

Socioeconomic status plays major role in opioid pain control

26 June 2013



Patients in moderate to severe pain in emergency rooms across the U.S. are less likely to receive opioid pain medications if they are black, Hispanic, poor, or have less education, compared to more affluent patients, according to a University of Rochester Medical Center study reported in the *Journal of General Internal Medicine*.

The study took place against the backdrop of a national epidemic of narcotics abuse, combined with a need to satisfy patients' legitimate complaints of pain.

Racial and [ethnic disparities](#) are already well-documented in the scientific literature, but the URMIC team believes they are the first to investigate whether aspects of socioeconomic status—poverty, income and education levels—also influence the prescription of opioid [pain medications](#).

The results point to a need for a national discussion to increase awareness and to provide consistent and unbiased treatments, said corresponding author Robert J. Fortuna, M.D., assistant professor of Medicine and Pediatrics and

member of the Center for Primary Care, with a special research interest in improving [health care delivery](#).

Investigators analyzed a cross-section of data from the National Hospital Ambulatory Care Survey of people 18 and older from 2006 to 2009, which showed that more than 50,000 visits took place at approximately 1,400 emergency departments at which opioids were prescribed. They used zip codes to identify [socioeconomic status](#).

(Medications that fall within the opioid class include hydrocodone, e.g., Vicodin; oxycodone, e.g., OxyContin, Percocet; morphine, e.g., Kadian, Avinza; codeine, and related drugs.)

Results confirmed that people of black race or Hispanic ethnicity were less likely to get opioids for equivalent levels of pain. Similarly, people who resided in poorer neighborhoods were less likely to be treated with opioids than those from more affluent areas. For example, patients in the highest income neighborhoods received prescriptions 49 percent of the time for moderate to severe pain, versus 39 percent of the time for patients from lower income areas. Discrepancies also existed among various levels of poverty, with the poorest least likely to get opioids for pain. (Prior studies have documented similar outcomes based on race, even in cases where a patient has a bone fracture.)

Regional differences also were observed, with opioids prescribed more often at emergency departments in the South and West, compared to the Northeast. Although the study was not designed to answer why the disparities occur, the authors said the reasons are complex and should be investigated further. Co-authors Michael Joynt, M.D., and Meghan Train, D.O., a resident in the Department of Medicine at URMIC, said that uniform standards and more medical education would help to promote unbiased prescribing.

More information: [link.springer.com/article/10.1...
07/s11606-013-2516-z](https://link.springer.com/article/10.1007/s11606-013-2516-z)

Provided by University of Rochester Medical
Center

APA citation: Socioeconomic status plays major role in opioid pain control (2013, June 26) retrieved 27
June 2022 from <https://medicalxpress.com/news/2013-06-socioeconomic-status-major-role-opioid.html>

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