

Postsurgical Opioid Prescribing Trends, 2006-2015

Jessica C. Young
August 27th, 2019

35th International Conference on Pharmacoepidemiology
& Therapeutic Risk Management; Philadelphia, PA USA



Disclosures

- The project was funded from the following sources:
 - NIH/NIDA R36 DA04588501(PI: Young)
 - The database infrastructure used for this project was funded by the Department of Epidemiology, UNC Gillings School of Global Public Health; the Cecil G. Sheps Center for Health Services Research, UNC; the CER Strategic Initiative of UNC's Clinical & Translational Science Award (UL1TR002489); and the UNC School of Medicine.
- No conflicts of interest to report



Background

Opioids for Surgical Pain

Opioids play an important role in management of postsurgical pain



“Paul is part of an experiment. Instead of giving him morphine for his kidney stone, they are testing the healing power of laughter.”



Opioids for Surgical Pain

Opioids play an important role in management of postsurgical pain

Clinical challenge of striking the balance between safe and adequate pain management



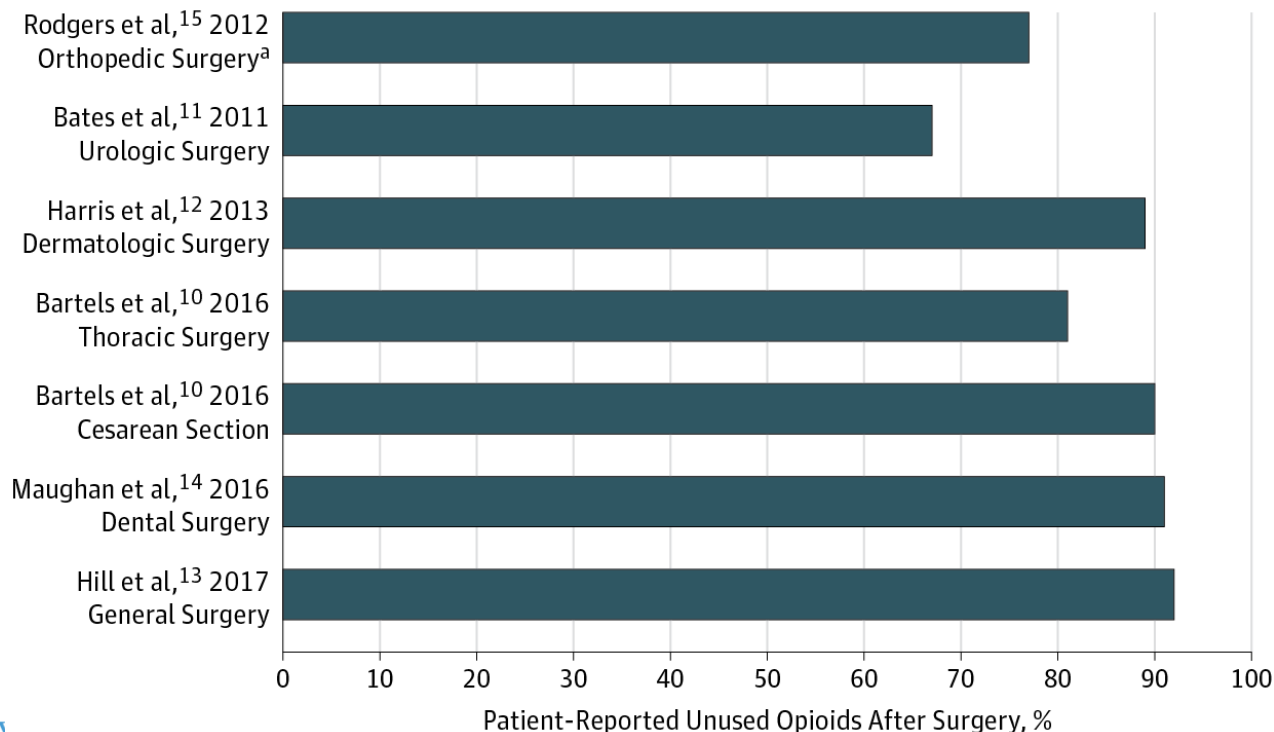
“Paul is part of an experiment. Instead of giving him morphine for his kidney stone, they are testing the healing power of laughter.”



Unused Opioids After Surgery

Patients routinely receive more opioids than medically necessary for adequate postsurgical pain management.

Prevalence of Unused Opioids Prescribed After Surgery



Day Supply Prescribing Limits



Day supply limits to written prescriptions for opioids and/or schedule II drugs unrelated to extenuating circumstances



33 / 51 (50 states + District of Columbia)



3-7 days, 8-14 days, 30+ days



Day Supply Prescribing Limits

- Policies vary state by state
- Little evidence informing cutpoints



33 / 51 (50 states + District of Columbia)



3-7 days, 8-14 days, 30+ days



Objectives

Among a broad cohort of opioid-naïve surgical patients in the US, examine trends in:

1) The proportion of patients filling opioid prescriptions for postsurgical pain

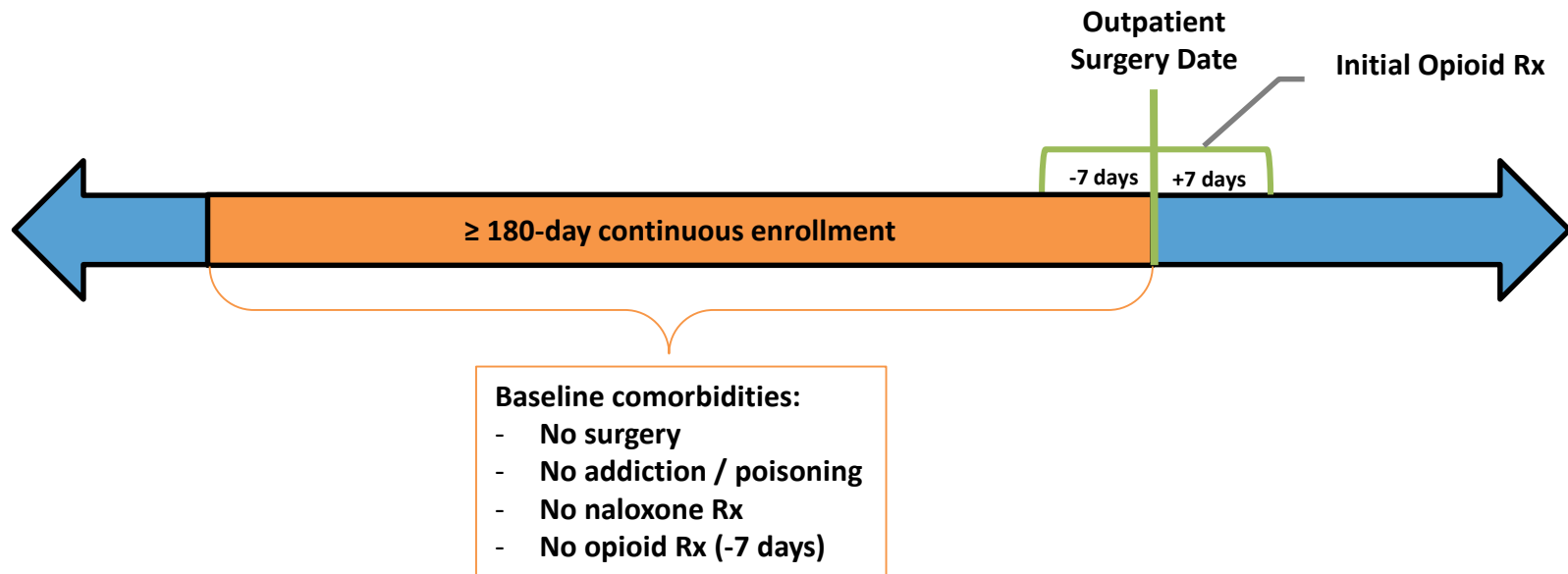
2) The initial volume of opioids prescribed



Methods

Study Schematic

Data Source: MarketScan Commercial Claims and Medicare Supplemental (2006 – 2015)



Annual Trends

Proportion of patients receiving a perioperative opioid Rx

Proportion of patients whose initial opioid Rx exceeded varying cutpoints

- Days Supply: 7 days



Annual Trends

Proportion of patients receiving a perioperative opioid Rx

Proportion of patients whose initial opioid Rx exceeded varying cutpoints

- Days Supply: 7 days
- Dosage: 400 MME
- Quantity Dispensed: 50 qty



Results

Surgical Population

Total Surgeries	N = 5,148,485
Female	54.5%
Age – Median (IQR)	47 (27, 60)
Under 25	23.3%
25-44	22.0%
45-64	39.2%
65-84	14.0%
85+	1.6%
Perioperative Opioid Rx	55.5%
Initial DS	5 (3,6)
Initial Qty	30 (28,40)
Initial MME	240 (180, 360)



Surgical Population

Total Surgeries	N = 5,148,485
Female	54.5%
Age – Median (IQR)	47 (27, 60)
Under 25	23.3%
25-44	22.0%
45-64	39.2%
65-84	14.0%
85+	1.6%
Perioperative Opioid Rx	55.5%
Initial DS	5 (3,6)
Initial Qty	30 (28,40)
Initial MME	240 (180, 360)



Surgical Population

Total Surgeries	N = 5,148,485
Female	54.5%
Age – Median (IQR)	47 (27, 60)
Under 25	23.3%
25-44	22.0%
45-64	39.2%
65-84	14.0%
85+	1.6%
Perioperative Opioid Rx	55.5%
Initial DS	5 (3,6)
Initial Qty	30 (28,40)
Initial MME	240 (180, 360)

4 Most Common Procedures



Surgical Population

Total Surgeries	N = 5,148,485
Female	54.5%
Age – Median (IQR)	47 (27, 60)
Under 25	23.3%
25-44	22.0%
45-64	39.2%
65-84	14.0%
85+	1.6%
Perioperative Opioid Rx	55.5%
Initial DS	5 (3,6)
Initial Qty	30 (28,40)
Initial MME	240 (180, 360)

4 Most Common Procedures

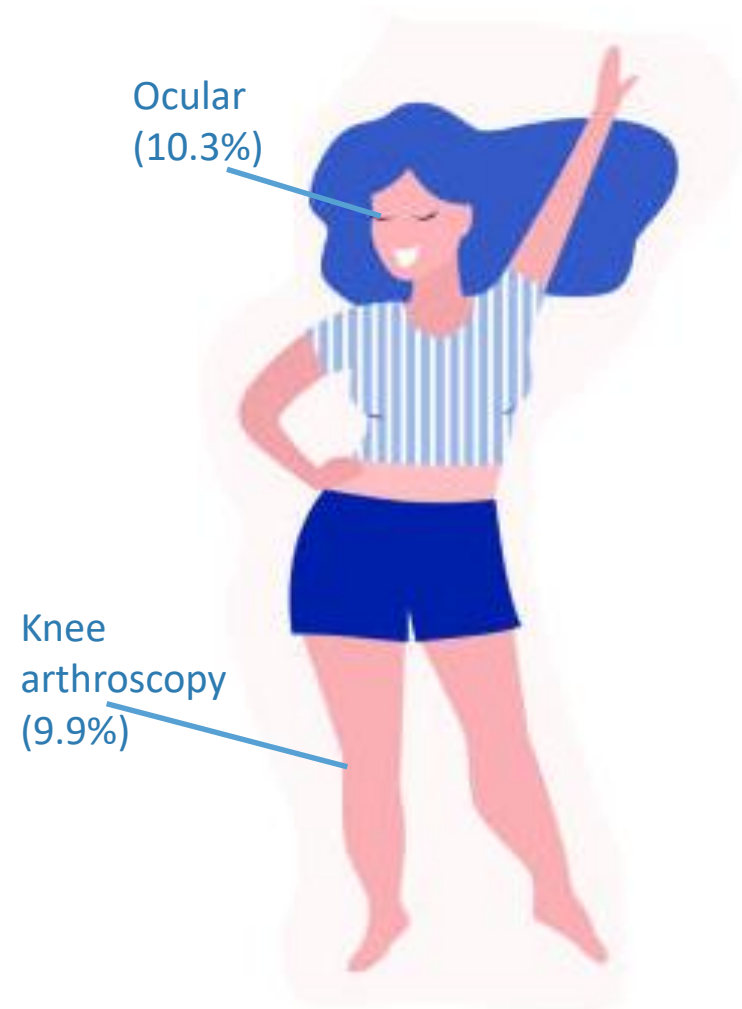
Ocular
(10.3%)



Surgical Population

Total Surgeries	N = 5,148,485
Female	54.5%
Age – Median (IQR)	47 (27, 60)
Under 25	23.3%
25-44	22.0%
45-64	39.2%
65-84	14.0%
85+	1.6%
Perioperative Opioid Rx	55.5%
Initial DS	5 (3,6)
Initial Qty	30 (28,40)
Initial MME	240 (180, 360)

