UMASSTOX

Balancing Analgesia and Addiction: Controversies in Opioid Management

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Disclosures

I have no actual or potential conflict of interest in relation to this program/presentation.

I provide medicolegal consultation on opioid safety.

Objectives

Objective 1: To explore the decision to start an opioid analgesic

Objective 2: To discuss the choice of an individual opioid at discharge

"It's easier to prevent an initial exposure than treat a lifelong addiction"

-- Lewis Nelson, MD

WHAT IS THE DOWNSTREAM EFFECT OF AN OPIOID PRESCRIPTION?

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients[1] who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,[2] Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug
Surveillance Program
Waltham, MA 02154 Boston University Medical Center

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

Porter and Jick

We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

The NEW ENGLAND JOURNAL of MEDICINE

CORRESPONDENCE

A 1980 Letter on the Risk of Opioid Addiction

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Opioid-Prescribing Patterns of Emergency Physicians and Risk of Long-Term Use

Michael L. Barnett, M.D., Andrew R. Olenski, B.S.,
and Anupam B. Jena, M.D., Ph.D.

The intensity of a physician's opioid prescribing was positively associated with the probability that a patient would become a long-term opioid user over the subsequent 12 months.

N Engl J Med 376;7. February 16, 2017

f our results represent a causal relationship, for every 48 patients prescribed a new opioid in the emergency department who might not otherwise use opioids, 1 will become a longterm user; this is a low number needed to harm for such a common therapy.

N Engl J Med 376;7. February 16, 2017

Conversion to long-term use may be driven partly by clinical “inertia” leading outpatient clinicians to continue providing previous prescriptions.

N Engl J Med 376;7. February 16, 2017

. Distribution of Opioid Prescribing Among Patients Dispensed an Opioid Within 7 Days After Surgery 1-Year Follow-up

lame	Frequency Prescribed, %[a]	
	First 7 Days After Surgery	1-Year Follow-up
	93.4	87.5
patch	0.01	1.6
orphone	0.3	1.9
ine	0.7	1.0
e	0.1	2.6
one	5.4	15.9
ting oxycodone	0.04	1.9

ed among people receiving at least 1 opioid prescription. If ceived multiple opioid types, they were counted multiple times.

ORIGINAL INVESTIGATION

Long-term Analgesic Use After Low-Risk Surger

A Retrospective Cohort Study

Asim Alam, MD; Tara Gomes, MHSc; Hong Zheng, MSc; Muhammad M. Mamdani, PharmD, MA, MPH; David N. Juurlink, MD, PhD; Chaim M. Bell, MD, PhD

Archives of Internal Medicine. 2012. 172(5): 425-430.

"In our primary analysis, patients receiving an opioid prescription within 7 days of surgery were 44% more likely to become long-term opioid users compared with those who received no such prescription."

"Patients who began taking NSAIDs within 7 days of surgery were almost 4 times more likely to become long-term NSAID users compared with patients who received no such prescription."

Archives of Internal Medicine. 2012. 172(5): 425-430.

