

Prescription size predicts persistent opioid use after cardiothoracic surgery

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open lung resection, dual eligibility (Medicare and Medicaid), drug and [substance abuse](#), female sex, tobacco use, high comorbidity, pain disorders, longer hospital stay, and younger age. Among patients prescribed more than 450 oral morphine equivalents, adjusted new persistent use was 19.6 percent compared with 10.4 percent among those prescribed 200 oral morphine equivalents or less.

"We have notably found that the amount of opioids being used by each patient during the one to two days prior to discharge should guide individualized, patient-centered opioid prescribing for postdischarge use," Brescia said in a statement.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—Prescription size is associated with increased new persistent opioid use among patients after cardiothoracic surgery, according to a study published online Aug. 22 in the *Annals of Thoracic Surgery*.

Alexander A. Brescia, M.D., from the University of Michigan in Ann Arbor, and colleagues identified opioid-naïve Medicare patients undergoing [cardiothoracic surgery](#) between 2009 and 2015. They selected 24,549 patients who filled an [opioid prescription](#) between 30 days before surgery and 14 days after discharge and with continuous Medicare enrollment. The correlation for prescription size with new persistent opioid use was examined.

The researchers found that new persistent use was 12.8 percent overall and decreased annually, from 17 to 7.1 percent from 2009 to 2015. Associations with new persistent use were seen for prescription size, preoperative prescription fills, black race, [gastrointestinal complications](#), disability status,

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