

“Doc, can I have something stronger?”

ED prescribers perspectives and practices concerning opioid prescribing



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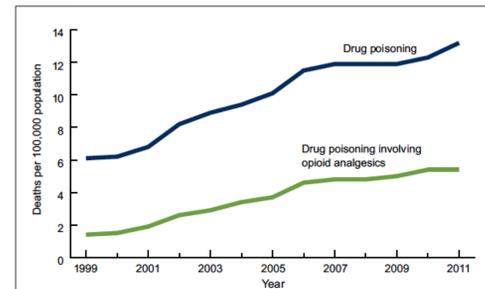
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BACKGROUND

- Opioid analgesics (OA) play a prominent role in drug poisoning deaths

Figure 1. Age-adjusted drug-poisoning and opioid-analgesic poisoning death rates: United States, 1999–2011



NOTES: The number of drug-poisoning deaths in 2011 was 41,340, and the number of drug-poisoning deaths in 2011 involving opioid analgesics was 16,917. Access data table for Figure 1 at: http://www.cdc.gov/nchs/data/tables/01160_table.pdf#1. SOURCE: CDC/NCHS, National Vital Statistics System, Mortality File.

- Decisions to prescribe OA are highly individualized
- Little is known about what influences OA prescription decision making

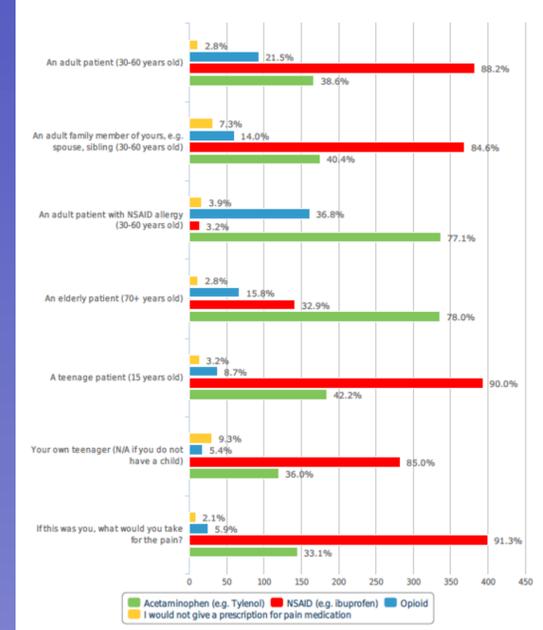
RESEARCH QUESTIONS

- How do ED prescribers vary in their OA prescribing practices?
- How do personal perspectives regarding pain management influence personal medication use?

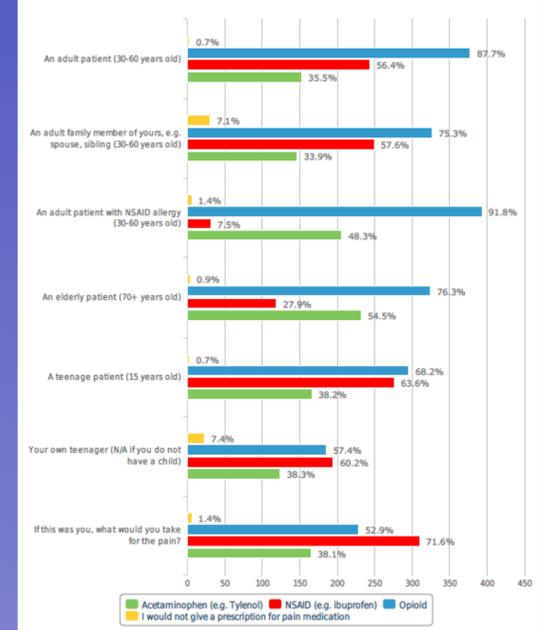
METHODS

- Web-based descriptive multicenter survey study
- Randomly sampled 7 of 30 EDOPIOIDS consortium centers
- All attendings, residents, and advanced practice providers (APP) at each center eligible to participate
- Questionnaire included items on OA prescribing practices, attitudes towards prescribing and public health implications, and personal and family medication practices
- Responses on prescribing practices for ankle injury based on patient type and personal therapeutic OA use are presented
- Data preliminarily analyzed using descriptive statistics

[Q5] In a patient with an ankle sprain who reports 10/10 pain, identify what type of pain medication you would prescribe at discharge in the following cases (check all that apply):



[Q6] In a patient with an ankle fracture who reports 10/10 pain, identify what type of pain medication you would prescribe at discharge in the following cases (check all that apply):



RESULTS

- 513/957 (53%) overall response rate
- 49% attendings, 40% residents, 10% APPs
- 62.6% of respondents reported taking an opioid for relief of pain
- Among those 48% took 1-2 pills, 34.3% took less than half, 12.8% took more than half, 4.2% took all, and <1% took none

LIMITATIONS

- Inherent design limitations include recall bias, social desirability bias, and non-response bias

CONCLUSIONS

- OA prescribing practices were highly variable among survey respondents
- ED prescribers report using very few pills when personally prescribed opioids for pain

FUTURE DIRECTIONS

- Different approaches to OA prescribing for the different patient groups raises questions about shifting risk/benefit concerns and pain relief expectations
- Data being analyzed for associations between prescribing practices, attitudes towards prescribing, and how prescribing practices vary between providers and institutions

