

Researchers find significant increase in painkillers prescribed to US adults visiting emergency departments

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(Medical Xpress)—George Washington University (GW) researchers report dramatic increases in prescriptions of opioid analgesics, such as Percocet, Vicodin, oxycodone and Dilaudid, during U.S. emergency department visits from 2001 to 2010. These findings were not explained by higher visit rates for painful conditions, which only increased modestly during the time period. This report was published today in the journal *Academic Emergency Medicine*.

"This trend is especially concerning given dramatic increases in opioid-related overdoses and fatalities in recent years," said Maryann Mazer-Amirshahi, M.D., co-author of the study and adjunct instructor of [emergency](#) medicine at the GW School of Medicine and Health Sciences (SMHS). "Using prescription opioids to treat acute painful conditions in emergency departments and hospitals might do more harm than good, as they can potentially lead to misuse and addiction. More needs to be done to monitor opioid prescriptions in emergency departments—having recommended standard approaches may be a good starting point."

Mazer-Amirshahi and colleagues found that between 2001 and 2010, the percentage of overall [emergency department](#) visits where an opioid analgesic was prescribed increased from 20.8 percent to 31 percent. For some opioids, prescription rates increased dramatically; Dilaudid, one of the most potent yet addictive medications, went up 668.2 percent. The percentage of visits for painful conditions during the period only

increased by four percent, from 47.1 percent in 2001 to 51.1 percent in 2010.

"Emergency department providers are often caught in a difficult position because some have their pay incentivized based on how patients report their satisfaction with their experience. The intention is always to provide appropriate pain relief, but many patients have come to expect opioids," said Jesse Pines, M.D., co-author of the study and director of the Office of Clinical Practice Innovation at GW SMHS. "When patients in pain want opioids, but don't get them—which is common—they may report a poor experience. We need to carefully consider how to balance these issues when it comes to national policy, particularly local and national payment policies, in this country."

The study analyzed data from the National Hospital Ambulatory Medical Care Survey, exploring which demographic groups, medications, and reasons for visiting the emergency room may account for this change in prescribing rates. In their analysis, the authors found the following over the ten-year study period:

- Opioid prescribing increases across all age groups, including those over 65 years
- Increases in opioid use in both blacks and whites; however, blacks were consistently prescribed fewer opioids than whites
- Significant increases in opioid use in all categories of payer
- Largest proportional increase in opioid prescriptions in Midwestern states; Highest overall frequency of opioids prescribed in Western states; Lowest rates of [opioid](#) utilization in Northeast states
- Opioids more commonly prescribed in urban emergency departments and in nonprofit hospitals
- Increases in prescription rates for all [opioid analgesics](#), except codeine and meperidine

- Greatest relative increases in use of hydromorphone (known as Dilaudid) and morphine; Hydromorphone and oxycodone had the greatest relative increases from 2005-2010

More information: The paper, titled "Rising Opioid Prescribing in Adult U.S. Emergency Department Visits: 2001-2010," is available at [onlinelibrary.wiley.com/doi/10.../acem.12328/abstract](https://onlinelibrary.wiley.com/doi/10.1111/acem.12328/abstract)

Provided by George Washington University

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