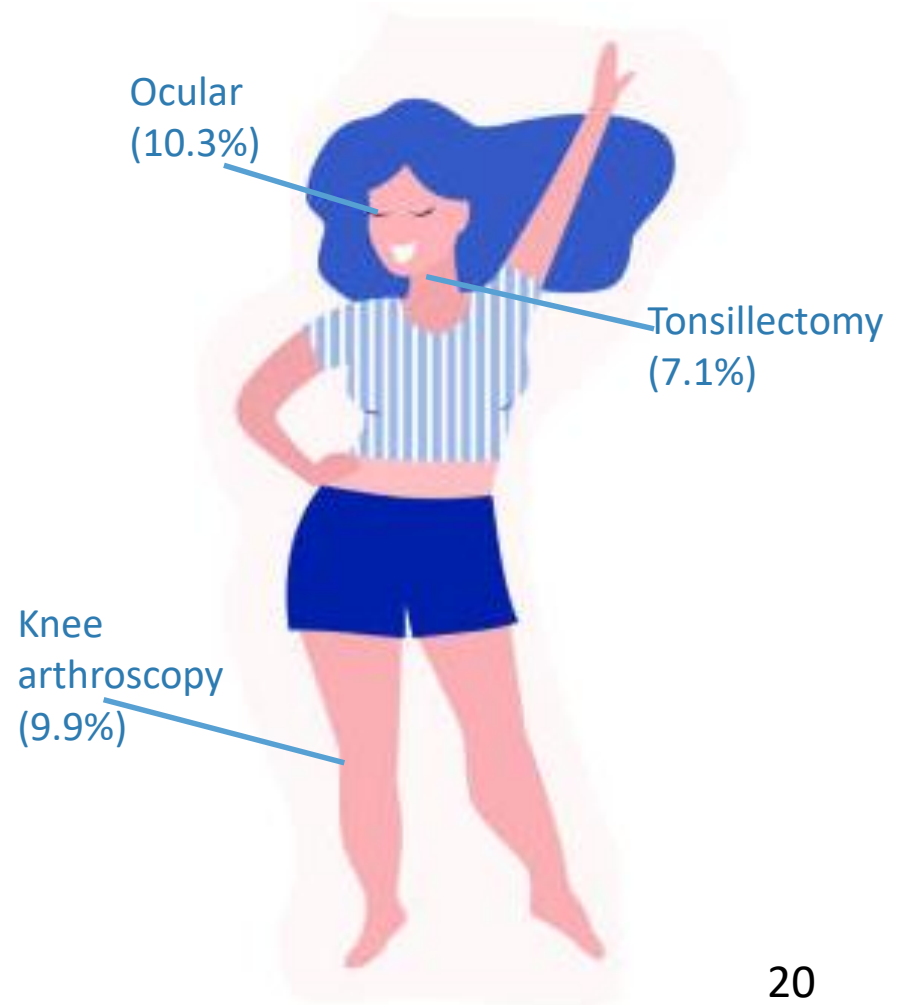
4 Most Common Procedures



Surgical Population

Total Surgeries	N = 5,148,485
Female	54.5%
Age – Median (IQR)	47 (27, 60)
Under 25	23.3%
25-44	22.0%
45-64	39.2%
65-84	14.0%
85+	1.6%
Perioperative Opioid Rx	55.5%
Initial DS	5 (3,6)
Initial Qty	30 (28,40)
Initial MME	240 (180, 360)

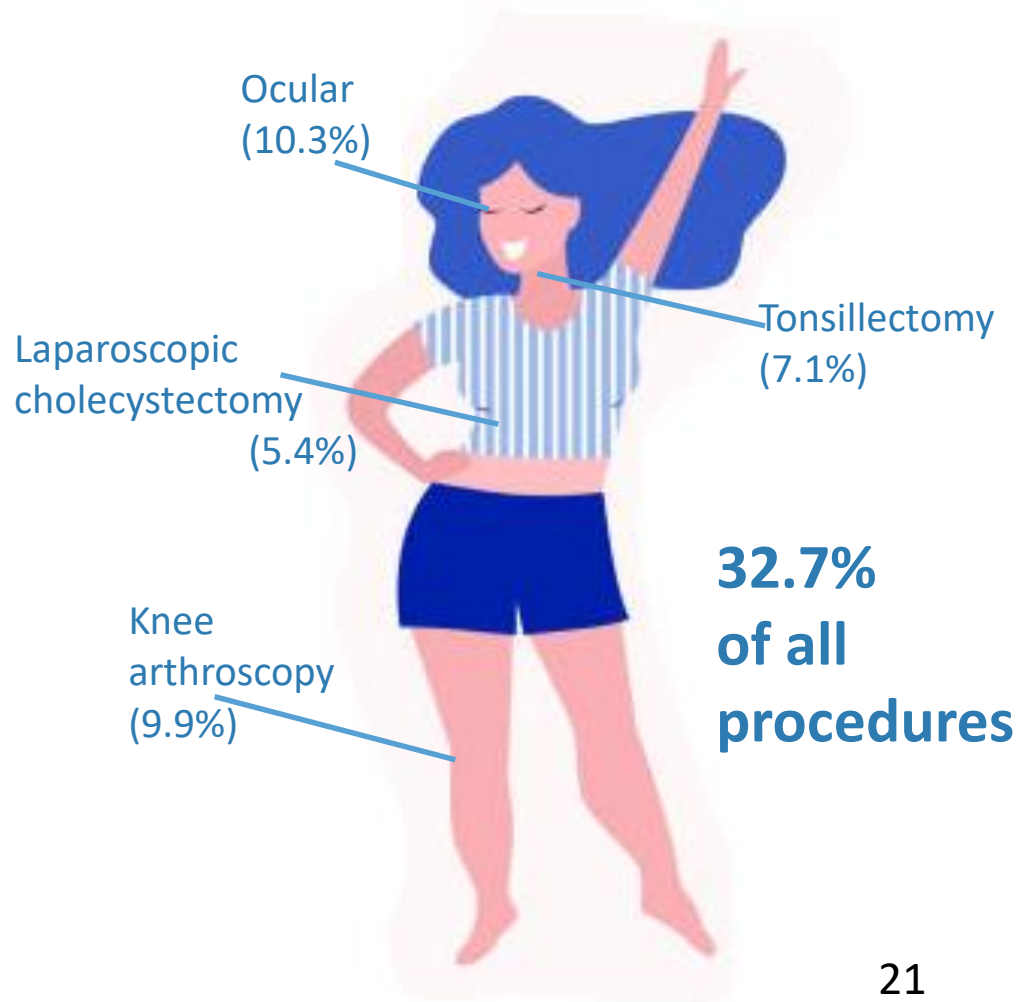
4 Most Common Procedures



Surgical Population

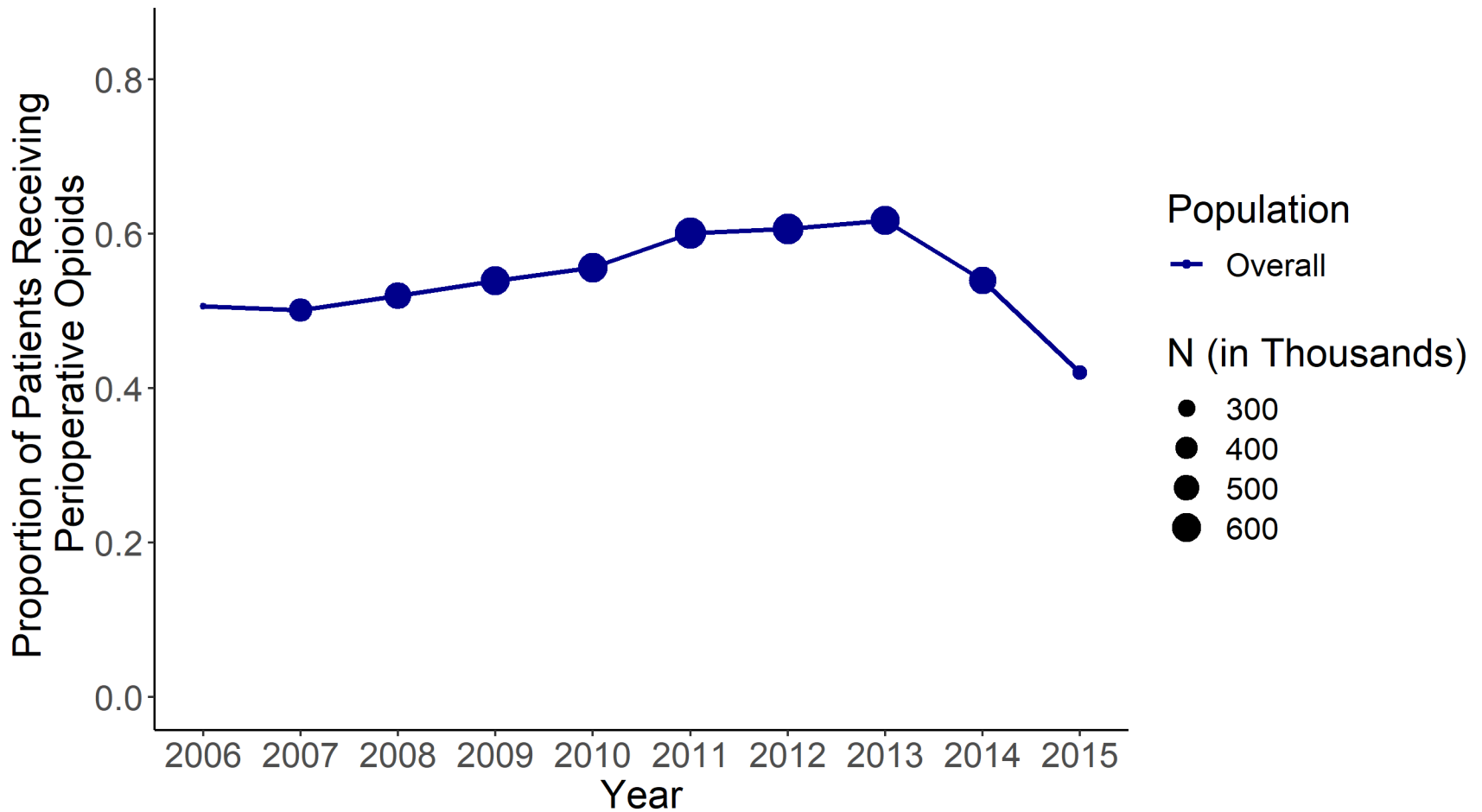
Total Surgeries	N = 5,148,485
Female	54.5%
Age – Median (IQR)	47 (27, 60)
Under 25	23.3%
25-44	22.0%
45-64	39.2%
65-84	14.0%
85+	1.6%
Perioperative Opioid Rx	55.5%
Initial DS	5 (3,6)
Initial Qty	30 (28,40)
Initial MME	240 (180, 360)

4 Most Common Procedures

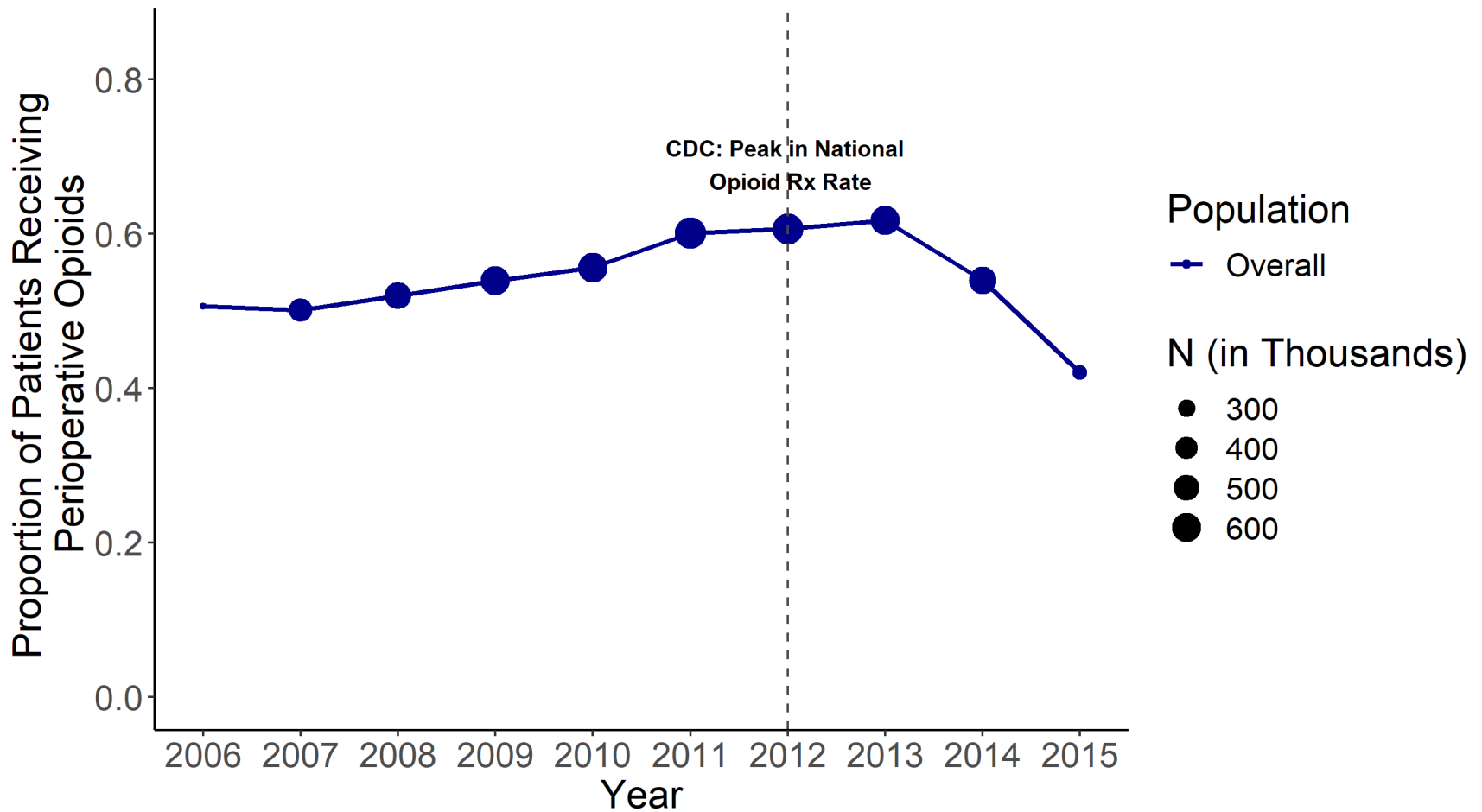


1) Examine trends in the proportion of patients filling opioid prescriptions for postsurgical pain

