

Opioid Analgesic Prescribing for Headaches Rises in U.S. Emergency Departments

A new research report examining opioid analgesic prescribing for headache visits in U.S. emergency departments found that there have been large increases in opioid use for the treatment of headache, despite expert guidelines recommending against this practice. The research will be presented at the American College of Medical Toxicology's Annual Scientific Meeting to be held in Phoenix, AZ from March 28-30, 2014.

Phoenix, AZ ([PRWEB](#)) March 27, 2014 -- Over the past decade, there have been significant increases in the prescription of opioid analgesics for many pain-related ED visits despite rising rates of opioid abuse, overdose, and [poisoning](#)-related fatalities. Research to be presented at the American College of Medical Toxicology's (ACMT) [Annual Scientific Meeting](#) in Phoenix, AZ from March 28-30, 2014 focuses on opioid prescribing trends for headache-related emergency department visits. Opioid analgesics are not recommended as first-line treatment for headache by expert consensus guidelines, including those of the American Academy of Neurology and the American College of Emergency Physicians, and more recently, the [Choosing Wisely](#)® Campaign. In 2010, there were an estimated 7.7 million headache-related emergency department visits.

Investigators from the medical schools of George Washington University, the University of Pennsylvania, and New York University, used data from the Centers for Disease Control and Prevention's National Hospital Ambulatory Medical Care Survey to examine prescribing trends for opioid analgesics, as well as non-opioid alternatives, for the treatment of headache from 2001-2010.

The researchers found there was a 65% increase in opioid prescribing for headaches over the ten-year study period. Hydromorphone, a highly potent agent, showed a 450% increase, and represented the largest change of the opioids studied. Significant increase also occurred for the prescribing of other opioids such as oxycodone, a widely abused opioid. At the same time, there was not an increase in prescribing of non-opioid alternatives, including acetaminophen, anti-emetic medications, non-steroidal anti-inflammatory drugs, and "triptans", which are more strongly endorsed by current guidelines.

According to the lead investigator, Dr. Maryann Mazer-Amirshahi from George Washington, "These findings are particularly concerning given the magnitude of increase in opioid prescribing compared to the other non-addictive medications, whose use remained the same or declined." In addition she commented, "we are concerned that providers are prescribing these medications, despite guidelines recommending against their routine use." Dr. Jeanmarie Perrone of the University of Pennsylvania, another investigator, explains, "there could be several factors driving these prescribing trends including an increased focus on pain management, patient satisfaction, and regulatory requirements, which sum to carry the unintended consequence of medication overuse and its complications. Future efforts should also focus on promoting guideline-concordant prescribing."

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 through a variety of activities.