



Would you like oxycodone with that?

Does discharge opioid prescribing consider individual patient need?

Ellen South¹, Angela Wai², Olfat Zekry², Lisa Pont¹, Russell Levy²

¹ Discipline of Pharmacy, Graduate School of Health, University of Technology Sydney NSW;
² Pharmacy Department Royal Prince Alfred Hospital, Camperdown

BACKGROUND

- Opioid prescribing on discharge is common and discharge opioid supply has been associated with long-term opioid use.
- Supply of opioids on discharge should be guided by individual patient requirements taking in to consideration prior use and use during admission but it is not know to what extent this occur.

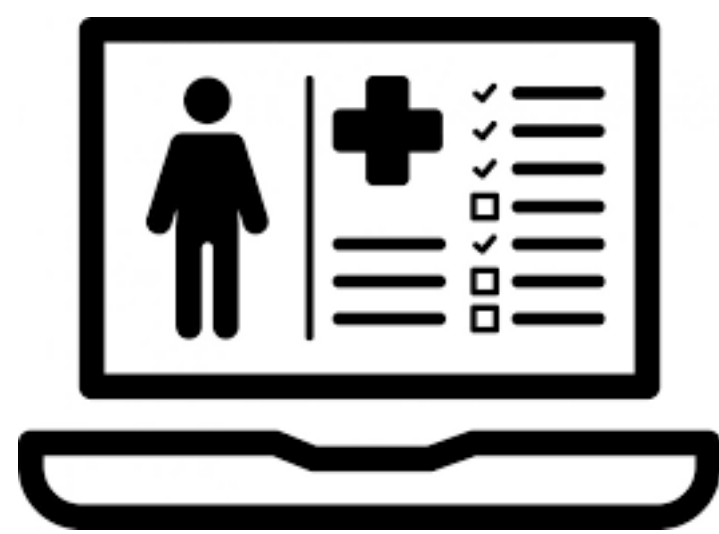
AIM

The aim of this study was to:

- quantify the prevalence of opioid prescribing on discharge
- identify patient and admission factors associated with opioid prescribing on discharge.
- determine if opioid prescribing on discharge is associated with use in the 24 hours prior to discharge

METHOD

- Retrospective audit of electronic medical and pharmacy records in September 2018
- Review of all adult patients (surgical and medical) discharged over a 48 hour period (Tuesday/Wednesday)
- Opioid Naïve patients prior to admission were included in this study.
- For opioids prescribed at discharge, opioid name, dose, and frequency was determined to calculate the daily oral morphine equivalents (OME).
- For "when required" opioids, dose was calculated as the maximum dose possible, as prescribed on the discharge medication reconciliation list.
- The total daily opioid dose was calculated as the sum of OMEs for both regular and as required opioids.
- Opioid use was calculated for each patient for 24 hours period prior to discharge and on discharge.
- Multivariate logistic regression was used to examine factors associated opioid supply on discharge
- Multivariate linear regression was used to explore the relationship between inpatient and discharge opioid prescribing.

