

## ACMT Describes Enhancement of Prescription Drug Monitoring Programs

*The use of Prescription Drug Monitoring Programs (PDMP) by clinicians helps identify aberrant opioid use patterns in patients. Researchers from the American College of Medical Toxicology discussed barriers to full utilization of these programs at a nationwide meeting of PDMP administrators.*

Washington, DC ([PRWEB](#)) June 19, 2012 -- Misuse of prescription opioids, such as oxycodone (in Percocet) and hydrocodone (in Vicodin), is associated with epidemic levels of addiction, harm, and death in the US. Since these drugs are typically acquired through prescribing by healthcare providers, prescription drug monitoring programs have been developed to help prescribers identify patients who may be misusing, abusing, or diverting prescription opioid medications for other uses.

Prescription drug monitoring programs are state-based data collection systems that track prescribing and dispensing of certain federally scheduled medications, including opioids as well as sedatives like alprazolam (found in Xanax). Most states allow prescribers to access the system prior to prescribing a controlled medication and review the patient's prescription history for signs of aberrancy, as this is often a sign of misuse. Nearly every state (49/50) has or is planning to have such a system, although they vary widely in functionality and ease of use.

Researchers from the [American College of Medical Toxicology](#), who recently investigated factors that prevent wider use of these programs, presented their insights gleaned from prescribers' concerns at the Harold Rogers [Prescription Drug Monitoring Program](#) National Meeting in Washington, DC on June 6, 2012. According to one of the presenters, Jeanmarie Perrone, M.D., an emergency physician and medical toxicologist from the University of Pennsylvania, "the group was incredibly interested in the user feedback we provided, and were eager to discuss improvements in the programs to help promote safe opioid prescribing."

The major limitation highlighted was the time to use these programs. Coauthor Lewis Nelson, M.D., also an emergency physician and [medical toxicologist](#) from New York University, dramatized the typical frustrations of a busy emergency physician attempting to check the prescription drug monitoring program in a prototypical patient. According to Dr. Nelson, "the amount of time and effort along with the disappointing results with some of these systems creates a major barrier to efficiency," and increases the reluctance to the regular use of these very important programs.

Although the authors acknowledged that there are limitations, the potential upside of these programs is great, and they remain optimistic that with enhancement, prescription drug monitoring programs may help to diminish the magnitude of the prescription drug epidemic.

The same researchers recently published a Perspectives article in the New England Journal of Medicine highlighting additional aspects of rational opioid prescribing.

The [American College of Medical Toxicology](#) (ACMT) is a professional, nonprofit association of physicians with recognized expertise in medical toxicology. The College is dedicated to advancing the science and practice of medical toxicology to improve the care of poisoned patients.

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