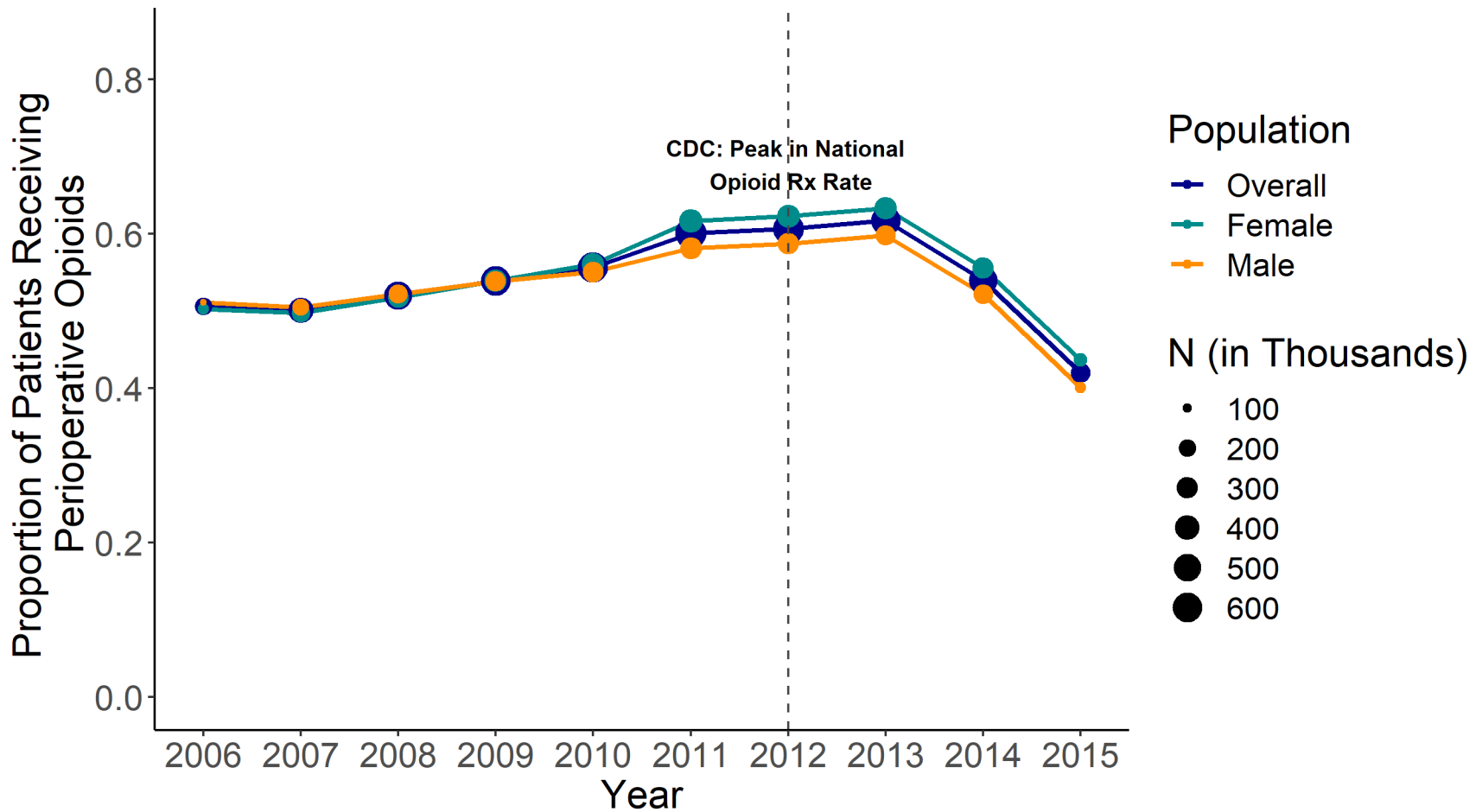
Perioperative Opioid Rx by Year



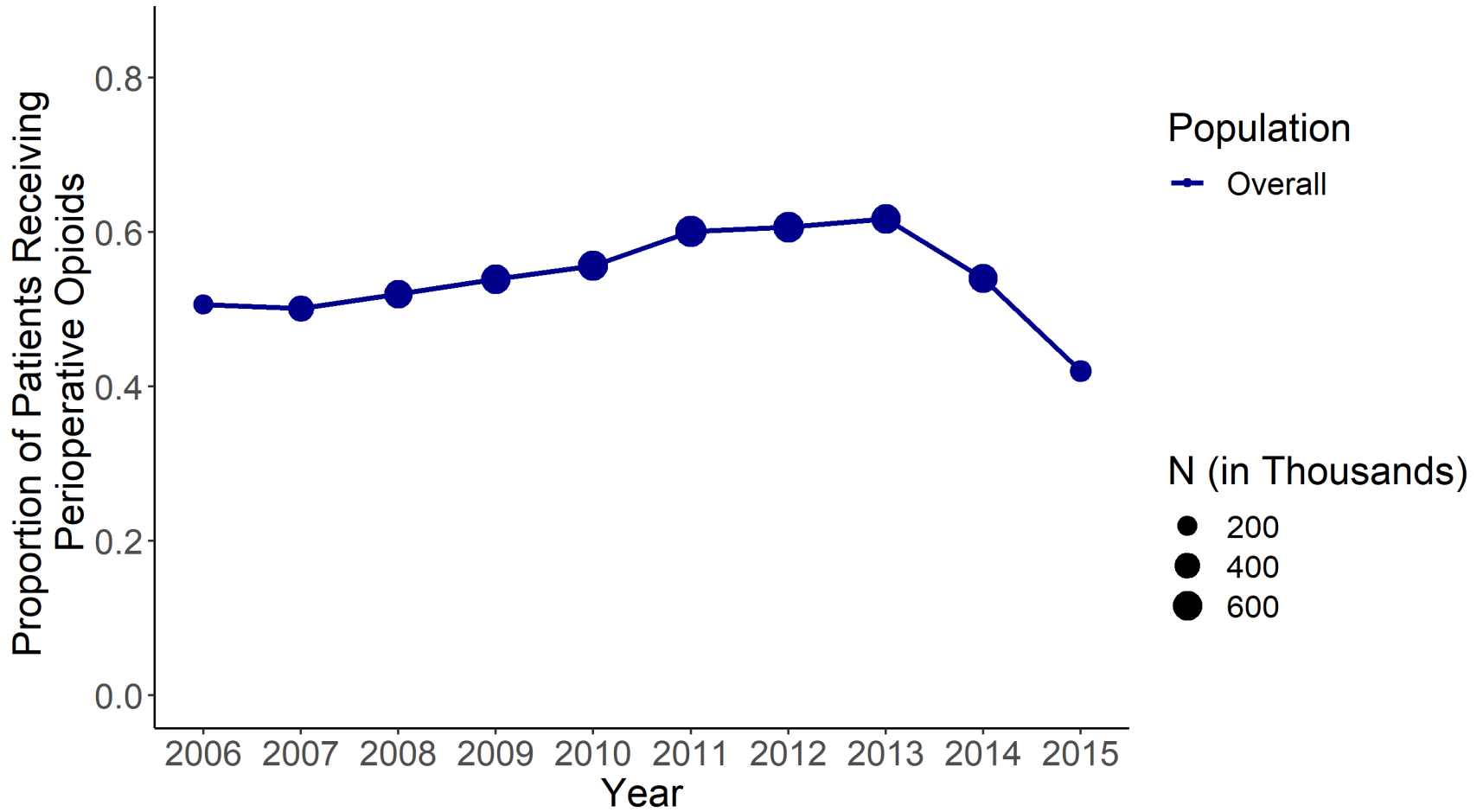
Perioperative Opioid Rx by Year



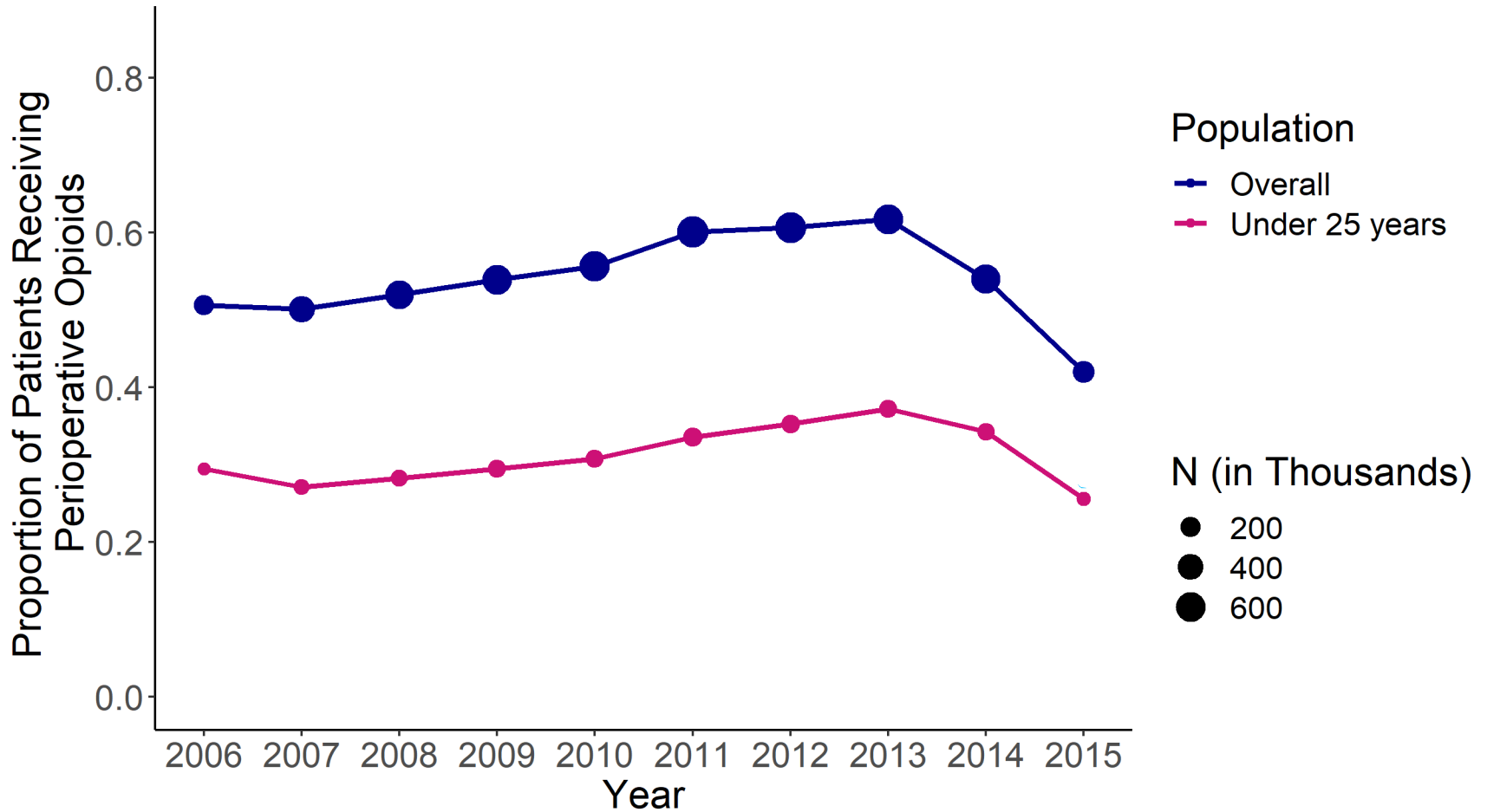
Perioperative Opioid Rx by Year



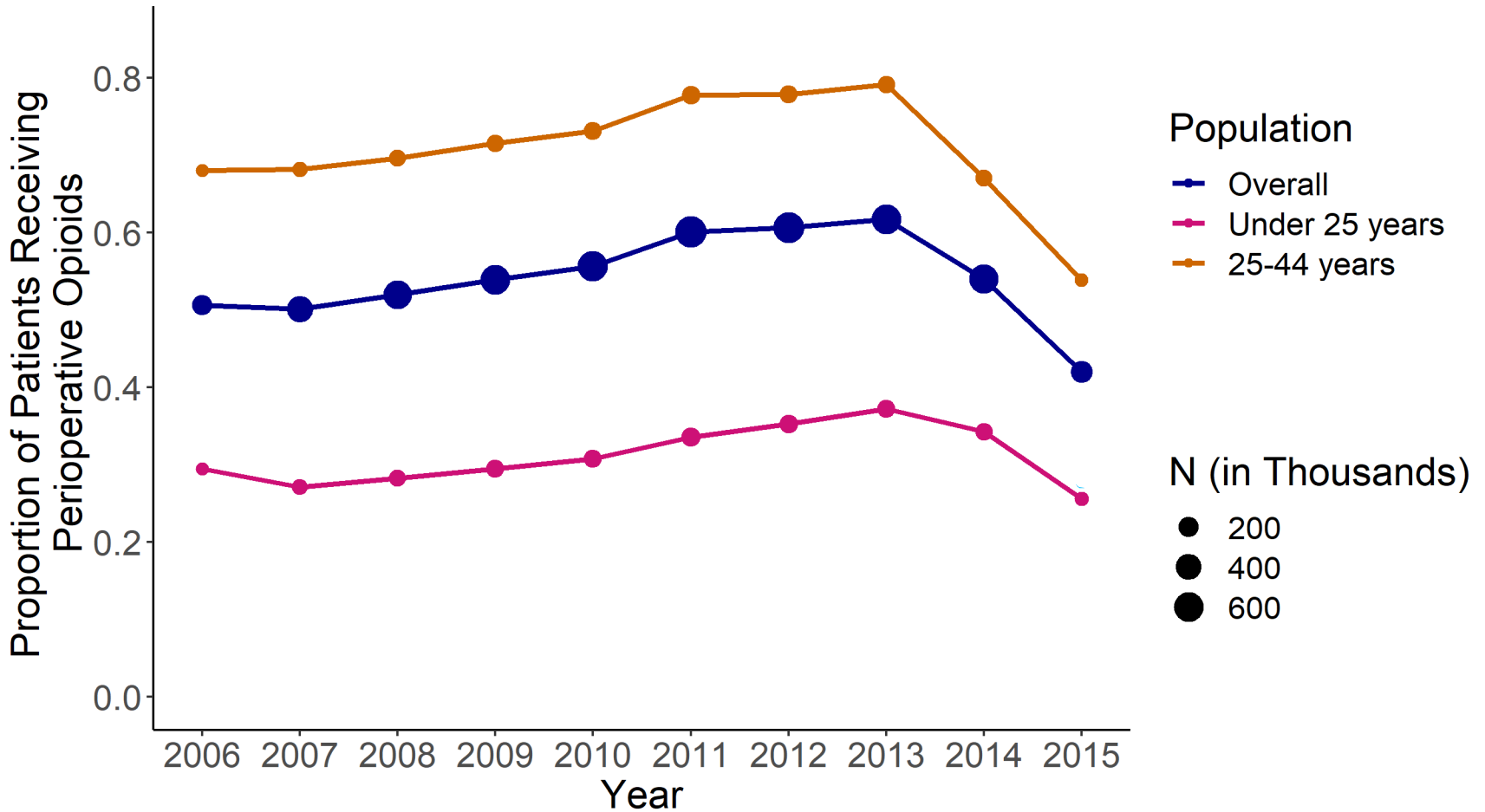
Perioperative Opioid Rx by Year



