Brian C Tucker CAT-I- Annals of Emergency Medicine Block 3

Association of Emergency Department Opioid Initiation With Recurrent Opioid Use. Hoppe JA, Kim H, Heard K. Ann Emer Med. 2014 Dec 17

Clinical Question: Another opioid study?!? Yep**.** Does emergency department (ED) opioid prescribing for acute pain increase the risk of future prescription opioid use in the next year?

Methods: This is a retrospective cohort study of all patients discharged from an urban academic ED with an acute painful condition during a 5-month period. Clinical information was linked to data from Colorado's prescription drug monitoring program. They compared opioid-naive patients (no opioid prescription during the year before the visit) who filled an opioid prescription or received a prescription but did not fill it to those who did not receive a prescription. The primary outcome was the rate of recurrent opioid use, defined as filling an opioid prescription within 60 days before or after the first anniversary of the ED visit.

Results: Four thousand eight hundred one patients were treated for an acute painful condition; of these, 52% were opioid naive and 48% received an opioid prescription. Among all opioid-naive patients, 775 (31%) received and filled an opioid prescription, and 299 (12%) went on to recurrent use. For opioid-naive patients who filled a prescription compared with those who did not receive a prescription, the adjusted odds ratio for recurrent use was 1.8 for opioid-naive patients who received a prescription but did not fill it compared with those who did not receive a prescription. The adjusted odds ratio for recurrent use was 0.8.

Conclusions and Discussion: The article concludes of more than 4,800 patients, 48% received an opioid prescription. Opioid-naive study patients who filled an opioid analgesic prescription were nearly twice as likely to receive a later opioid prescription compared with those who did not receive a prescription. While it is impossible to link causation with this correlation of increased opioid recidivism, this is the first study of its kind addressing whether the ER can ‘create an addict’ in one ED visit. The study method is retrospective bringing with it those limitations; and further, there is no assessment of what the precipitating factor and why they received opioids for their ‘recurrent’ opioid Rx. Regardless, it is a good sentinel study in addressing the social epidemic of opioid use and abuse, and the role we play as ER physicians.