

Pushing Back the Tide of Opioid Prescribing

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WHO flagship area - High-risk medicines

Aim

To gain an understanding of opioids prescribed and quantities required at discharge for postoperative pain relief.

Methods

Four prospective audits were undertaken over three week periods (2018-2019) across three private metropolitan/regional hospitals.

1. Consent Obtained

for patients >18 years who were prescribed an opioid for discharge post-surgery.

2. Medical Records

were used to identify type of surgery, length of stay, adverse drug reactions and opioids used prior to admission.

3. Follow Up

Background

of potential diversion.4,8

occured 7-14 days after discharge to ascertain pain scores seven days after discharge, opioid usage, education/ disposal and side effects.



Opioids are an important treatment option for acute postoperative pain. However,

mounting literature suggests the overprescribing of opioids post-surgery place

accidental overdoses in Australia. The Australian and New Zealand College of

Anaesthetists recommend against the use of slow-release (SR) opioids for acute

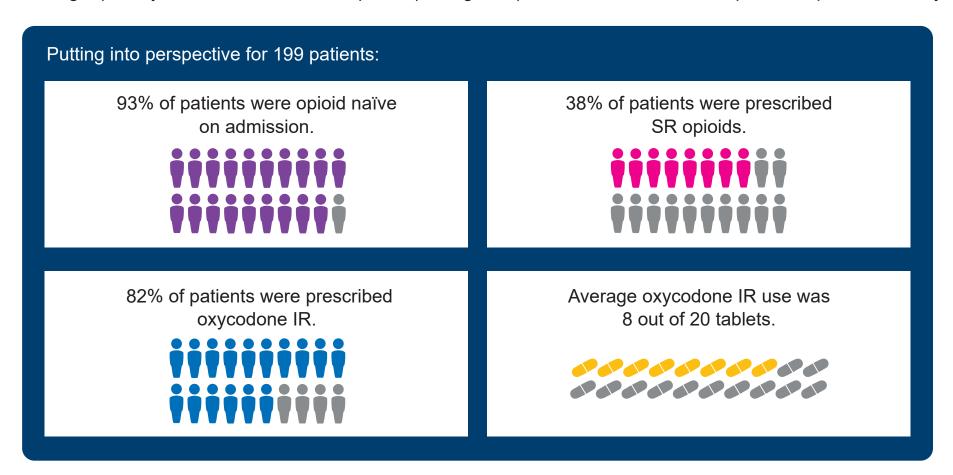
pain due to the risk of respiratory depression.⁶ Previous research found that 70% of medications prescribed for postoperative pain were unused,⁷ opening avenues

patients at risk of chronic use.^{2,3} Opioid dependence increases the likelihood for severe adverse events⁴ and are the leading drug group associated with fatal

Scan QR code for survey questions

Results

A total of 199 patients were included in the study and 93% of patients were opioid naïve on admission. Orthopaedic surgery accounted for the most common surgery performed (see figure 1). Pain scores improved seven days post-discharge where 82% of patients reported absent to minor pain (see figure 2). A combination of opioids including SR formulations were received by 38% of patients on discharge. The most common analgesic prescribed for postoperative pain was oxycodone immediate-release (IR) with 164 out of 199 patients receiving supply. The average quantity prescribed exceeded the average quantity of tablets taken for all opioids (see figure 3). Awareness of correct disposal of opioids was only known to 37 patients.



