Safety Spotlight: Orthopedics and Opioids…Proceed with Caution!

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Opioid use has reached epidemic and deadly proportions in the U. S.; overdose deaths increased 124% from 1999-2007. [1] Opioids cause more deaths than cocaine and heroin deaths combined. The U.S. uses 80% of the global opioid supply and 99% of the global hydrocodone supply, yet only represents <5% of the global population.[2] Hydrocodone, the most commonly worldwide prescribed opioid, has a consumption of 27,400,000 grams in the U.S. annually compared with 3,237 grams for the UK, France, Germany, and Italy combined.[3]

- Orthopedists rank 3rd highest of prescribers for opioid prescriptions for patients age 40 plus, and account for approximately 7.7% of all opioid prescriptions in the US in 2009.[4]
- U.S. patients tend to be prescribed more opioids post orthopedic surgery as compared with patients in the Netherlands according to one study.[5]
- Orthopedists mainly prescribe Schedule II and Schedule III drugs, both with high abuse and dependence possibility. Hydrocodone was reclassified to a Schedule II drug in 2014 by the FDA due to the increasing opioid use and misuse.[6]
- Orthopedic trauma patients who have had preinjury opioid use have been shown to be at higher risk for prolonged opioid use post trauma as well as postoperative “doctor shopping”. [7],[8],[9]

Patient Safety Recommendations for Orthopedic Physicians
• **Screen patients for “at risk” behavior and/or opioid abuse potential**

Recognizing risk factors for abuse potential, as well as recognizing and monitoring aberrant behavior should be considered as part of an orthopedist’s standard protocol.[10]

Some of these risk factors which may predispose a patient to opioid abuse include: a patient’s tendency to lose prescriptions, make early refill requests, dependency on nicotine, personal or family history of any substance abuse, history of psychiatric diagnoses, and lower education levels. Screening tools are available, especially for long term pain management, and include: Opioid Risk Tool, the Pain Medication Questionnaire, and the Screener and Opioid Assessment for Patients with Pain-Revised.[11]

• **Set reasonable expectations for pain control**

Orthopedists should set reasonable expectations for pain control for each of their patients. Establishing standard protocols and regimens for the orthopedic practice will keep consistency among physicians in the group, as well as support staff dealing with phone calls, etc. This can include “opioid tapers” post-surgery.

• **Utilize your state’s prescription drug monitoring program**

Forty nine states currently have a prescription drug monitoring programs; data bases that collect data on controlled substance prescriptions to help curtail nontherapeutic opioid use and doctor shopping. However, not all states require physicians to utilize the data base prior to prescribing controlled substances, therefore data bases may be incomplete, resulting in somewhat limited practical benefit at this time.

• **Consult with pain management specialists**

Consultation with pain management physicians when pain control is not adequate, or for patients who appear to be headed toward chronic opioid use, is another proactive approach.

• **Take advantage of Pain Management Continuing Education Programs**

As an example, MagMutual has developed a new Pain Management CME coming out in September 2015, https://www.magmutual.com/patient-safety/resource-library/cme[1].

• **Know and comply with State Medical Board opioid management rules and regulations.**

**Reference article:**


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