

With new persistent opioid use, most early scripts from surgeons

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accounted for 69 percent of opioid prescriptions, primary care physicians accounted for 13 percent, emergency [medicine](#) accounted 2 percent, physical medicine and rehabilitation (PM&R)/pain medicine accounted for 1 percent, and all other specialties accounted for 15 percent. However in the longer term, nine to 12 months post-surgery, surgeons accounted for only 11 percent of opioid prescriptions, primary care physicians accounted for 53 percent, [emergency medicine](#) accounted for 5 percent, PM&R/pain medicine accounted for 6 percent, and all other specialties accounted for 25 percent.

"Enhanced care coordination between surgeons and [primary care physicians](#) could allow earlier identification of patients at risk for new persistent [opioid](#) use to prevent misuse and dependence," the authors write.

(HealthDay)—Among surgical patients who develop new persistent opioid use, surgeons provide the majority of opioid prescriptions in the first few months after surgery, but by nine to 12 months post-surgery, most prescriptions are from primary care providers, according to a study recently published in the *Journal of General Internal Medicine*.

Several authors disclosed financial ties to pharmaceutical and medical technology companies.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

Michael P. Klueh, from the University of Michigan in Ann Arbor, and colleagues used a national dataset of insurance claims to identify opioid-naive patients (aged 18 to 64 years) undergoing surgical procedures from 2008 to 2014 who continued filling opioid prescriptions three to six months after surgery. For the 12 months after surgery, opioid prescriptions claims were evaluated to identify the specialties of prescribing physicians using National Provider Identifier codes.

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The researchers identified 5,276 opioid-naive patients who developed new persistent opioid use. In the first three postoperative months, surgeons

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