ociation of Emergency Department Opioid Initiati With Recurrent Opioid Use

Jason A. Hoppe, DO*; Howard Kim, MD; Kennon Heard, MD, PHD

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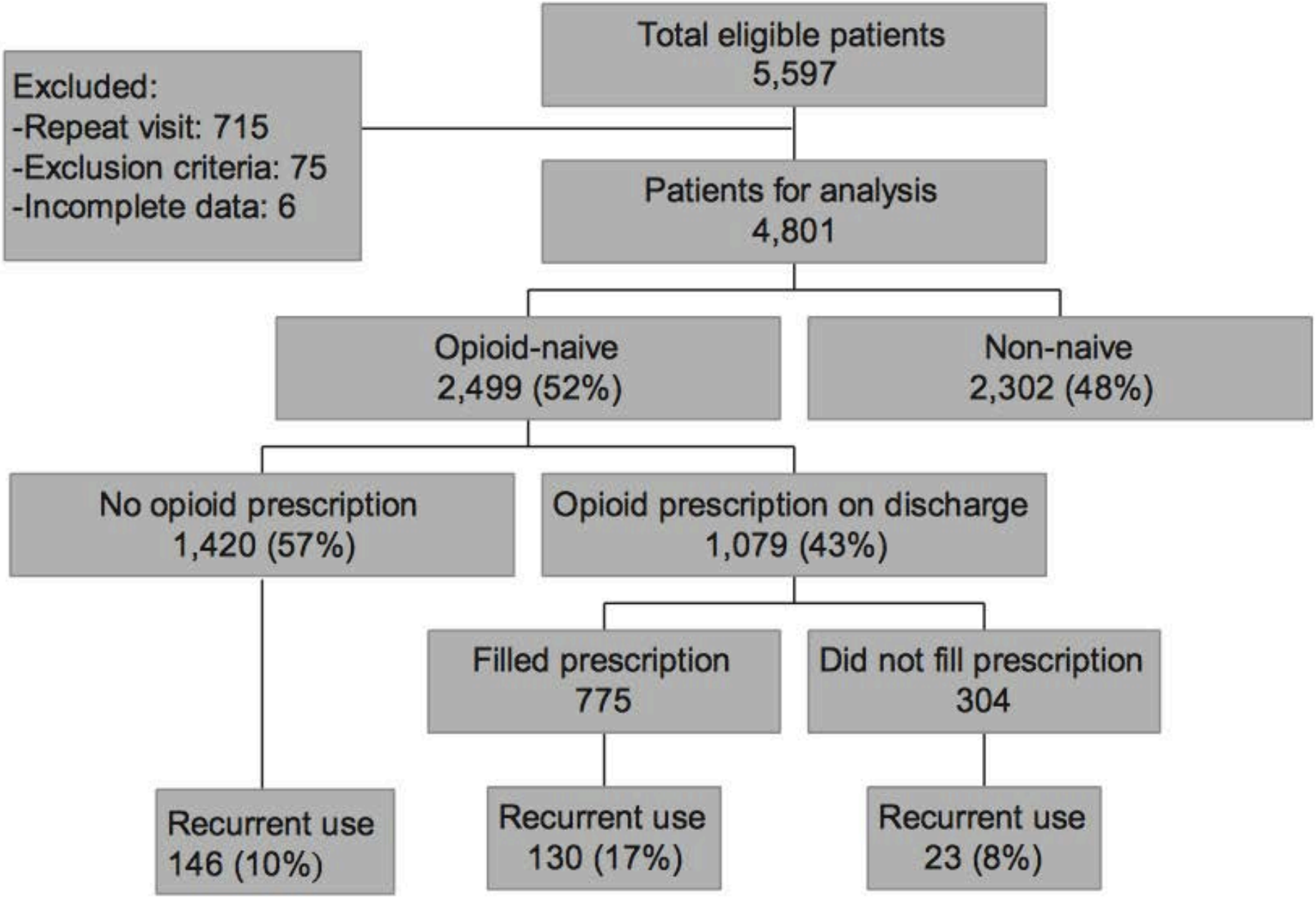


Figure. Patient inclusion diagram.

DOES IT MATTER WHICH OPIOID AGENT I CHOOSE?