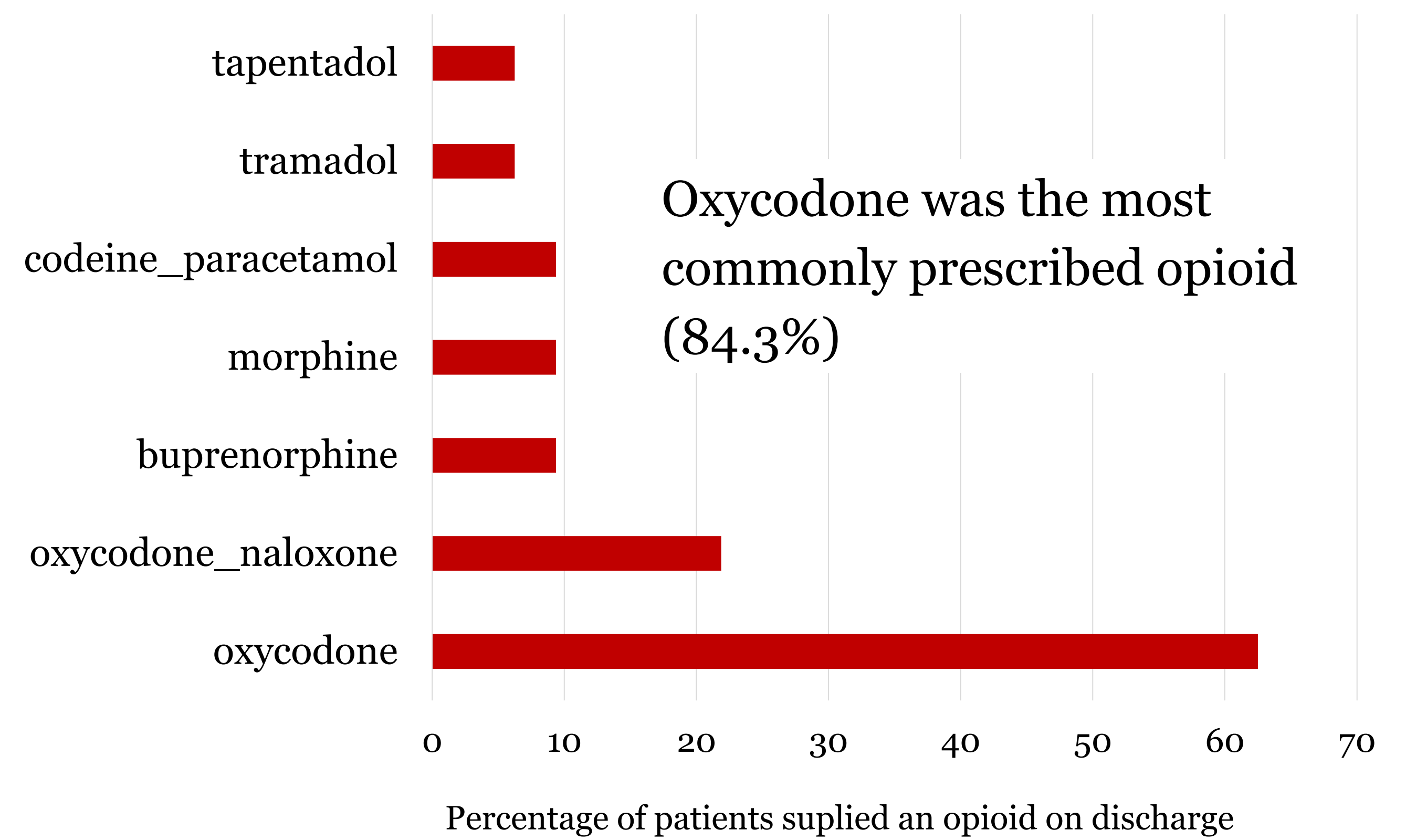


RESULTS



145 patient discharges were included in the study.

