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Opioid prescribing for acute pain: An internal medicine perspective

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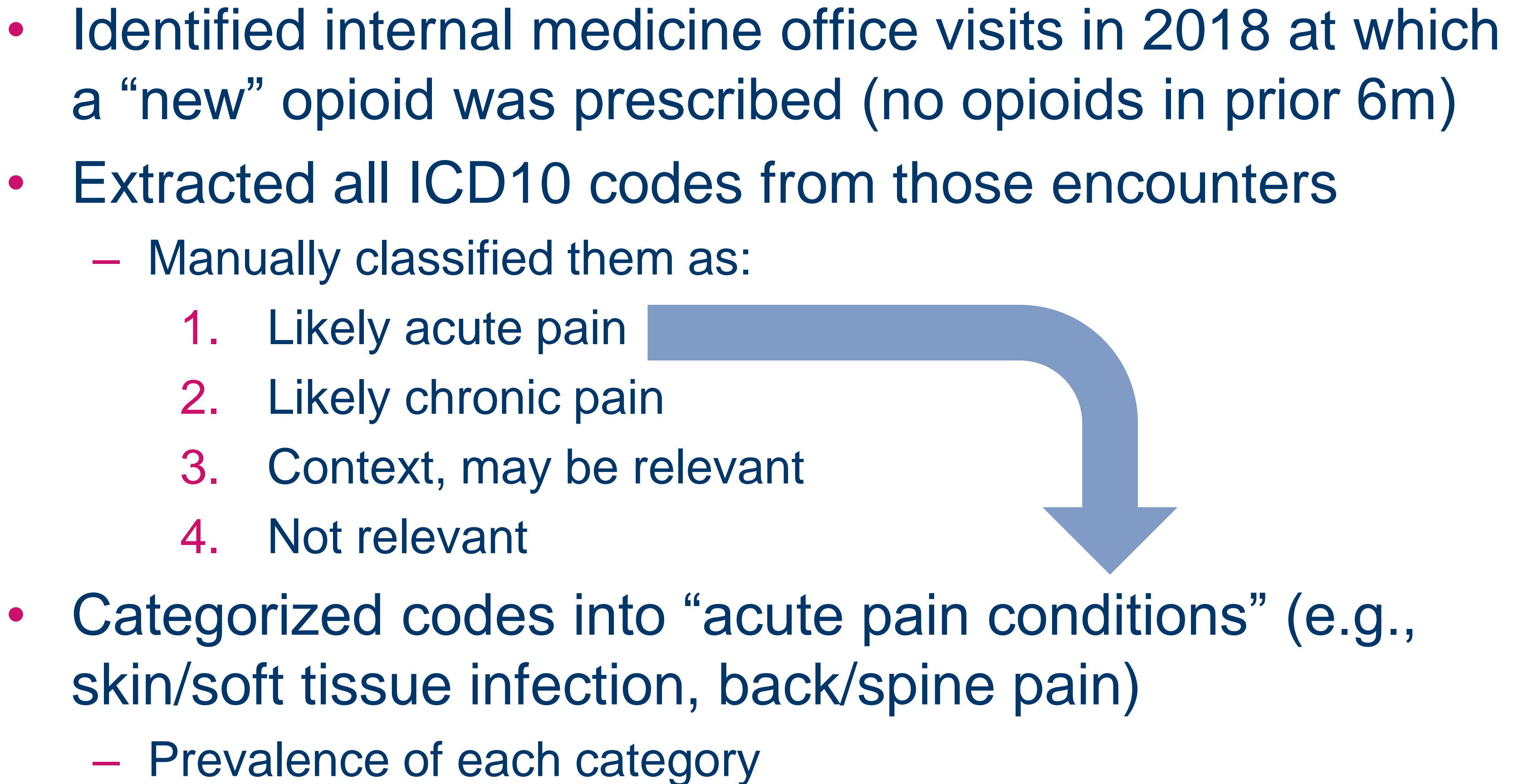
About the question

- What are the acute painful medical conditions for which guidelines for prescribing opioids should be a priority, and why?
- Two parts:
  1. What are the conditions where opioids may be indicated, necessary, or sometimes appropriate?
  2. How should we prioritize targets for guidelines?