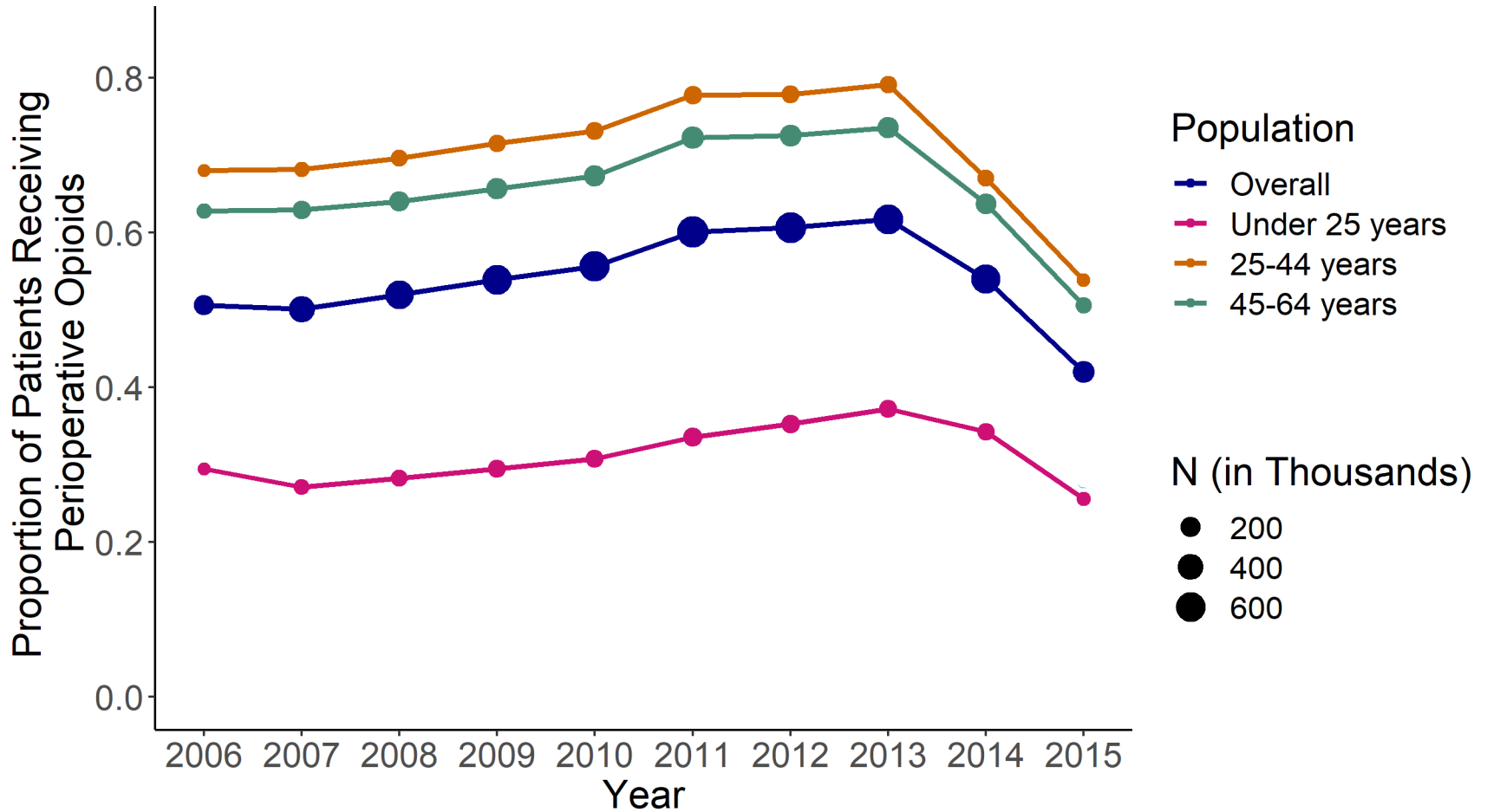
Perioperative Opioid Rx by Year



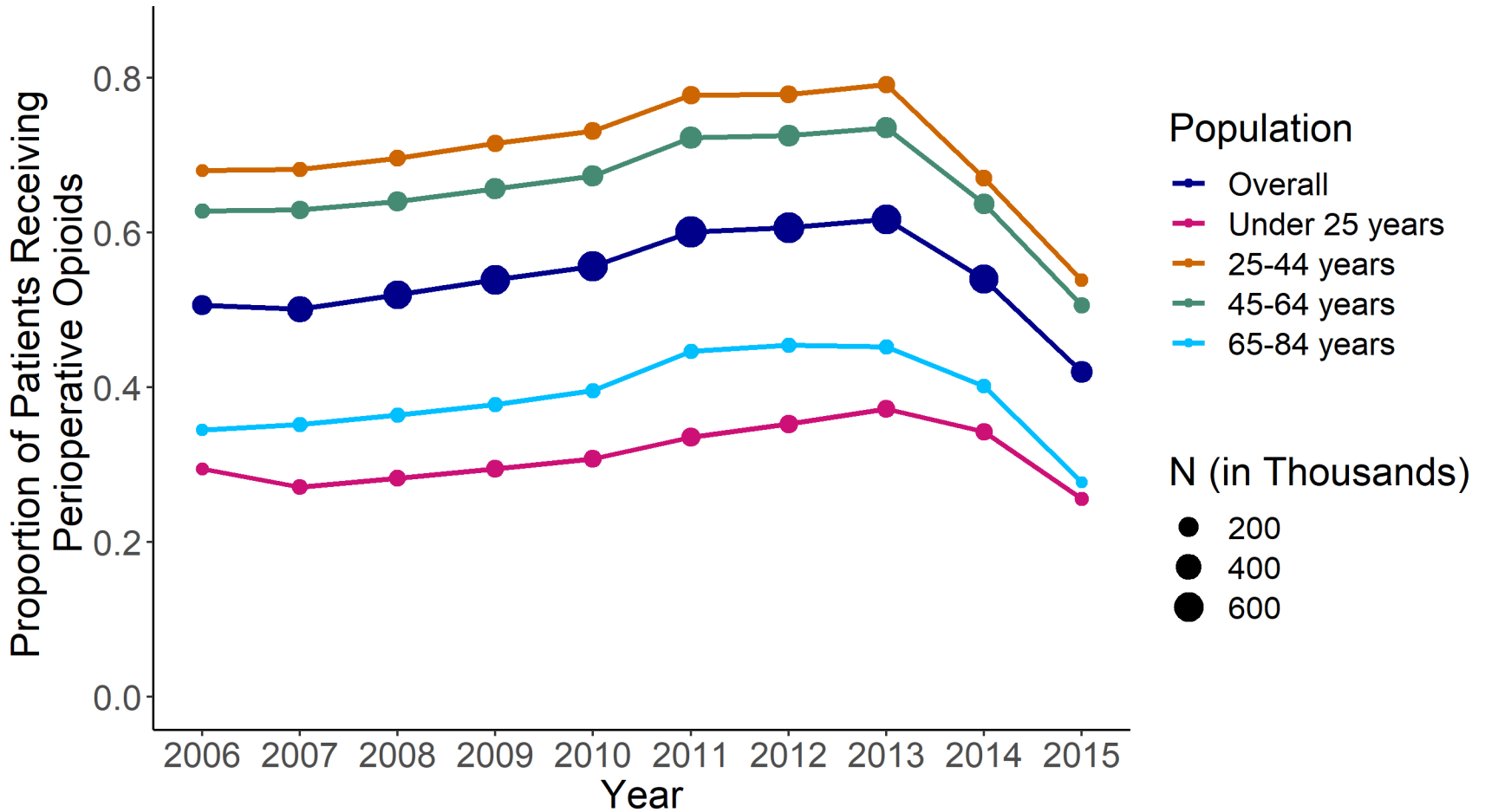
Perioperative Opioid Rx by Year



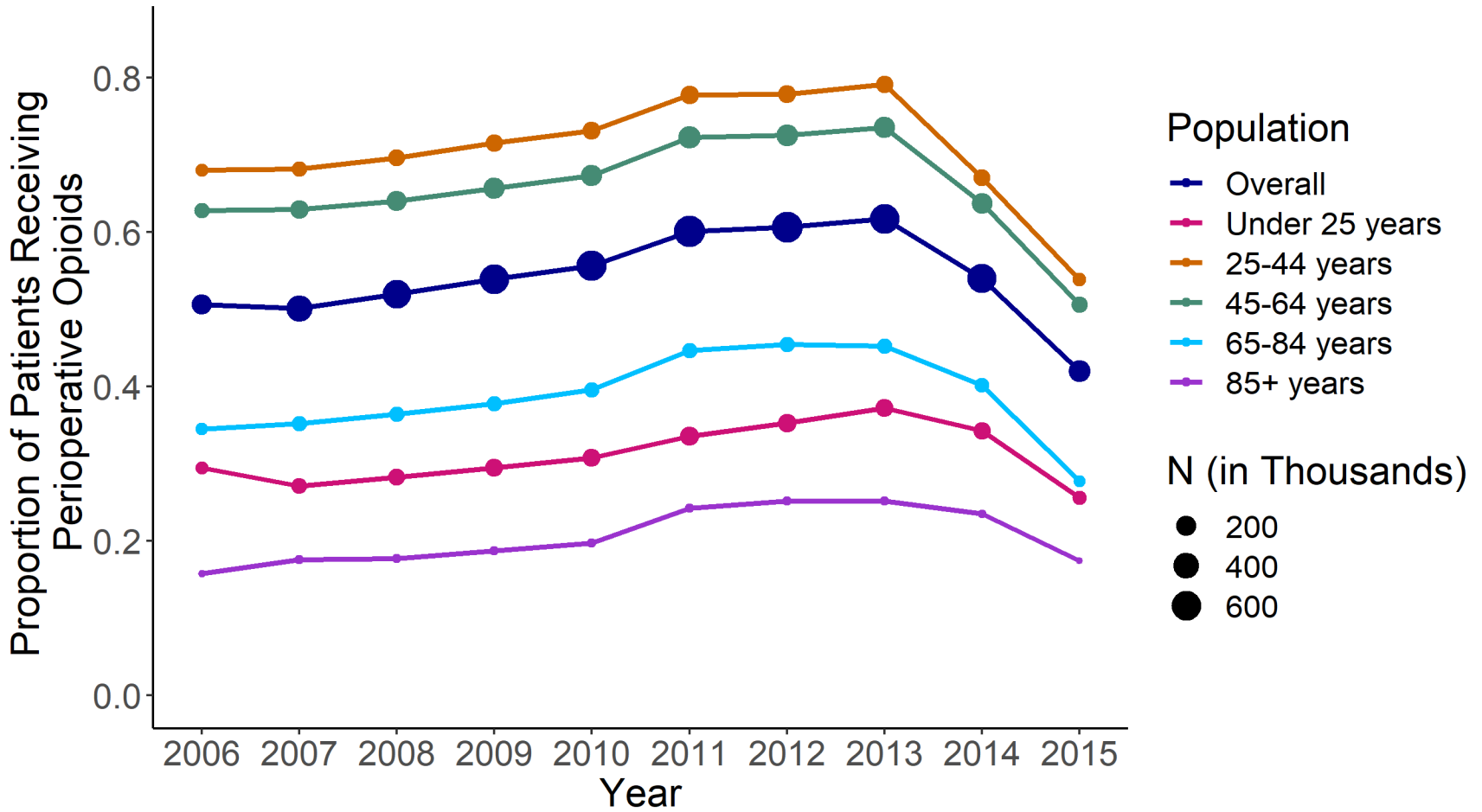
Perioperative Opioid Rx by Year



Perioperative Opioid Rx by Year

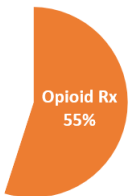
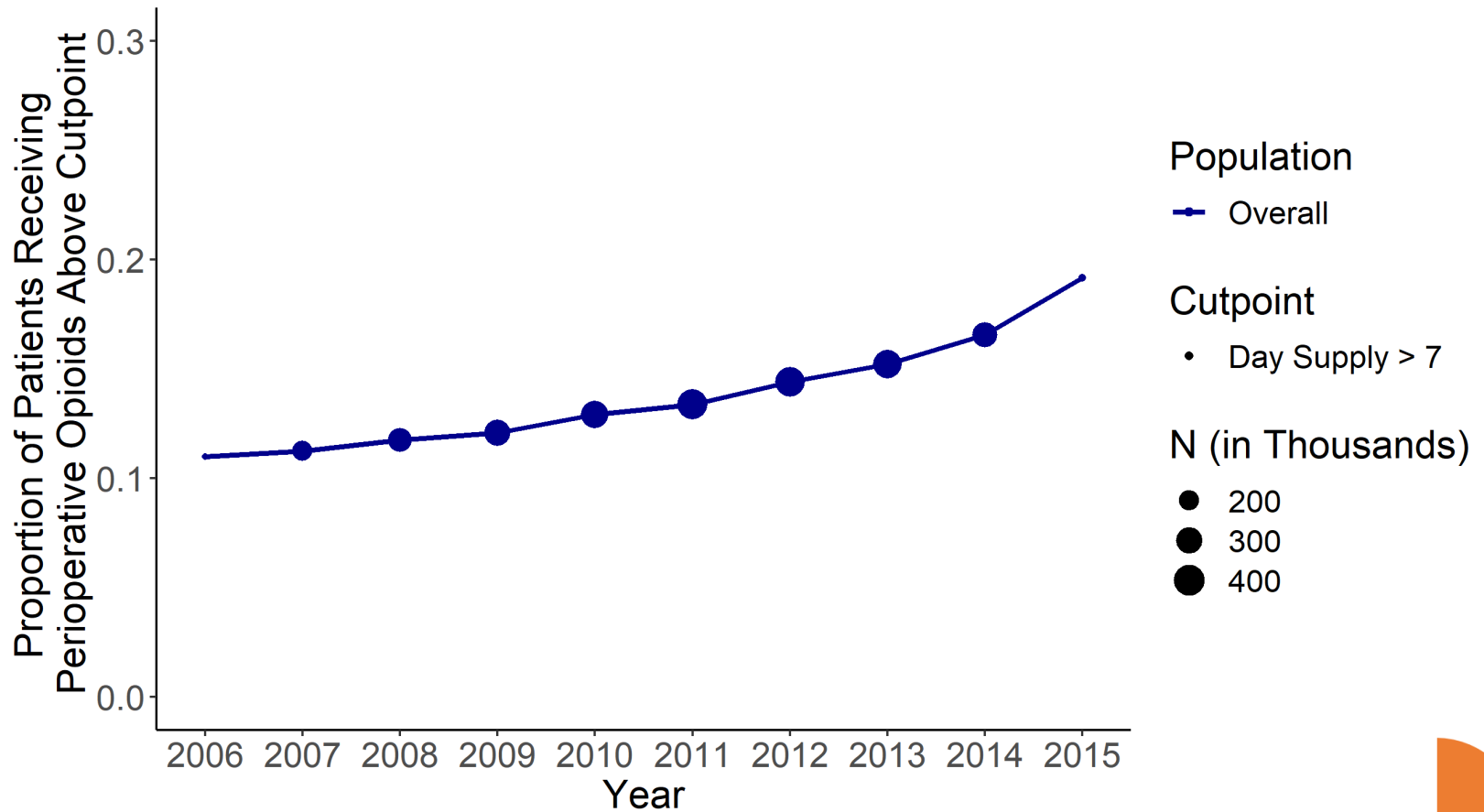


