

# Opioid use hospitalization rates increased for patients with common rheumatic diseases

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New research findings presented this week at the 2019 ACR/ARP Annual Meeting show an increase in opioid-use disorder (OUD) hospitalizations among patients with five musculoskeletal conditions, trends that healthcare providers, policy makers and patients need to be more aware of to help prevent opioid use disorder-related morbidity and mortality (Abstract [#2047](#)).

Opioid abuse and associated [mortality rates](#) have risen dramatically in recent years, and the problem has reached epidemic levels in the United States. However, there are limited data on the rate of OUD-related hospitalizations in people with common musculoskeletal conditions. This study examined [hospitalization rates](#) for OUD in individuals with five diseases: gout, osteoarthritis (OA), rheumatoid arthritis (RA), fibromyalgia and [low back pain](#) (LBP).

"Chronic musculoskeletal diseases are one of the most common reasons for chronic pain. Thus, this group is at risk of receiving opioids and potentially developing an opioid use disorder," says Jasvinder Singh, MD, MPH, Professor in the Division of Rheumatology and Clinical Immunology at the University of Alabama at Birmingham, and the study's lead author. "We were interested in understanding the magnitude of the OUD problem, especially with regards to its impact on hospitalization rates and time-trends. We wanted to assess if the problem had been stable or increasing over time. A knowledge of OUD-related hospitalization provides a good assessment of impact on patient morbidity, and also utilization of health services that are expensive."

The retrospective study used data from the U.S. National Inpatient Sample (NIS) from 1998 to 2016 to examine the rates of OUD hospitalizations without [opioid overdose](#), detoxification or

rehabilitation services, based on the International Classification of Diseases Clinical Modification (ICD-9-CM) diagnostic codes for opioid dependence or abuse in the primary diagnosis position: 304.0x, 304.7x, 305.5x, 965.0x, E850.0 or E935.05. The researchers assessed patients with the five rheumatic diseases using the respective ICD-9-CM diagnostic codes in a secondary position: gout, OA, RA, fibromyalgia and LBP. They assessed the incidence of OUD claims per 100,000 NIS claims overall.

They found that the incidence of OUD-related hospitalizations was low between 1998 and 2000 for the five diseases, but this increased over a 19-year period. The rates of OUD per 100,000 total NIS claims showed increases in hospitalization ranging from five-fold higher in people with LBP and 35-fold higher in people with gout. The researchers found that, over the study period, OUD claims plateaued for patients with LBP and gout, but the increases seem to continue for patients with OA, RA and fibromyalgia.

"This study's findings should alert the patients and providers regarding the chronic opioid use in people with [rheumatic diseases](#) and should encourage them to have an [open dialogue](#) regarding the risk/benefit ratio at the time of starting or deciding to continue opioids," says Dr. Singh. "The dramatic increase in OUD hospitalizations in these five-common rheumatic conditions should highlight these diseases for policy initiatives. Policy makers and federal research funders should make these diseases as priorities for interventions to reduce the risk of OUD and related hospitalizations. Increasing OUD hospitalizations in RA, OA and fibromyalgia identifies these diseases are targets for urgent attention."

**More information:** Study: Time-trends in Opioid

Use Hospitalizations in Common Musculoskeletal  
Conditions: Gout, Osteoarthritis, Rheumatoid  
Arthritis, Fibromyalgia, and Low Back Pain

Provided by American College of Rheumatology

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