

Low use of opioid risk reduction strategies in primary care even for high risk patients with chronic pain.

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Abstract

BACKGROUND/OBJECTIVE: Experts recommend close oversight of patients receiving opioid analgesics for chronic non-cancer pain (CNCP), especially those at increased risk of misuse. We hypothesized that physicians employ opioid risk reduction strategies more frequently in higher risk patients.

DESIGN: Retrospective cohort using electronic medical records.

PARTICIPANTS: Patients on long-term opioids (≥ 3 monthly prescriptions in 6 months) treated for CNCP in eight primary care practices.

METHODS: We examined three risk reduction strategies: (1) any urine drug test; (2) regular office visits (at least once per 6 months and within 30 days of modifying opioid treatment); and (3) restricted early refills (one or fewer opioid refills more than a week early). Risk factors for opioid misuse included: age < 45 years old, drug or alcohol use disorder, tobacco use, or mental health disorder. Associations of risk factors with each outcome were assessed in non-linear mixed effects models adjusting for patient clustering within physicians, demographics and clinical factors.

MAIN RESULTS: Of 1,612 patients, 8.0% had urine drug testing, 49.8% visited the office regularly, and 76.6% received restricted (one or fewer) early refills. Patient risk factors were: age < 45 (29%), drug use disorder (7.6%), alcohol use disorder (4.5%), tobacco use (16.1%), and mental health disorder (48.4%). Adjusted odds ratios (AOR) of urine drug testing were significantly increased for patients with a drug use disorder (3.18; CI 1.94, 5.21) or a mental health disorder (1.73; CI 1.14, 2.65). However, the AOR for restricted early refills was significantly decreased for patients with a drug use disorder (0.56; CI 0.34, 0.92). After adjustment, no risk factor was significantly associated with regular office visits. An increasing number of risk factors was positively associated with urine drug testing ($p < 0.001$), but negatively associated with restricted early refills ($p = 0.009$).

CONCLUSION: Primary care physicians' adoption of opioid risk reduction strategies is limited, even among patients at increased risk of misuse.

Comment in

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