oxicol. (2012) 8:335–340
007/s13181-012-0263-x

COLOGY INVESTIGATION

ability and Abuse Liability of Commonly Prescribed Opioid

Wightman · Jeanmarie Perrone · Ian Portelli ·
elson

ikeability

Abuse Liability

Tylenol with Codeine

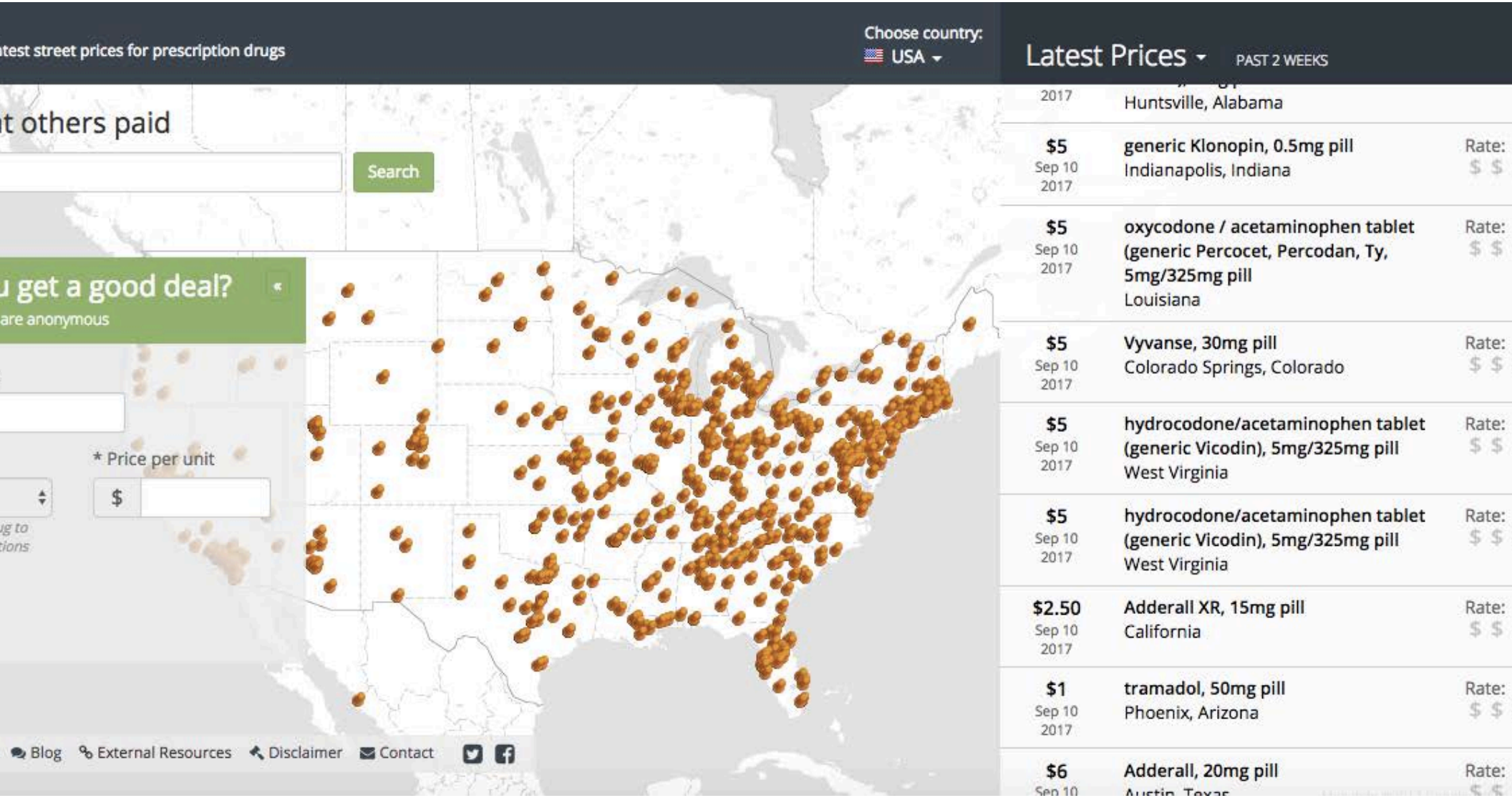
Tramadol

Hydrocodone

Hydromorphone

Oxycodone

Oral oxycodone has a substantially elevated abuse liability profile compared to oral morphine and hydrocodone due to high likability scores and a relative lack of negative subjective effects.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Latest Prices
PAST 2 WEEKS
t others paid
Search
u get a good deal?
are anonymous
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2017
Huntsville, Alabama
$5
Sep 10
2017
generic Klonopin, 0.5mg pill
Indianapolis, Indiana
Rate:
$5
Sep 10
2017
oxycodone / acetaminophen tablet
(generic Percocet, Percodan, Ty,
5mg/325mg pill
Louisiana
Rate:
$5
Sep 10
2017
Vyvanse, 30mg pill
Colorado Springs, Colorado
Rate:
$5
Sep 10
2017
hydrocodone/acetaminophen tablet
(generic Vicodin), 5mg/325mg pill
West Virginia
Rate:
$5
Sep 10
2017
hydrocodone/acetaminophen tablet
(generic Vicodin), 5mg/325mg pill
West Virginia
Rate:
$2.50
Sep 10
2017
Adderall XR, 15mg pill
California
Rate:
$1
Sep 10
2017
tramadol, 50mg pill
Phoenix, Arizona
Rate:
$6
Adderall, 20mg pill
Rate:

THANK YOU!

Dr. James Carroll

The Division of Medical Toxicology at Umass

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