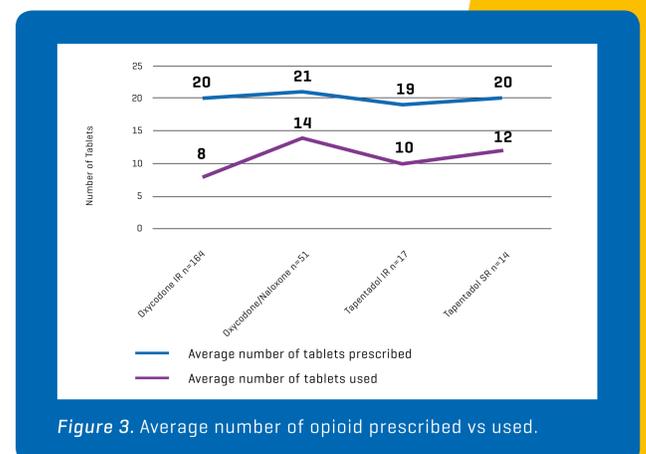


Figure 3. Average number of opioid prescribed vs used.

This study demonstrated opioid over-prescribing in postoperative pain relief. These results are consistent with both local and international findings.^{3,9} There are limited studies in Australia comparing the quantity of opioid tablets supplied with the quantity taken in the post-discharge setting. Recommendations for optimal opioid supply on discharge for postsurgical pain relief are scarce. Available guidelines recommend a multimodal treatment approach where opioids are only prescribed if required for a maximum duration of three to five days and advocate IR over SR preparations.^{1,9}

Conclusion

A powerful picture is presented of opioids supplied in excess of quantities required. Strategies which provide prescriber and governance support are necessary for safe opioid prescribing. Innovations currently being implemented across the organisations include:

- Prescriber feedback
- Awareness among health professionals
- Patient-centered pain management plans
- Pain management stewardship programs
- Patient specific counselling highlighting correct disposal and risks of opioids
- Pharmacist-led intervention to reduce opioid quantities on discharge

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