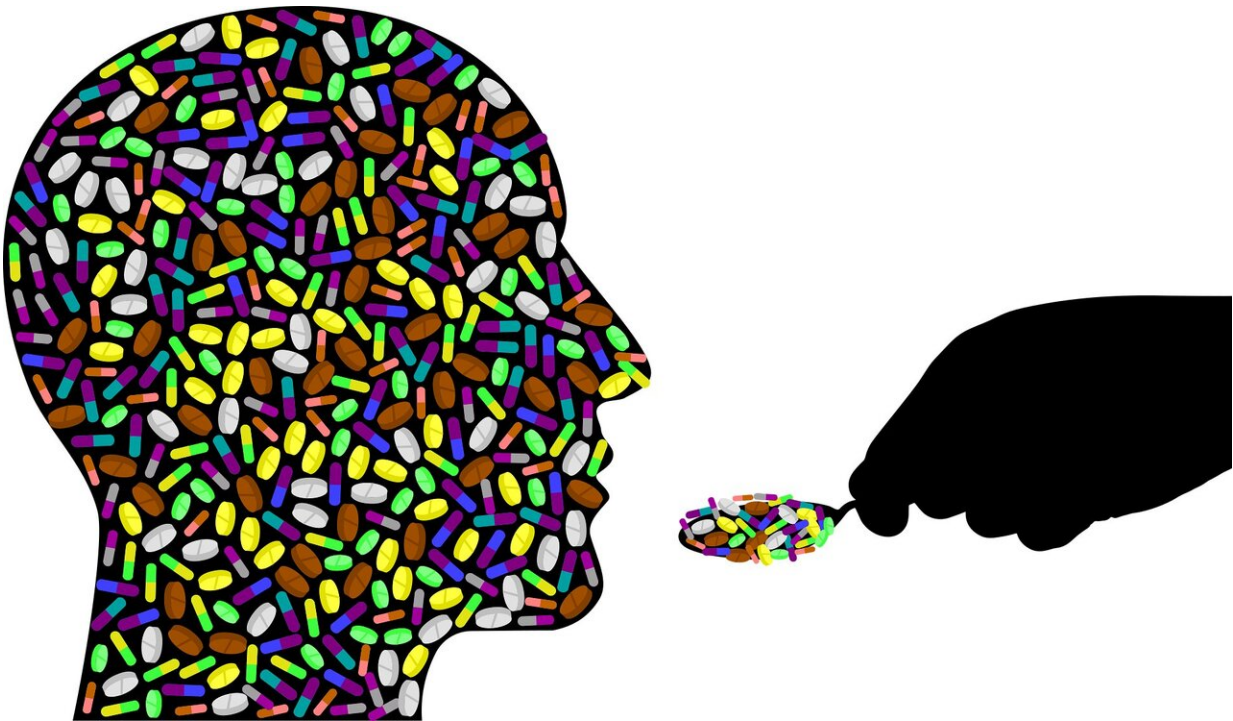


After CDC guidance, little change in opioid prescriptions to those at risk of misuse

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Research from Saint Louis University finds that among patients at risk for opioid misuse, the odds of receiving a schedule II opioid for non-cancer pain were similar to those not at risk, despite new prescribing guidelines from the Centers for Disease Control (CDC).

The study, "Comparison of Opioids Prescribed for Patients at Risk for Opioid Misuse Before and After CDC Opioid Prescribing Guidelines," by Jeffrey Scherrer, Ph.D., a professor in Family and Community Medicine at SLU, was published online Dec. 2 in *JAMA Network Open*.

In March 2016, the CDC issued its Guideline for Prescribing Opioids for Chronic Pain. The guidance offered recommendations for opioid therapy in primary care patients with non-[cancer pain](#). The [guidelines](#) were followed by a decline in opioid prescription rates.

This retrospective cohort study reviewed Optum de-identified electronic medical record data of 5 million adults distributed throughout the United States 18 months before and after CDC guidance was issued on March 15, 2016. from 2008 to 2015. Eligible patients were 18 years of age or older, did not have an HIV and [cancer diagnosis](#) and had a non-cancer painful condition that resulted in a new prescription for codeine, hydrocodone, oxycodone or tramadol.

Researchers determined if patients with benzodiazepine prescriptions, depression, anxiety or substance abuse disorders had a greater decrease in receipt of Schedule II (codeine, hydrocodone or oxycodone) versus Schedule IV (tramadol) opioids.

There were 279,435 (141,219 pre-guideline issuance and 138,216 post-guideline) eligible patients.

"Except for a 14% decrease in oxycodone prescriptions, we found no evidence for substantial changes in odds of receiving a Schedule II opioid versus tramadol in the 18 months after the CDC guidance, compared with before the guidance," Scherrer said.

The study was limited by the lack of data on dispensed prescriptions. Researchers were unable to determine whether prescriptions were

appropriate to a patient's pain severity and interference.

Continued education is needed, Scherrer says, to reduce prescribing of high abuse potential opioids to patients with benzodiazepine prescriptions and comorbid psychiatric and substance abuse disorders.

More information: Jeffrey F. Scherrer et al, Comparison of Opioids Prescribed for Patients at Risk for Opioid Misuse Before and After Publication of the Centers for Disease Control and Prevention's Opioid Prescribing Guidelines, *JAMA Network Open* (2020). [DOI: 10.1001/jamanetworkopen.2020.27481](https://doi.org/10.1001/jamanetworkopen.2020.27481)

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