

Study reveals high rates of opioid prescriptions and excessive dosing in dialysis patients

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A new analysis indicates that the US opioid epidemic likely applies to the unique population of dialysis patients. The study, which appears in an upcoming issue of the *Journal of the American Society of Nephrology (JASN)*, also found links between higher opioid drug prescription and increased risks of dialysis discontinuation, hospitalization, and early death.

Pain is frequent in dialysis patients but pain control is difficult because many options should be avoided due to patients' kidney failure. Chronic use of [opioid](#) pain medications is a significant risk factor for [opioid overdose](#) in the general US population, but the issue has not been examined in the dialysis population.

To investigate, Paul Kimmel, MD, MACP, FASN (National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health) and his colleagues assessed prescriptions of medications in US patients undergoing maintenance dialysis who had Medicare as their primary insurer. The team achieved this by analyzing 2006-2010 United States Renal Data System files, including those related to Medicare Part D.

Opioid medications were prescribed more frequently and for longer periods of time than in the general Medicare population, and often at high doses that are not recommended for patients with kidney failure. Almost two thirds of dialysis patients received at least one opioid prescription every year and >20% received chronic prescriptions (? 90 days of filled prescriptions), 3-times as great as the rate of chronic opioid prescription in the general Medicare population. More than one-quarter of [opioid users](#) received doses exceeding recommendations. Also, after adjusting for other factors, [dialysis patients](#) who received opioid

medications were at significantly higher risk of early death, discontinuation of dialysis, and the need for hospitalization, compared with those who did not receive opioids. These adverse events were most common in those who received higher doses.

"Excessive opioid use and its adverse outcomes in the end-stage renal disease population is of great concern to US [patients](#), practitioners, and policy makers," said Dr. Kimmel. "This study shows that this high-risk [dialysis](#) population is also subject to the risks of long-term opioid use. Exploring other options to treat pain, such as medications and behavioral therapy, could help reduce opioid prescriptions in this population. Such changes are urgently needed to decrease patient morbidity and mortality."

More information: "Opioid Prescription, Morbidity and Mortality in US Dialysis Patients," *Journal of the American Society of Nephrology* (2017). [DOI: 10.1681/ASN.2017010098](https://doi.org/10.1681/ASN.2017010098)

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