Perioperative Opioid Rx by Year

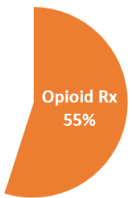
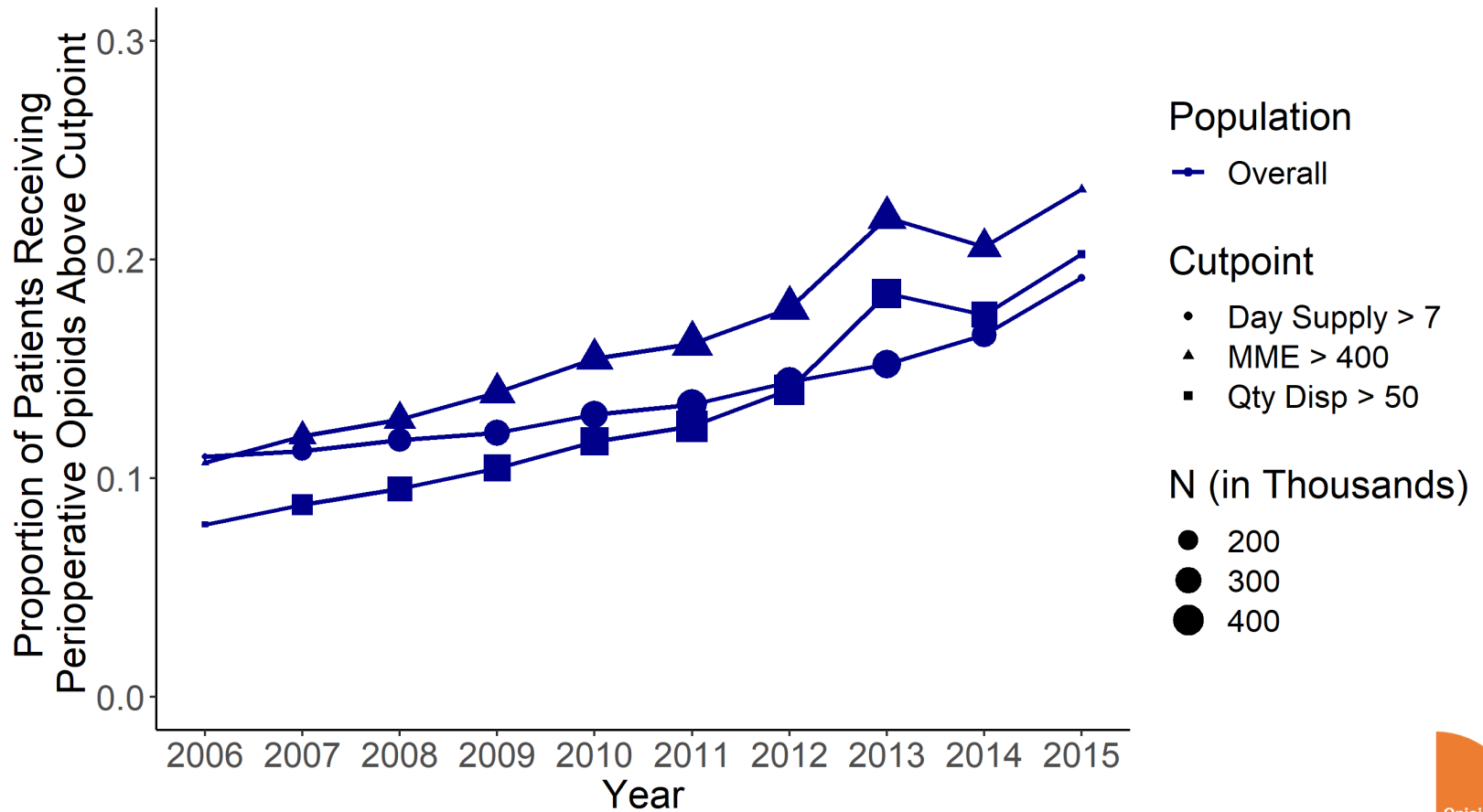


2) Examine trends in the proportion of patients receiving prescriptions above varying cutpoints

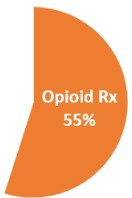
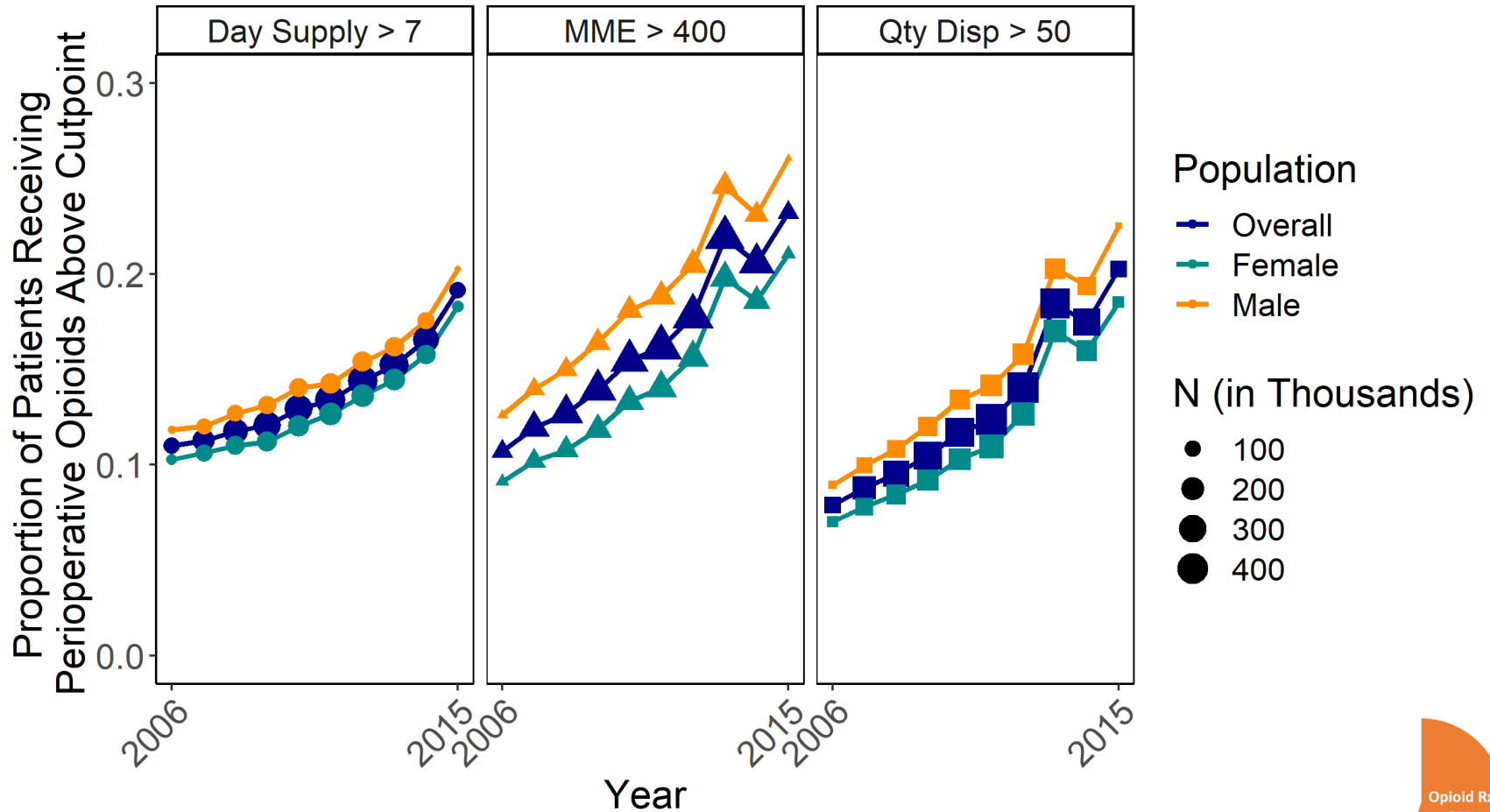
Opioid Rx Exceeding Cutpoints by Year



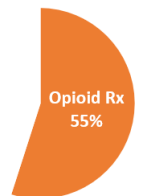
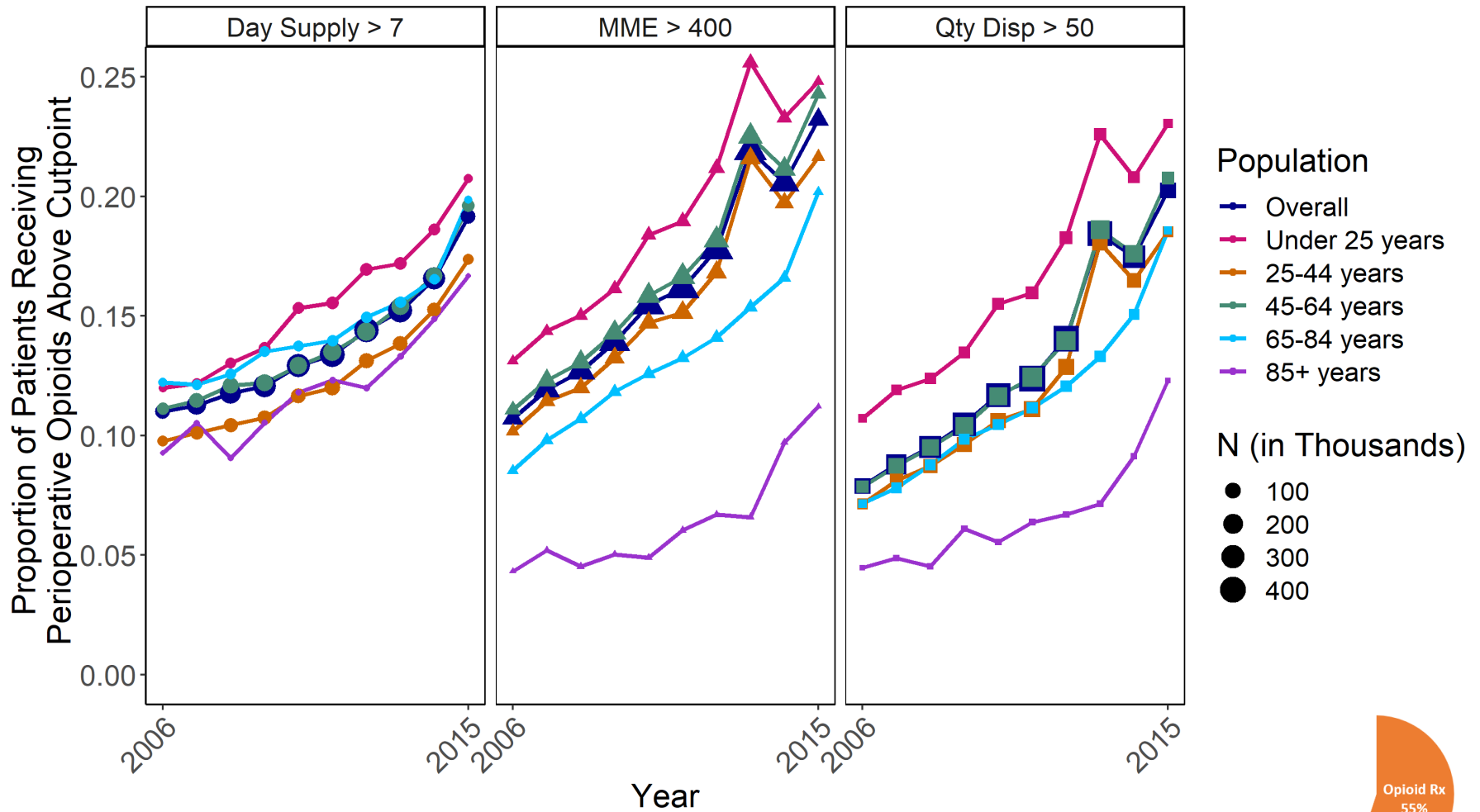
Opioid Rx Exceeding Cutpoints by Year



