

Even small quantities of opioids prescribed for minor injuries increase risk of long-term use

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Overprescribing of opioid medications for pain has contributed to a record-high number of drug-related deaths in the United States in recent years. A significant part of the issue, experts say, is the vast amount of variation in opioid prescribing habits for minor injuries such as ankle sprains - which don't require treatment with such risky drugs in the first place. For example, patients who received their first opioid prescription for an ankle sprain treated in U.S. emergency departments (EDs) commonly received prescriptions for anywhere from 15 to 40 pills, according to new research from the Perelman School of Medicine at the University of Pennsylvania. Those who received 30 or more pills compared to less than 15 pills were twice as likely to fill an additional opioid prescription within three to six months. The authors say the results point to the urgent need for policies and guidelines to address when opioid medications are indicated for minor injuries and to reduce the number of pills supplied for opioid prescriptions. The study will be presented today during the plenary sessions at the Society for Academic Emergency Medicine annual meeting in Orlando, FL.

"The substantial variation in prescribing patterns of such extremely addictive medications for minor injuries results in many thousands of pills entering the community, and places patients at an increased risk of continued use and potentially addiction," said lead author M. Kit Delgado, MD, MS, an assistant professor of Emergency Medicine and Epidemiology at Penn. "It's vital that we identify and understand the root causes of this growing issue."

In the study, researchers examined private insurance claims data from more than 53,000 patients visiting U.S. emergency departments for an ankle sprain in 2011-2012. All patients included in the study had not filled an opioid prescription

within the past six months. Overall, seven percent of patients received a prescription for an opioid pain medication (such as hydrocodone or oxycodone). However, there was wide variation across states: in Delaware only 1.6 percent of patients received an opioid prescription, compared to 16 percent in Mississippi.

Additional results showed that although the median number of pills prescribed was 20, five percent of patients received 60 pills or more.

"Looking only at the cases analyzed in this study, if all prescriptions written for more than 20 pills were instead written for only 20, there would have been 37,721 fewer opioid pills entering the community," Delgado said. "If extrapolated more broadly to the treatment of other minor injuries, this likely translates to millions of highly addictive and unnecessary prescribed pain medications filtering into the community. The study illustrates the potential benefit of laws to limiting new opioid [prescriptions](#) for acute pain to no more than five-day supply as was recently passed in New Jersey."

"An even more critical aspect of this study is that many would argue that opioids should not be prescribed for ankle sprain at all," said senior author Jeanmarie Perrone, MD, a professor of Emergency Medicine and director of Medical Toxicology. "Exposing young patients with an ankle sprain to opioids is unnecessary and risky. To limit the escalation of the [opioid](#) epidemic in this country, it's critical to keep these medications limited to patients whose injuries absolutely require them, and limit exposure to opioids for all other patients."

Provided by Perelman School of Medicine at the University of Pennsylvania

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