- EMR data
- Provider survey

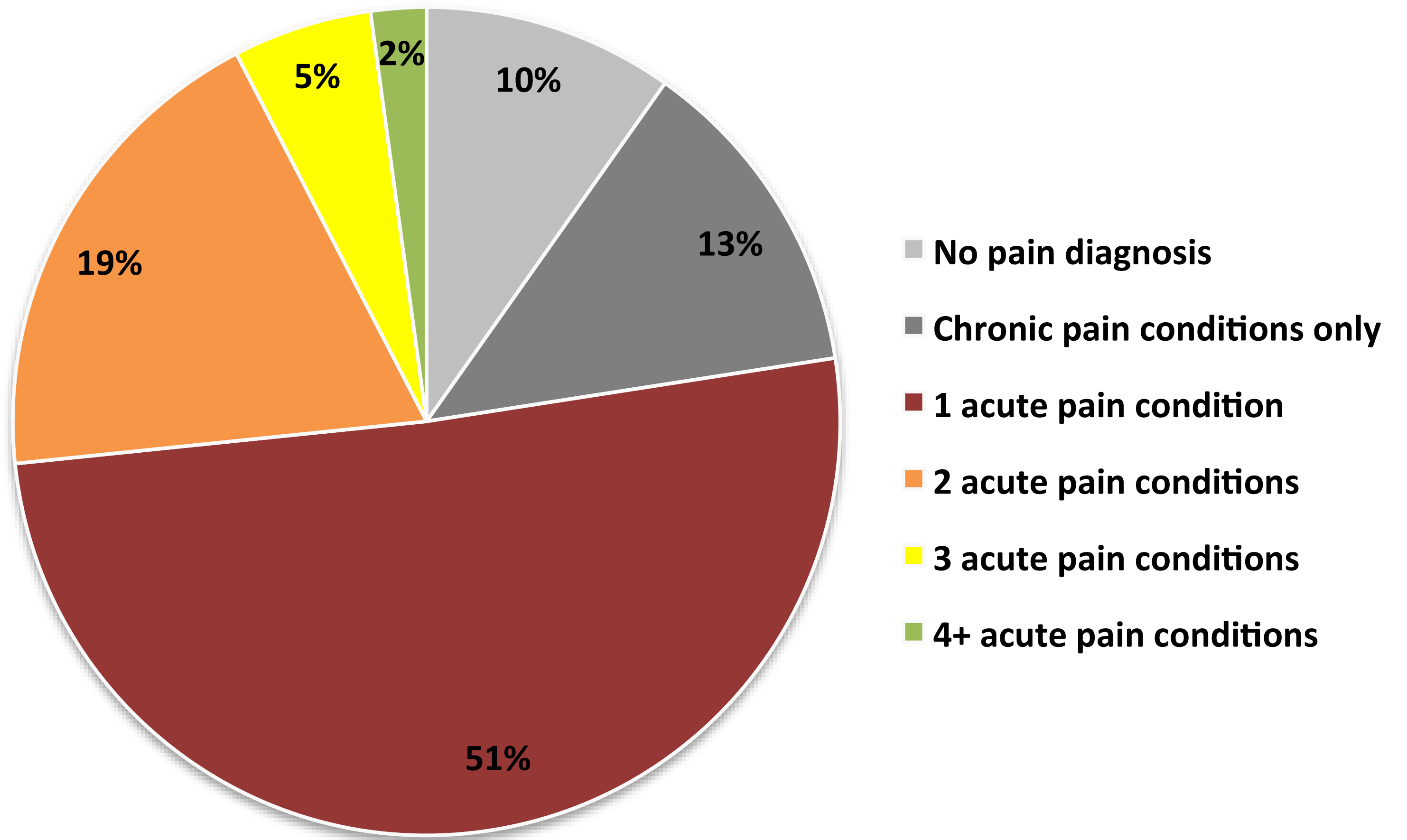
EMR data

- Identified internal medicine office visits in 2018 at which a "new" opioid was prescribed (no opioids in prior 6m)
- Extracted all ICD10 codes from those encounters
  - Manually classified them as:
    1. Likely acute pain
    2. Likely chronic pain
    3. Context, may be relevant
    4. Not relevant



