Prevalence of Prescription Opioid Abuse in Patients with Pain

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PROBLEM
Studies showed that 20 to 30% of opioid analgesic drugs prescribed for chronic pain in US are misused, while the rate of opioid addiction is approximately 10%.

BACKGROUND
An estimated 20% of patients presenting to physician offices with non-cancer pain symptoms or pain-related diagnoses (including acute and chronic) receive an opioid prescription. Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse, abuse, or overdose from these drugs.

OBJECTIVE
To assess prevalence of opioid abuse and forward appropriate recommendations to decrease risk of opioid abuse in the primary care setting

METHODS
A prospective study was conducted at primary health care clinic, Aurora Sinai Medical Center, Milwaukee. A total of 49 consecutive patients over six months who take opioids were included in the study. Screener and Opioid Assessment for Patients with Pain, revised version (SOAPP-R) with a cutoff score of 18 from 24 was used to screen abuse/aberrant drug use. Additional variables were obtained by patients chart review. Data analysis was done using Minitab analysis software and statistical association of variables was done using binary logistic regression model.

RESULTS
Of the 49 patients included in this study, 53.1% (26) were female, 46.9% (23) were males, mean age was 45.8 years ± 7.1 years. Most of patients got narcotics from their PCP (75.6%). The majority of patients did not have pain contracts (91.9%) or biannual urine drug screenings (77.6%). Five (10.2%) of patients had high SOAP-R scores; three were male and four were using oxycodone. No patient had prescriptions by more than one prescriber. The majority of patients were prescribed either hydrocodone (44.9%) or oxycodone (32.7%). Overall, 66.3% of patients were on an opioid other than oxycodone. Males were significantly more likely to be using oxycodone when compared to females (52.2% vs. 15.4%, p = 0.013). With increasing age, older patients were also significantly more likely to use oxycodone (p = 0.048). On multivariable analysis, both increasing age (p = 0.048) and male sex (p = 0.009) remained significant predictors of oxycodone use.

CONCLUSIONS
Prescription opioids drug abuse is not uncommon in primary care clinics. Use of the SOAPP-R, along with other appropriate patient evaluations, including pain contract and annual urine drug screening can help primary care providers to identify high risk behavior patients to decrease opioid abuse. For chronic pain patients, early referral to pain clinics is advised. Further large scale study on prescription drug abuse at primary care settings is recommended.

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