Background and Research Question

- In recent years, there has been a significant increase in overall prescribing of opioid analgesics (OAs).
- Trends in opioid prescribing based on the primary specialty of the care provider are less well characterized.
- We sought to explore trends in OA prescribing by different provider specialties in U.S. ambulatory clinics (ACs).

Methods

- A retrospective review of the National Ambulatory Medical Care Survey (NAMCS), 2006-10 was performed.
- AC visits that were potentially pain-related were identified and included in the analysis.
- Trends in AC prescribing of all OAs categorized by provider specialty were evaluated.
- The proportion of visits involving OAs was tabulated and trends analyzed using survey-weighted logistic regression.

OA Prescribing by Primary Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2006 Use (# Visits)</th>
<th>2010 Use (# Visits)</th>
<th>Percent Change</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>12.1% (5,514,166)</td>
<td>15.5% (7,057,632)</td>
<td>27.8%</td>
<td>0.069</td>
</tr>
<tr>
<td>Other Specialties</td>
<td>8.9% (2,306,444)</td>
<td>12.2% (3,868,604)</td>
<td>36.9%</td>
<td>0.190</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>13.5% (4,465,220)</td>
<td>11.2% (3,491,345)</td>
<td>-17.0%</td>
<td>0.466</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>8.6% (1,848,931)</td>
<td>9.7% (3,437,466)</td>
<td>12.1%</td>
<td>0.424</td>
</tr>
<tr>
<td>Neurology</td>
<td>9.6% (301,843)</td>
<td>14.7% (689,593)</td>
<td>54.0%</td>
<td>0.424</td>
</tr>
<tr>
<td>General Surgery</td>
<td>7.9% (169,807)</td>
<td>11.8% (264,004)</td>
<td>49.2%</td>
<td>0.413</td>
</tr>
</tbody>
</table>

Results

- The weighted estimate of pain-related AC visits increased from 148.6 million in 2006 to 173.4 million in 2010.
- The proportion of visits where an OA was prescribed did not increase significantly (10.4% vs. 11.6%, p=0.277).
- Overall OA prescribing was greatest for family medicine visits.
- There was considerable variation in OA prescribing within specialties across study years, but no distinct pattern over time.

Trends in OA Prescribing by Specialty and Year

Limitations/Discussion

- Trends in overall OA prescribing did not significantly increase in ACs from 2006-10.
- These findings suggest more acute visits, such as in emergency departments and after inpatient hospitalizations may be driving OA prescribing rates in the U.S.
- Our study was limited in that there was not adequate data to evaluate all specialties and small sample sizes for some specialties may have contributed to increased variation.

Conclusions

- OA prescribing for pain-related visits in U.S. ACs did not significantly increase between 2006-10 across several provider specialties.
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