Continuity of Opioid Prescribing Among Older Adults on Long-Term Opioids

Sujith Ramachandran, PhD[1,2]; Monika Salkar, MS[1]; Kaustuv Bhattacharya, PhD[1,2]; John P. Bentley, PhD[1,2]; Shishir Maharjan[1]; Ike Eriator, MD[3]; Gerald McGwin, PhD[4]; Max J. Mauney, BA[1]; Yi Yang, MD, PhD[1,2]

[1] Department of Pharmacy Administration, University of Mississippi; [2] Center for Pharmaceutical Marketing & Management, University of Mississippi; [3] University of Mississippi Medical Center; [4] Department of Epidemiology, University of Alabama at Birmingham

THE UNIVERSITY OF MISSISSIPPI
Department of Pharmacy Administration

Background

- Chronic non-cancer pain (CNCP) ranges from 27% to 34% in older adults, of which 3-4% receive long-term opioid therapy (LTOT).
- Previous research shows that fragmentation of care among older adults maybe associated with high-risk opioid prescriptions.

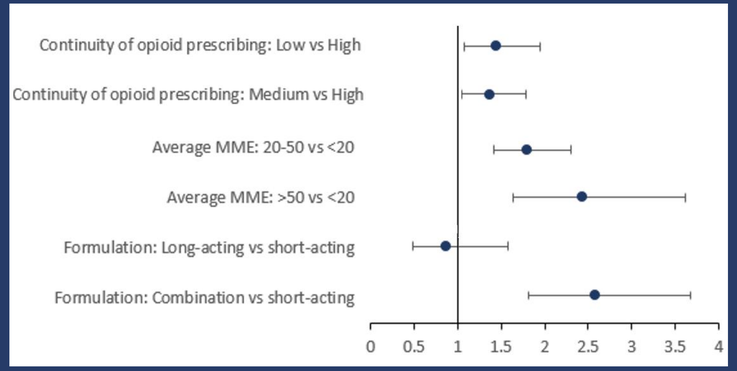
Objectives

- Describe the continuity of opioid prescribing and prescriber characteristics among older adults with CNCP who are on LTOT.
- Evaluate the association of continuity of opioid prescribing and prescriber characteristics with the risk of opioid-related adverse events.

Methods

- Data: 2012-2016 Medicare 5% administrative claims data.
- Study design: nested case-control study.
- Continuity of opioid prescribing was measured using the Bice-Boxerman continuity of care index which captures the extent to which a given individual's total number of opioid prescriptions for a specific time period are with a single or group of referred providers.
- Outcomes: opioid-related adverse events - opioid-related respiratory depression, opioid-overdose, or mortality.
- Conditional logistic regression was conducted to assess the relationships of interest after accounting for known confounders.

Continuity of opioid prescribing was associated with a reduced risk of opioid-related adverse events



Author Contact Information: yiyang@olemiss.edu

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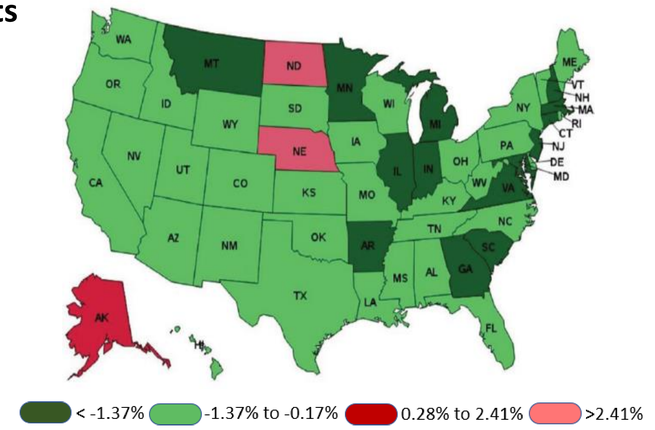
Results



State-level variation in change in proportion of new long-term opioid use among older adults between 2013 and 2016

Conclusions

- Of the study participants, 39.0% had low COCI score and only 9.2% received at least one prescription from a pain specialist.
- This study found that Medicare-enrolled older adults who initiate LTOT have moderate levels of continuity of opioid prescribing and only a small portion of them receive prescriptions from pain specialists.
- Higher continuity of opioid prescribing, but not provider specialty, was significantly associated with fewer opioid-related adverse outcomes among older adults with CNCP.

Key references

- Salkar, Monika, *et al*. Do Formulation and Dose of Long-Term Opioid Therapy Contribute to Risk of Adverse Events among Older Adults? *Journal of General Internal Medicine* 37.2 (2022): 367-374.
- Ramachandran, Sujith, *et al*. Pattern of Use and Geographic Variation in Long-term Prescription Opioid Use among Older Adults in the United States: a Study of Medicare Administrative Claims Data. *Pain Physician* 24.1 (2021): 31.