

S
A
E
M



Presentation Abstract

Session: Posters 2

Abstract
Number: 462

Title: The Rapid Rise In Opioid Prescribing In U.s. Emergency Departments: A Cause For Concern

Authors: Maryann Mazer¹, Peter Mullins², John van den Anker¹, Jesse Pines². ¹Children's National Medical Center, Washington, DC; ²George Washington University, Washington, DC

Abstract: **Background:** Over the past decade, there has been a substantial increase in the utilization of prescription opioids in the U.S., coupled with an even more dramatic increase in opioid abuse and opioid-related fatalities. Prior studies have demonstrated an increased use of opioid analgesics in the emergency department (ED), yet trends over time and contributions of specific agents are less well characterized

Objectives: To describe trends in opioid prescribing in adult ED patients.

Methods: Publicly available data from the National Hospital Ambulatory Care Survey (NHAMCS) from 2001 to 2010 were analyzed. Medications given in the ED and prescribed at discharge, including Drug Enforcement Agency (DEA) schedule II narcotics, DEA controlled substances (III-V), and non-opioid analgesics were tabulated, focusing specifically on opioid analgesics commonly used and those with high abuse potential. To determine if acute painful conditions treated in EDs were becoming more frequent over time, we evaluated if the primary reason for visit was “pain-related” or “non-pain-related”.

Results: Between 2001 and 2010, across all ED visits the percentage of patients who received a DEA schedule II analgesic increased from 7.9% to 15.4% ($p<0.001$). Morphine utilization increased from 1.3% in 2001 to 5.6% of ED visits in 2010 ($p<0.001$), while hydromorphone increased from 0.7% to 5.3% ($p<0.001$) and oxycodone from 2.4% to 5.7% ($p<0.001$). When trends in controlled substances were examined, hydrocodone use increased from 8.3% to 11.6% ($p<0.001$) while codeine utilization decreased from 1.8% to 1.5% ($p<0.001$). The use of non-opioid

analgesics, such as acetaminophen and non-steroidal anti-inflammatory medications increased slightly from 27.8% to 29.5% during the study period ($p < 0.001$). The percentage of painful conditions evaluated in the ED during this period had a significant, but relatively increase, from 41.8% in 2001 to 45.6% in 2010 ($p < 0.001$). **Conclusion:** We found a near doubling in the use of opioid analgesics in U.S. EDs in the past decade, coupled with a modest increase in pain-related complaints and non-opioid analgesic utilization. Oxycodone and hydrocodone, agents with high abuse potential, were also the most commonly prescribed opioids in ED patients. ED providers must continue to be vigilant in assessing and treating pain, while minimizing the potential for opioid-related abuse and injury.

Society For Academic Emergency Medicine

2340 S. River Road, Suite 208

Des Plaines, IL 60018

Phone: 1-847-813-9823

Fax: 1-847-813-5450

Email: **General Inquiries**

OASIS Helpdesk