Follow-up to Nonfatal Opioid Overdoses: More of the Same or an Opportunity for Change?

More than 90% of patients who survive a prescription opioid overdose continue to be prescribed opioids after the event, usually by the same prescriber. This is the astonishing finding of the study by Larochele and colleagues (1) published in this issue. Using the Optum database of claims for a large national insurer, the authors found that among 2848 patients who survived an overdose on opioids prescribed for chronic noncancer pain, 91% continued to receive opioid prescriptions.

Prescribing guidelines are clear that adverse events, such as overdose, are compelling reasons to withdraw prescription opioids (2). Therefore, it is tempting, and would be easy, to attribute these results to poor care, bad decisions, or sloppy prescribing. However, the problem goes well beyond individual prescribers’ practices. These prescribing behaviors occur in a context in which substantial—even deadly—mistakes are inevitable.

For instance, it is likely that many of the prescribers in the study did not know about their patients’ overdoses. As noted by the authors, currently no widespread systems are in place, either within health plans or through governmental organizations, for notifying providers when overdoses occur. Until such systems exist, providers will be left to act with dangerously limited knowledge. They will be unlikely to decrease or withdraw a patient’s opioid prescription after an overdose if they have no knowledge that the event occurred.

In addition, the authors’ data show that the mean daily dose for the cohort increased rapidly the week before overdose. This suggests that persons within the cohort had an increase in pain, an acute increase in drug-seeking behavior, or both immediately before the event. To put it another way, the data suggest that poor care, bad decisions, or sloppy prescribing. However, the problem goes well beyond individual prescribers’ practices. These prescribing behaviors occur in a context in which substantial—even deadly—mistakes are inevitable.

Second, once prescribers are aware that their patients have overdosed, they need sufficient knowledge and support to act on that information. For instance, prescribers need to know how to taper opioid dosages appropriately, how to use and prescribe buprenorphine, and what other resources can be reliably called on to help patients who demand opioids that their providers believe will do more harm than good.

This will require substantial changes in both medical education and our systems of care. These changes include more comprehensive education for medical students and residents about pain, addiction, and treatments for both (3). They also include building on models for chronic disease management and patient-centered care and on local and regional initiatives that recognize pain and addiction as chronic diseases that require team approaches for optimal outcomes. Health systems must also provide physicians the time required to identify patients who are at risk for or already have addiction and the tools, time, and resources to treat those diseases and coordinate care (7).

Finally, hospitals and emergency departments must have systems in place to identify patients who are seeking care for problems directly related to substance abuse (such as abscesses, endocarditis, or overdose) and then connect them directly to services. Research suggests that patients hospitalized for conditions related to substance abuse exhibit high readiness to change and that hospital-based interventions that provide in-reach services and referral can successfully...
discharge patients directly to the appropriate services for addiction treatment (8, 9) (Englander H. Personal communication.). This model turns a potentially devastating event into an opportunity for hope. These are not quick fixes, and they will be difficult. However, if we do not act now to fix these systems of care, patients will continue to suffer—and even die—and physicians will continue believe that they are powerless to stop it.

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