Opioid Rx Exceeding Cutpoints by Year



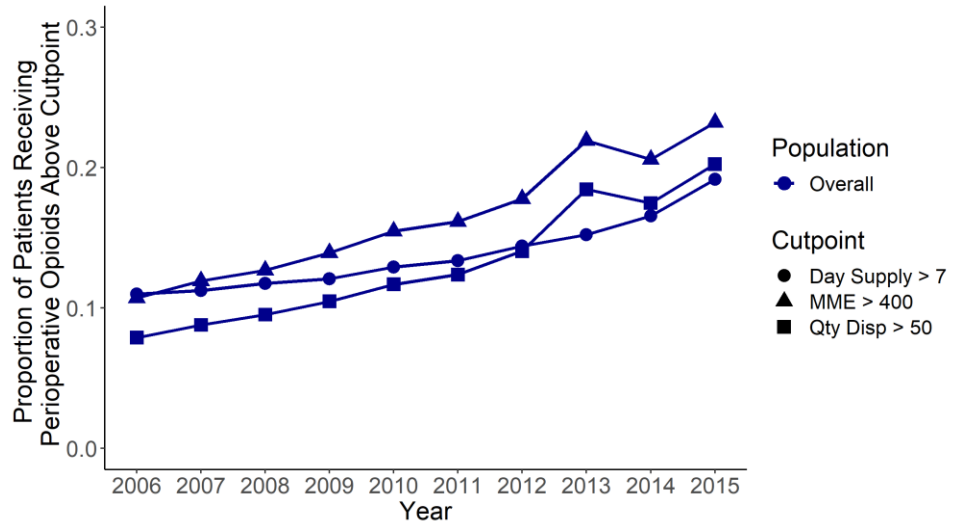
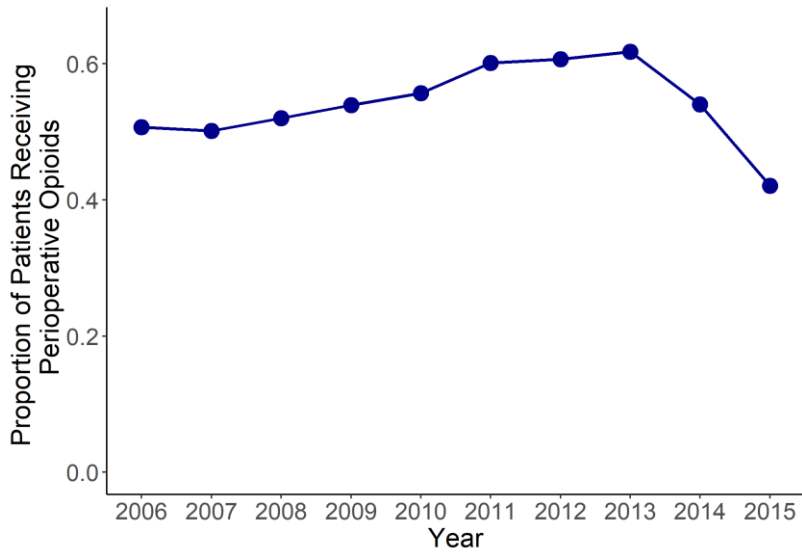
Opioid Rx Exceeding Cutpoints by Year



Summary of Trends

Surgical Population

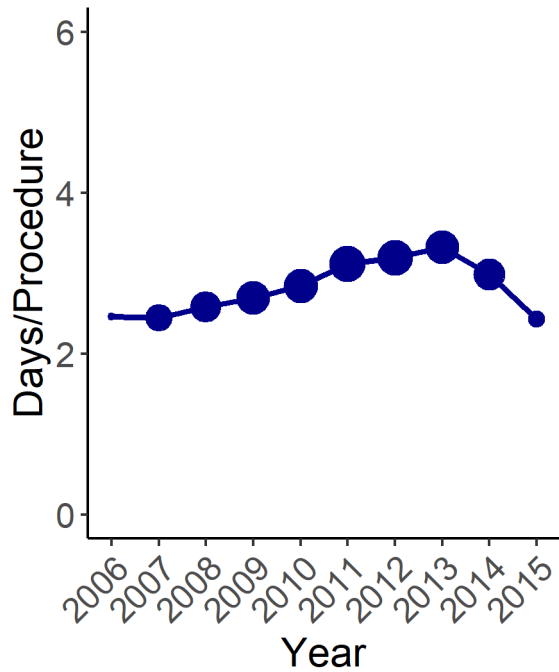
Opioid Rx 55%



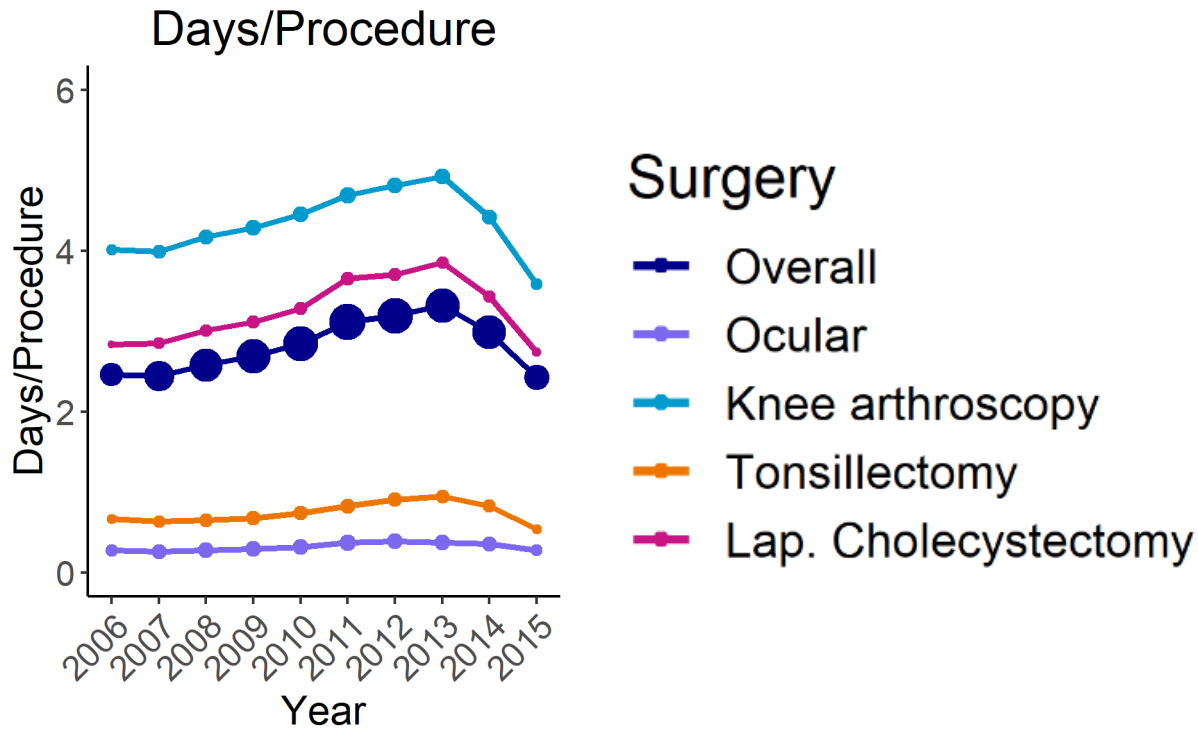
Overall Trends in Prescribing The Net Effect?