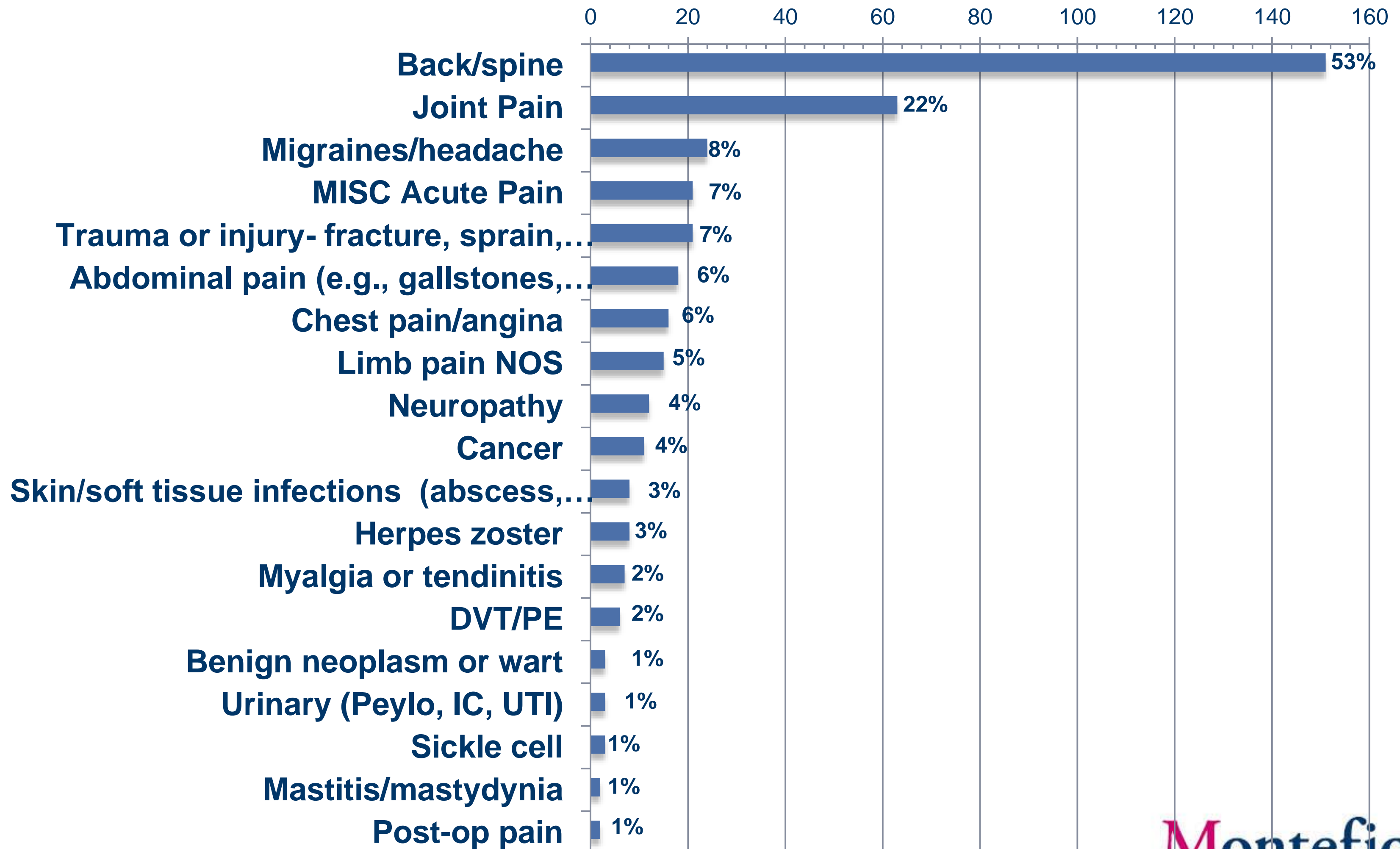
- Categorized codes into "acute pain conditions" (e.g., skin/soft tissue infection, back/spine pain)
  - Prevalence of each category

Number of acute pain conditions per encounter (368 encounters)