Orthopaedics Head and Neck Gastrointestinal Other Surgery Urology Gynaecology

Figure 1. Types of surgery

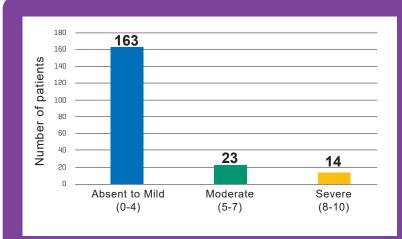
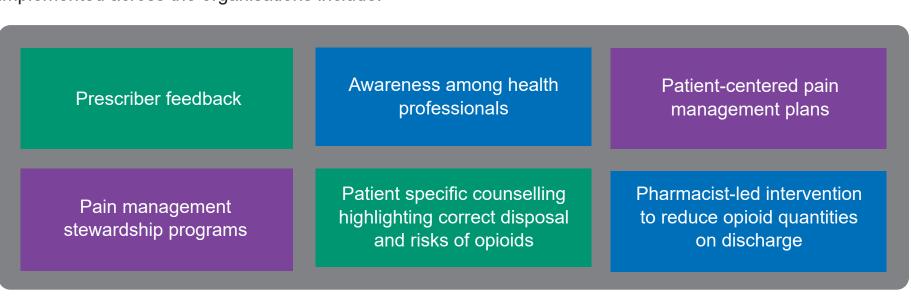


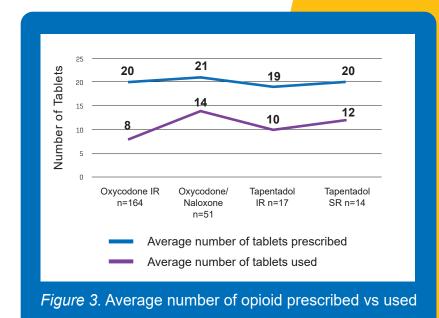
Figure 2. Pain score seven days post-discharge

DiscussionThis study der

This study demonstrated opioid over-prescribing in postoperative pain relief. These results are consistent with both local and international findings.^{3,9} There are limited studies in Australia comparing the quantity of opioid tablets supplied with the quantity taken in the post-discharge setting. Available guidelines recommend a multimodal treatment approach where opioids are only prescribed if required for a maximum duration of seven days and advocate IR over SR preparations.^{1,9}

A powerful picture is presented of opioids supplied in excess of quantities required. Strategies which provide prescriber and governance support are necessary for safe opioid prescribing. Innovations currently being implemented across the organisations include:





References

- 1. Chou R, Gordon DB, de Leon-Casasola OA, Rosenberg JM, Bickler S, Brennan T, et al. Guidelines on the management of postoperative pain. A clinical practice guideline from the American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' Committee on Regional Anesthesia, Executive Committee, and Administrative Council. The Journal of Pain. 2016;17[2]:131-157
- Hah J, Bateman BT, Ratliff J, Curtin C, Sun E. Chronic Opioid Use After Surgery: Implications for Perioperative Management in the Face of the Opioid Epidemic. Anesthesia & Analgesia. 2017;125(5):1733-1740
 Stanley B, Norman AF, Collins LJ, Zographos GA, Lloyd-Jones DM, Bonomo A, et al. Opioid prescribing in orthopaedic and neurosurgical specialties in a tertiary hospital: a retrospective audit of hospital discharge data. ANZ J Surg. 2018 October 10
- 4. ANZCA. Position statement on slow release opioids. 2018 April 4. [Cited 16 June 2018] Available from URL: http://www.anzca.edu.au/front-page-news/position-statement-on-slow-release-opioids.
- 5. ANZCA. Australia's escalating opioid use focus of pain forum. 2018 June 13. [Cited 16 June 2018] Available from URL: http://www.anzca.edu.au/communications/media/media-releases-2018/australia-s-escalating-opioid-use-focus-of-pain-focus-o
- 6. Society of Hospital Pharmacists Australia. Reducing opioid-related harm: a hospital pharmacy landscape paer for medicines leadership forum. SHPA 2018 July
 7. Howard R, Waljee J, Brummett C, Englesbe M, Lee J. Reduction in opioid prescribing through evidence-based prescribing guidelines. JAMA Surg 2018;153[3]:285–287
- 8. Gavin K. These surgeons cut opioid prescriptions dramatically, with no increase in pain. Health Lab, December 6 2017. [Cited 16 June 2018] Available from URL: https://labblog.uofmhealth.org/rounds/these-surgeons-cut-opioid-prescriptions-dramatically-no-increase-pain 9. Government of South Australia. Guidelines for prescribing opioid on discharge. Version 1.4 April 2016 [Cited 26 Oct 2018]. Available from URL: http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+topics/