Opioids Prescribed / Procedure

Days/Procedure



Opioids Prescribed / Procedure

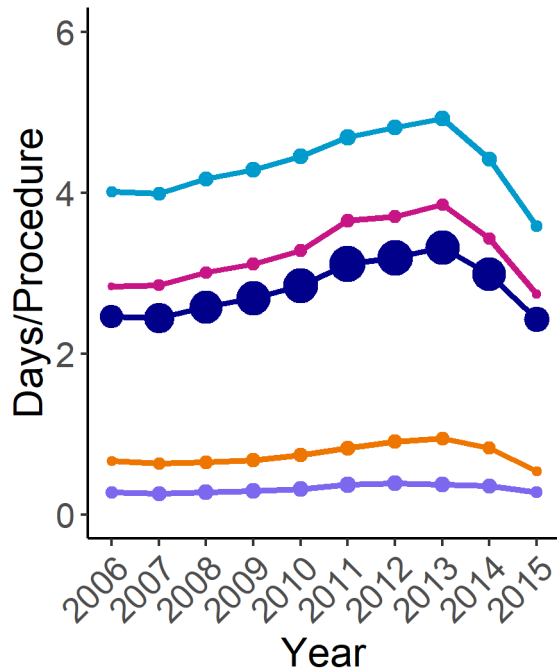


40

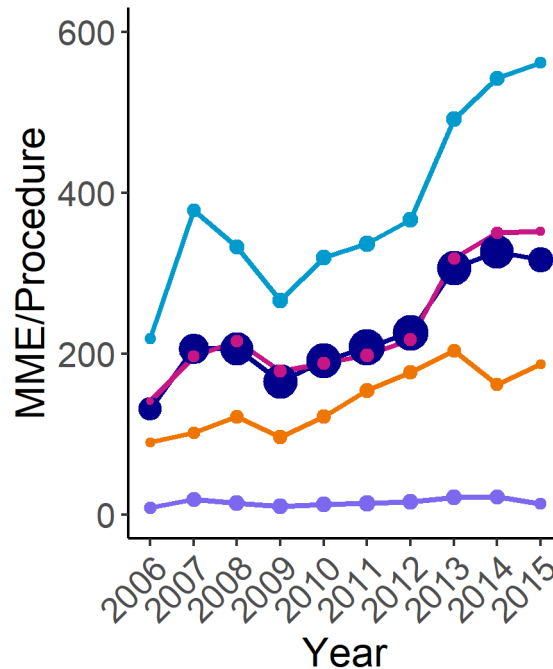


Opioids Prescribed / Procedure

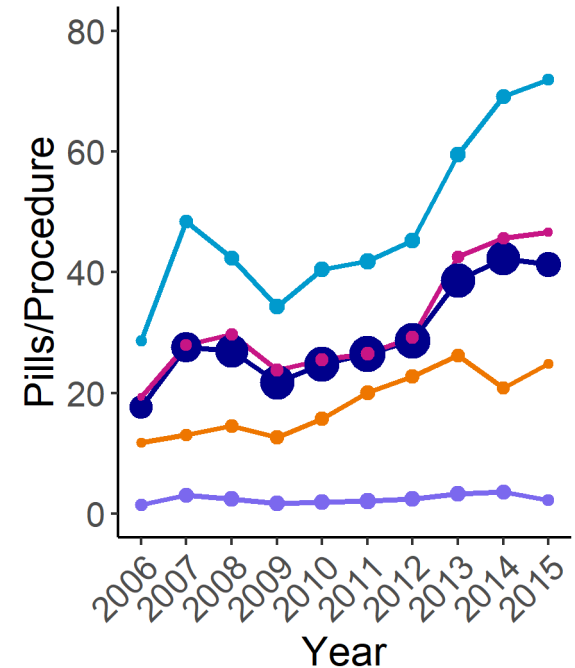
Days/Procedure



MME/Procedure



Pills/Procedure

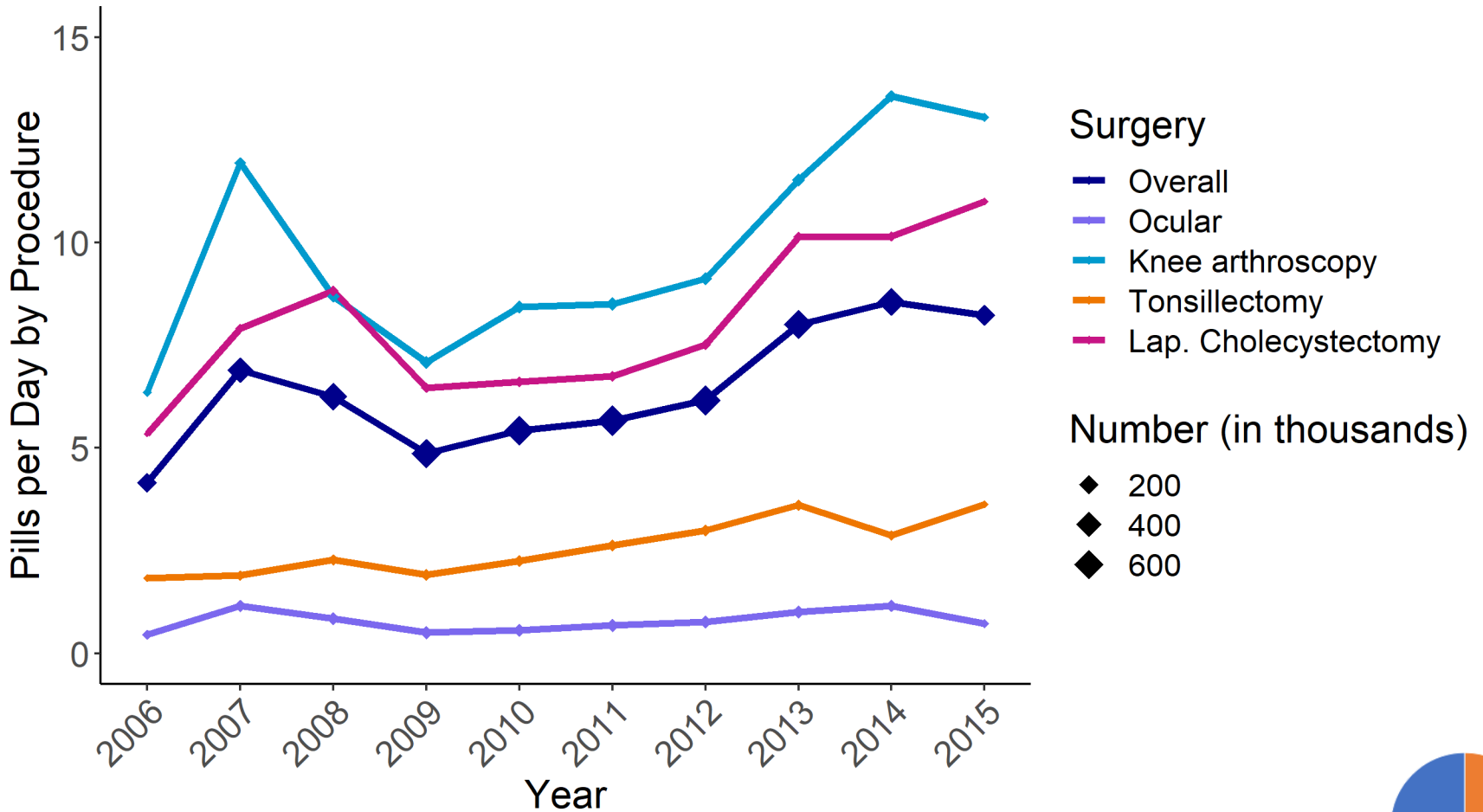


Surgery

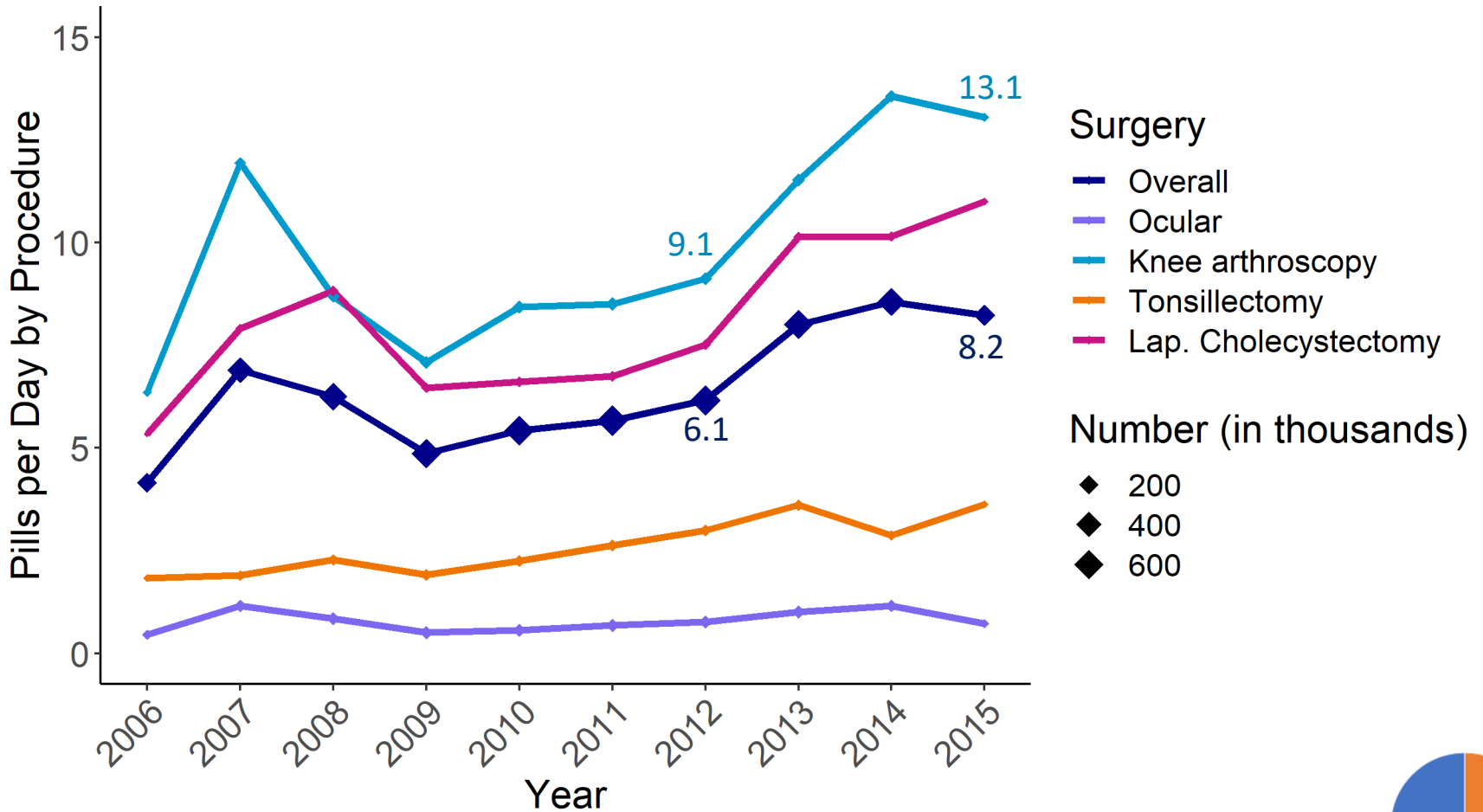
- Overall
- Ocular
- Knee arthroscopy
- Tonsillectomy
- Lap. Cholecystectomy



Pills per Day / Procedure



Pills per Day / Procedure



Conclusions

Conclusions

- The proportion of surgical patients receiving a perioperative opioid began to decrease after 2013
- Among those receiving opioids, the probability of receiving a prescription above recommended thresholds continued to increase
- On average, the quantity of pills and dosage dispensed per surgery increased throughout the study period



Strengths and Limitations

Strengths

- Large claims data, 2006-2015
- Broad surgical population
- Detailed information on days supplied, quantity and dosage dispensed

Limitations

- Commercially insured patients
- Limited information on pain severity
- Limited ability to identify prescribing physician



Public Health Impact

- Characterizing opioid use is complicated
- Different dimensions of opioid prescribing can yield different perspectives on prescribing trends
 - Quantity and dosing are specified on a prescription
 - Days supplied can decrease without quantity and dosage dispensed decreasing
- Moving forward:
 - ERAS protocols
 - Multimodal analgesia
 - Realistic discussions and expectations
 - Multidisciplinary teams



Acknowledgements

Co-authors:

- Brooke A. Chidgey
- Til Stürmer
- Nabarun Dasgupta
- Virginia Pate
- Michele Jonsson Funk

Collaborators:

- Shahar Shmuel
- Sara Levintow

UNC Pharmacoepidemiology



Thank You

Jessica.Young@unc.edu



**ANNALS OF
SURGERY**
A MONTHLY REVIEW OF SURGICAL SCIENCE SINCE 1885

ORIGINAL ARTICLE

Postsurgical Opioid Prescriptions and Risk of Long-term Use
An Observational Cohort Study Across the United States

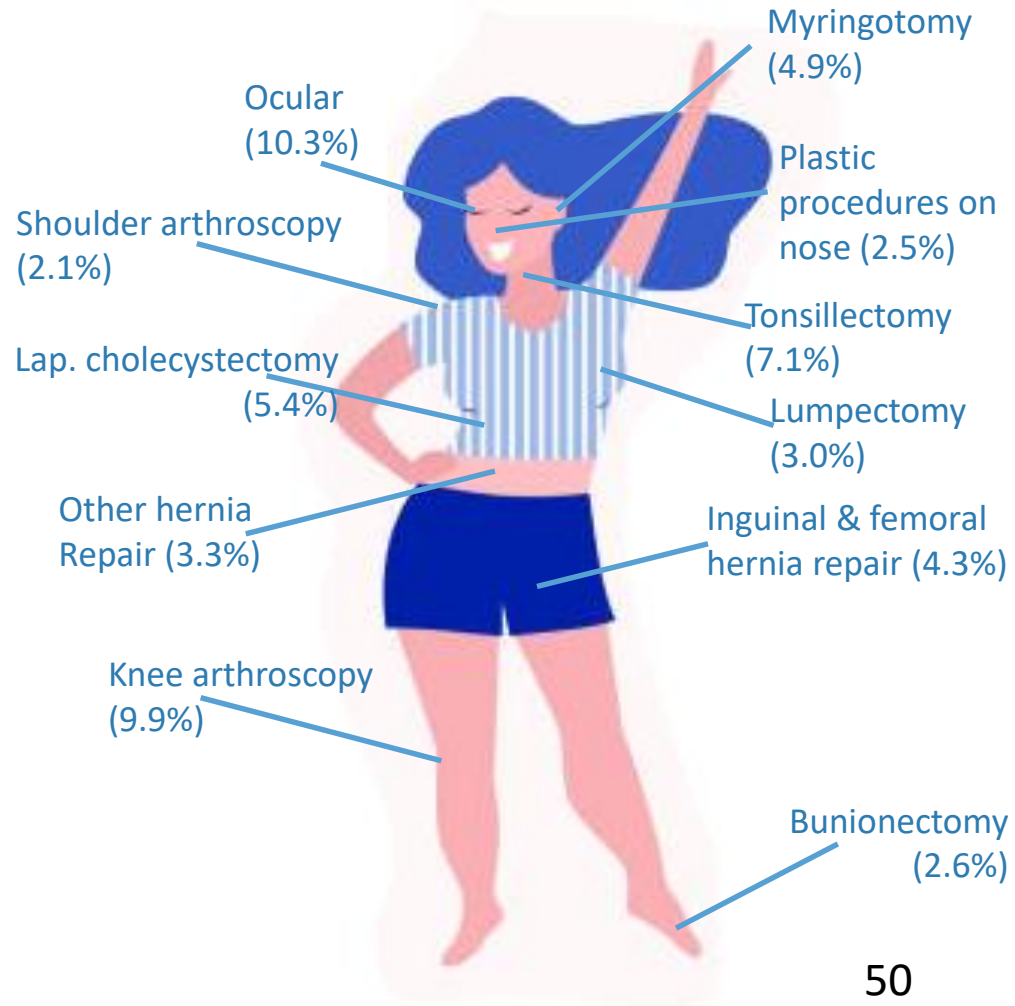
Jessica C. Young, MSPH,*✉ Nabarun Dasgupta, MPH, PhD,† Brooke A. Chidgey, MD,‡
and Michele Jonsson Funk, PhD*



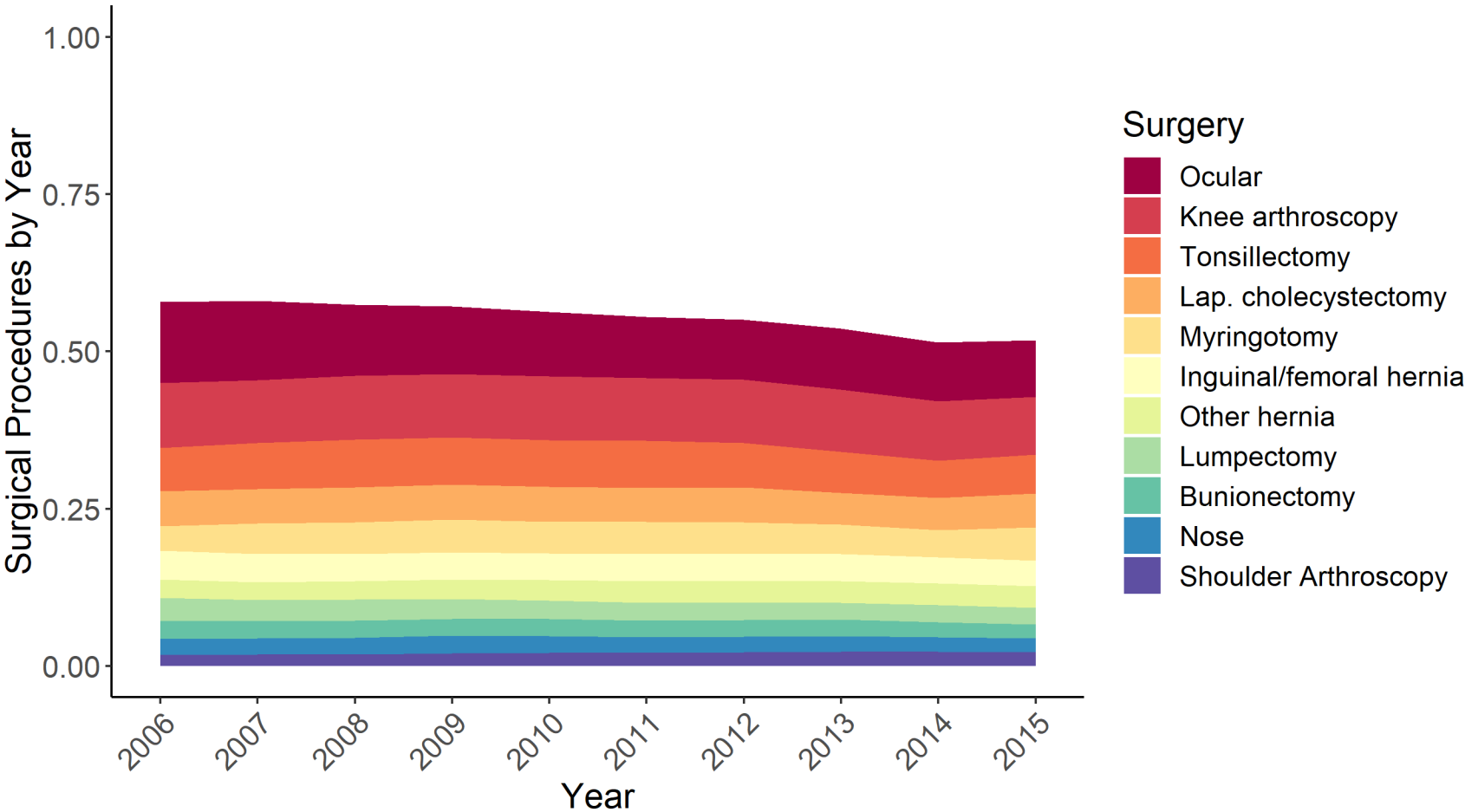
Surgical Population

Total Surgeries	N = 5,148,485
Female	54.5%
Age – Median (IQR)	47 (27, 60)
Under 25	23.3%
25-44	22.0%
45-64	39.2%
65-84	14.0%
85+	1.6%
Perioperative Opioid Rx	55.5%
Initial DS	5 (3,6)
Initial Qty	30 (28,40)
Initial MME	240 (180, 360)