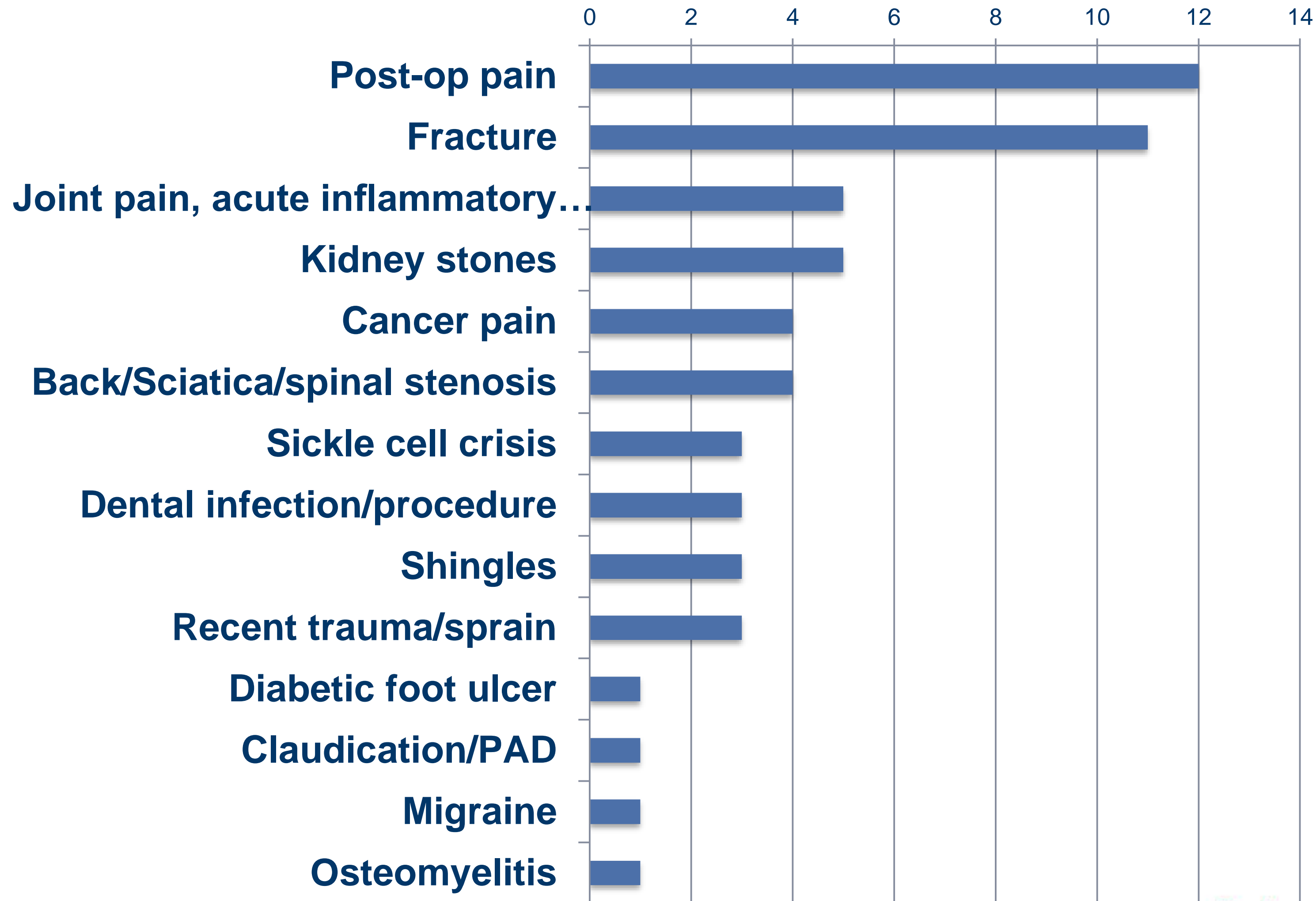


Acute pain conditions

(285 acute pain encounters)



Provider survey
(17 providers)



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Provider caveats

- Opioids may be appropriate IF:
  1. Pain not responsive to NSAIDs or acetaminophen or they are contraindicated
  2. Pain results in inability to walk or function
  3. Pain is very severe
  4. Procedure is planned (e.g., for fractures or joint pain)

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- Common cause of acute pain
- Unclear evidence for using opioids
- Lack of existing guidance

1. Post-operative pain
2. Sickle cell crises
3. Dental caries/infection/procedure
4. Acute cancer pain
5. Acute spine pain – e.g. lumbar radiculopathy, disc herniation, compression fracture
6. Acute joint pain
7. Fractures/trauma
8. Nephrolithiasis
9. Shingles
10. Migraines

- Some are diagnoses (e.g., shingles), some are location or type of pain (spine, joint)
- Evidence review and recommendations about opioid appropriateness should consider:
  - Previous treatments tried
  - Contraindications
  - Functional impact
  - For post-operative pain, type of procedures
- If a goal is to develop quality indicators, need to consider difficulty of capturing the indication in EMR