

A Descriptive Study of Prescription Opioid Misusers Evaluated by Medical Toxicologists

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Introduction

- Medical toxicologists have the unique opportunity to interact with patients who misuse prescription opioids and identify patient behaviors that may mitigate adverse outcomes.

Objective

- To describe the demographics, drug use history, medication source, and other characteristics of patients presenting for emergency care after prescription opioid misuse (POM) resulting in medical toxicology consultation

Methods

- The Toxicology Investigators Consortium (ToxIC) Prescription Opioid Misuse (POM) subregistry is a prospectively collected, de-identified, national dataset of patients who required a medical toxicology consultation following POM
- Multicenter including outpatient Medication Assisted Treatment program for opioid dependence (buprenorphine)
- August 2013 - November 2014
- Intentional self-harm patients were excluded
- We descriptively analyzed medical history, drug use patterns, medication sources, diversion factors, and other historical aspects that have been shown to increase misuse risk

Results

- 75 records available. Patient characteristics (**Figure 1**)
- 70% male, 59% Caucasian, 35% Hispanic
- Past medical and psychiatric history (**Figure 2**)
- 43% misused alcohol (past/present), 47% sedative-hypnotics, 56% IV drugs, 83% prescription drugs
- 70% reported treatment for drug (45%) or alcohol (25%) dependency

Figure 1. Patient Age in years

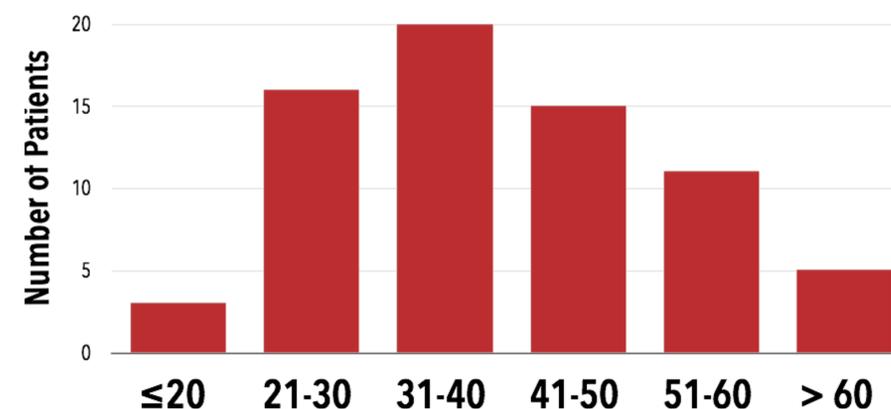


Figure 2. Past Medical History

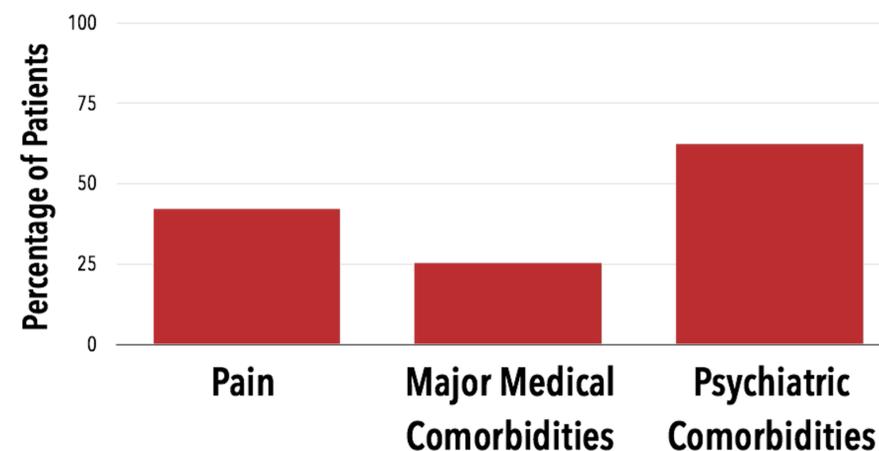


Figure 3. Interventions

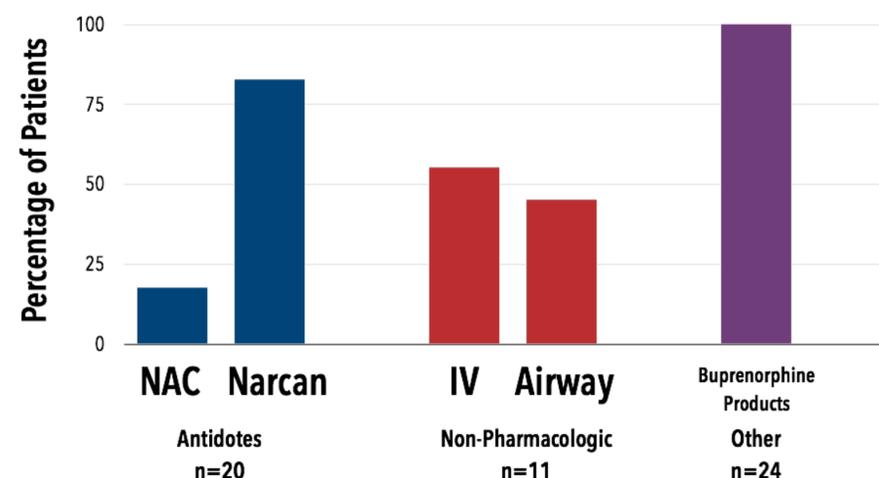


Table 1. Prescription Drug Monitoring Program (PDMP)

	Respondents (n)	Yes (%)	No (%)	Unknown (%)
EM Provider accessed PDMP	42	27 (64.3)	11 (26.2)	4 (9.5)
Found Patient Data	28	27 (96.4)	1 (3.6)	0 (0)
Helpful	27	23 (85.2)	1 (3.1)	0 (0)
Increased POM Suspicion	5	5 (100)	0 (0)	0 (0)
	Respondents (n)	>10 Min (%)	≤10 Min (%)	Unknown (%)
Time to Access PDMP	28	4 (14.3)	23 (82.3)	1 (3.6)

Results

- Opioids involved in toxicology consultation: oxycodone 36%, buprenorphine 35%, hydrocodone 15%; 35% had a prescription
- For those without a prescription, 78% reported buying the drug (mostly buprenorphine to prevent withdrawal)
- "Turning point" for recognizing the misuse problem: times when missed important engagements (70%), someone expressed concern (60%), and problems at work (50%) or with friends (50%)
- Over 40% reported co-ingestants: sedative-hypnotics (64%), stimulants (18%), heroin (7%), alcohol (3%)
- Interventions required (**Figure 3**)
- Most patients treated with buprenorphine were seen in an outpatient clinic for opioid dependence to treat craving/withdrawal
- Prescription Drug Monitoring Program use (**Table 1**)

Limitations

- Small sample size; incomplete data

Conclusions

- Chronic pain and psychiatric disorders were common
- Only one-third reported having a prescription
- Co-ingestion of sedatives was common
- Two-thirds of providers reported accessing the PDMP