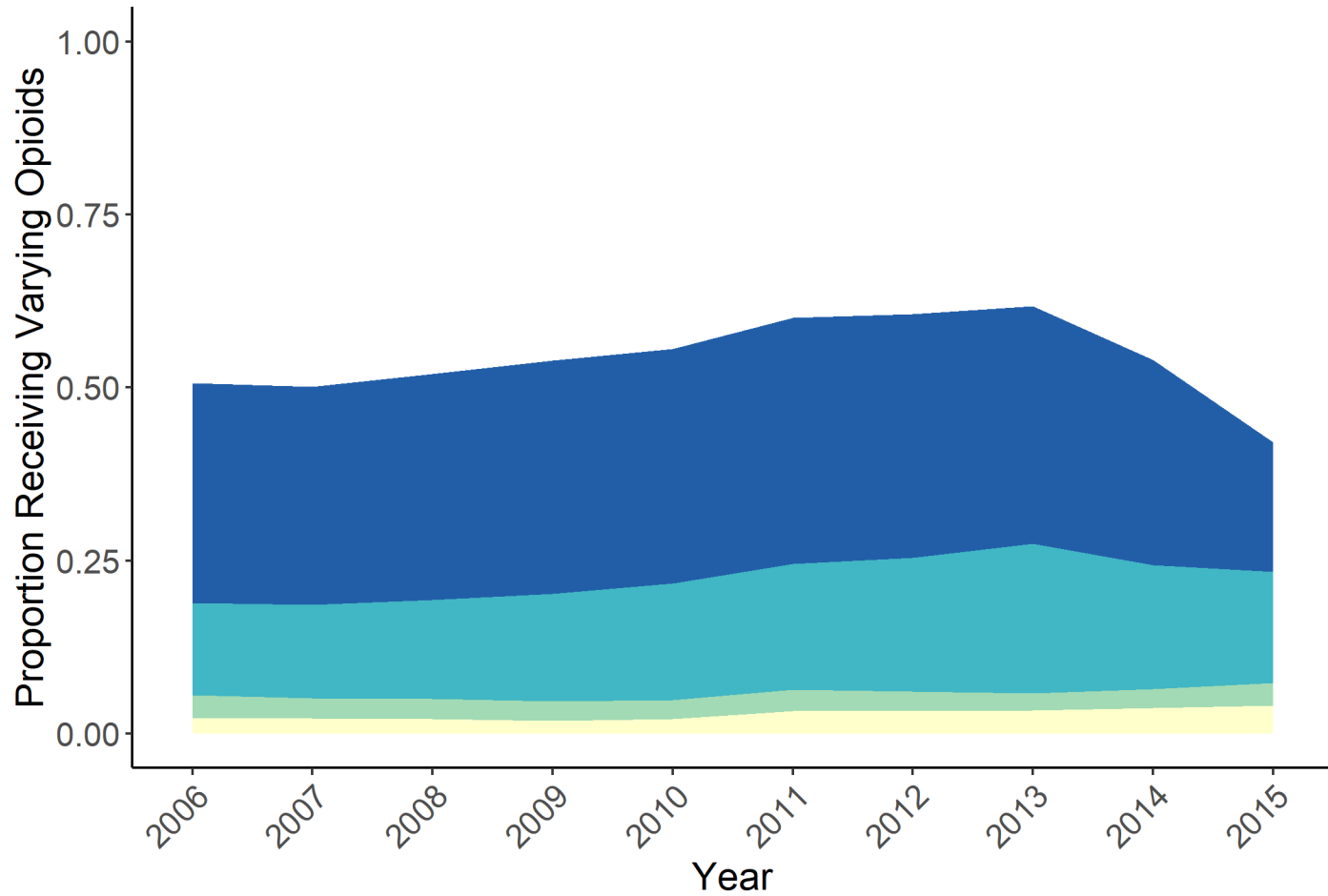
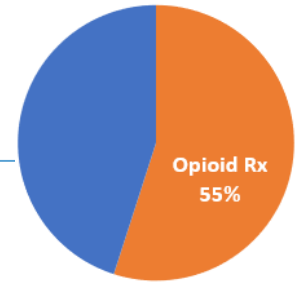
Procedures with N>100,000



Surgical Procedures by Year



Opioids Prescribed by Year

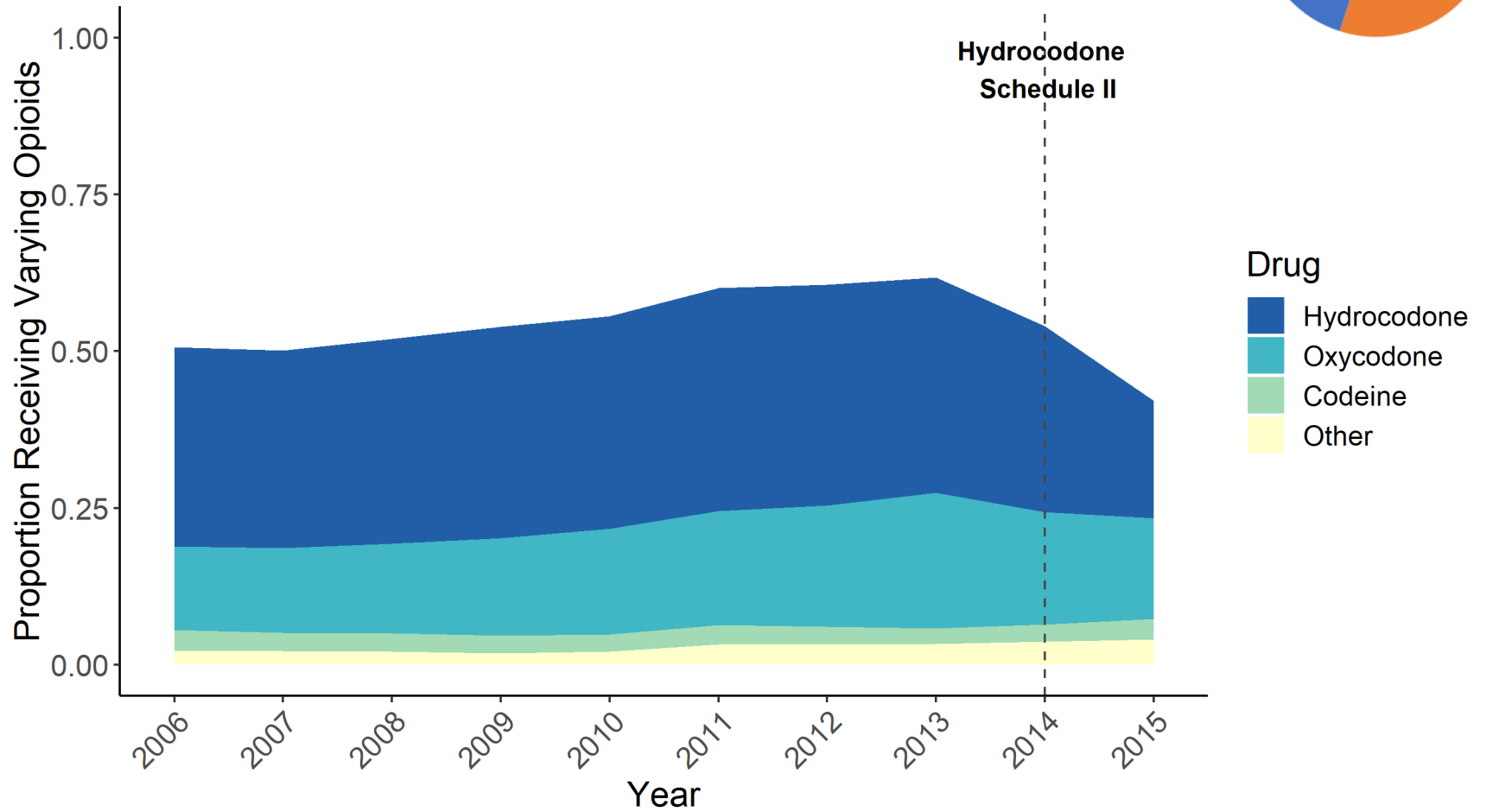
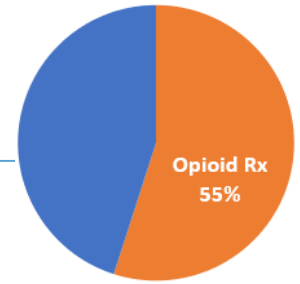


Drug

- Hydrocodone
- Oxycodone
- Codeine
- Other



Opioids Prescribed by Year



Surgical Population

	% of All Surgeries	% of All Surgeries
Total Surgeries (N)	5,148,485	
Female	54.5%	54.5%
Age – Median (IQR)	47 (27, 60)	
Under 25	23.3%	23.3%
25-44	22.0%	22.0%
45-64	39.2%	39.2%
65-84	14.0%	14.0%
85+	1.6%	1.6%
Surgery Type		
Ocular	532,522	10.3%
Knee arthroscopy surgery	511,067	9.9%
Tonsillectomy/adenoidectomy	363,390	7.1%
Laparoscopic cholecystectomy	279,812	5.4%
Myringotomy	252,076	4.9%
Inguinal and femoral hernia repair	220,804	4.3%
Other hernia repair	167,504	3.3%
Lumpectomy	152,829	3.0%
Bunionectomy	136,017	2.6%
Plastic procedures on nose	129,735	2.5%
Shoulder Arthroscopy	107,695	2.1%



Perioperative Opioid Prescribing

	Proportion of all post-surgical opioid initiators	Days Supplied	Quantity Dispensed	Total MME
		Median (IQR)	Median (IQR)	Median (IQR)
Overall	N=2,857,115	5 (3,6)	30 (28,40)	240 (180, 360)
Gender				
Female	55.34%	5 (3,6)	30 (25,40)	225 (180, 300)
Male	44.65%	5 (3,6)	30 (30,40)	240 (180, 360)
Age Category				
Under 25	23.3%	5 (3,6)	30 (28,42)	240 (150,360)
25-44	22.0%	5 (3,5)	30 (25,40)	225 (180,337.5)
45-64	39.2%	5 (3,6)	30 (30,40)	240 (180,360)
65-84	14.0%	5 (3,6)	30 (24,40)	225 (150,300)
85+	1.6%	5 (3,5)	30 (20,30)	180 (120,240)



Variation in Postsurgical Prescribing

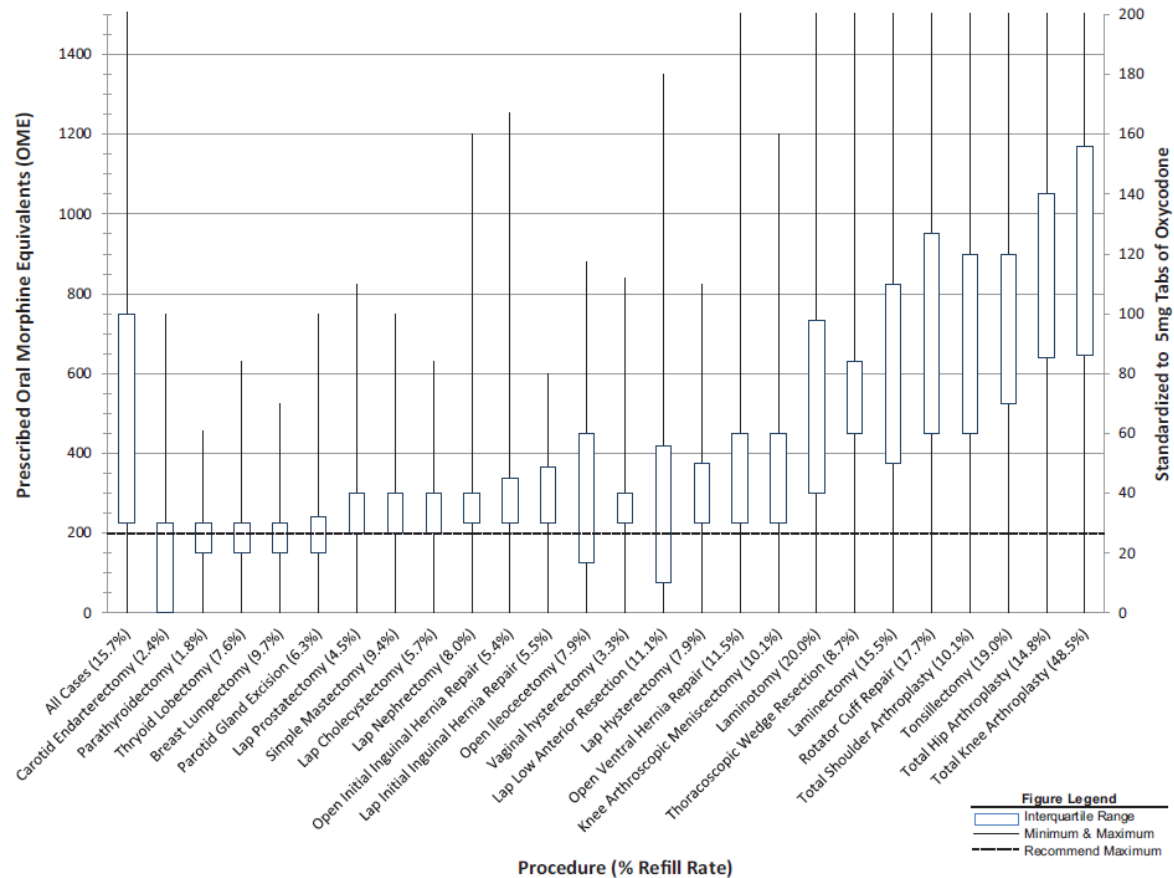


FIGURE 1. Discharge opioid prescribing practices in opioid-naïve patients across 25 common elective surgical procedures.



From: **Association of Opioid Prescribing With Opioid Consumption After Surgery in Michigan**

JAMA Surg. 2019;154(1):e184234. doi:10.1001/jamasurg.2018.4234

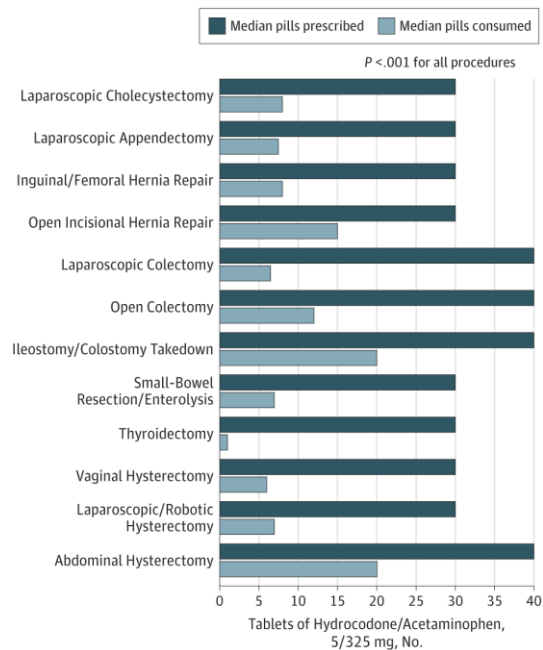


Figure Legend:

Opioid Prescription Size and Consumption Median opioid prescription size and patient-reported consumption for all 12 procedures in tablets of hydrocodone/acetaminophen, 5/325 mg. Quantity of opioid prescribed was significantly greater than patient consumption for all procedures.