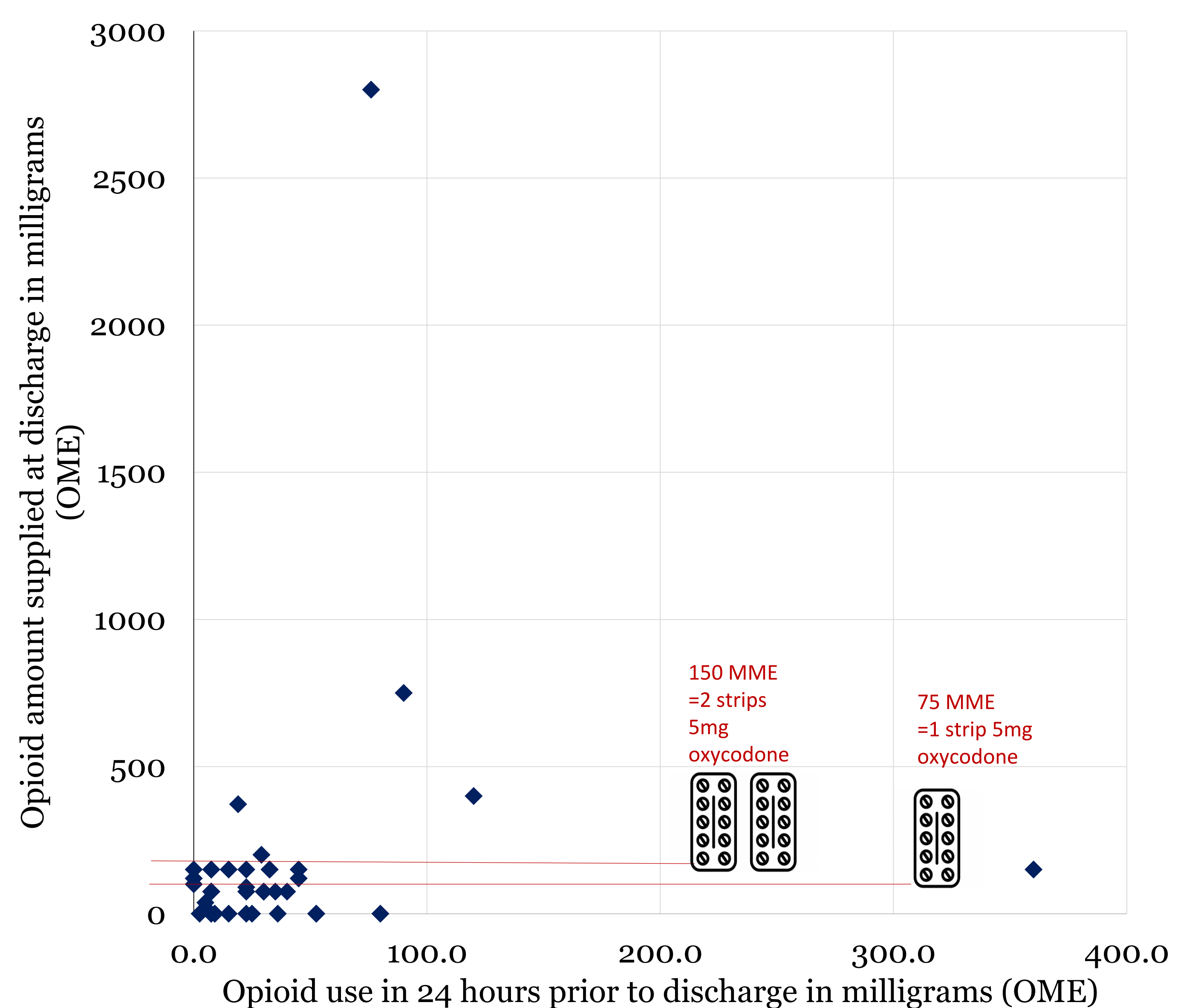
- Females 51%, Males 49%
- Median age was 59 (range 24-96)
- One third (35.1%) underwent a surgical procedure
- 6.2% were using an opioid prior to admission
- Palliative care patients were excluded



No association between opioid supply on discharge and age (p=0.100), gender (p=0.632), length of stay (p=0.316) or surgical procedure (p=0.949) was found.

Prescribers appeared to prescribe in strips or packs

Opioid quantity supplied on discharge was approximately double that used prior to discharge (beta=2.08, p=0.007 adjusted for age, gender, length of stay and surgical procedure)



CONCLUSION

- One in four patients received an opioid on discharge.
- An association with age, gender, type of surgery and length of stay was not found amongst those prescribed opioids on discharge
- The quantities supplied on discharge were higher than those used prior to discharge and did not appear to consider individual need
- Evidence-based interventions for opioid tapering are needed to optimise pain management and prevent misuse and diversion.