Opioid prescribing patterns among postpartum women

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TO THE EDITORS: We read with great interest the article by Badreldin et al,[1] which found that opioids were commonly prescribed among postpartum women regardless of the amount of pain reported prior to discharge. We would like to present some of our perspectives.

First, the authors compared postpartum women at discharge who reported pain score of 0 of 10 with those who reported pain score of >0 of 10. It is worth noting that unidimensional scales, such as visual analog scale scores or numerical rating scale, could result in bias and may not represent a significant measure of objective pain intensity. Previous studies have indicated that reductions in pain scores of around 30-40% are needed in order to reflect clinically useful improvements in pain.[2] In other words, women with a pain score of 3 may be in the same pain intensity category as those with a pain score of 0. For this reason, we consider that using a pain score of 3 might be a better cutoff for comparison at the time of discharge.

Additionally, the authors concluded that the oral morphine milligram equivalents (MME) prescribed at discharge (discharge-MME) was similar among patients following both vaginal and cesarean deliveries without regard to inpatient MME and pain score experienced before discharge. Nevertheless, women with vaginal delivery who experienced less pain received larger discharge-MME. This was a remarkable finding. We look forward to hypothesis and/or in-depth analysis of this issue by the authors. Previous studies found that there were significant differences in opioid discharge-MME according to the provider type.[3] We wonder if the authors could show the subanalysis based on demographics, clinical characteristics of patients, and types of health care providers.

Finally, the authors stated that a lack of standardization among providers was responsible for the wide range of opioids prescribed to postpartum discharged women. However, there have been successful, innovative lawsuits against physicians for the under-prescription of opioid pain medications.[4] The potential of being sued for refraining from prescribing opioids rather than for doling them out prematurely may be a bigger concern for providers.

We would welcome comments by the authors, as this would further support the findings of this important research. ■

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REPLY

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We appreciate the interest of Dr Zhang and colleagues in our work.[1]

We agree that pain remains very challenging to objectively and consistently measure, with no one method that is clearly correct, although believe that our approach was a reasonable one. We dichotomized reported pain score as a means of capturing a clinically meaningful difference (no pain vs any pain). We also evaluated these data in a continuous fashion using Spearman correlation. Among women who had a vaginal delivery, the correlation between the total amount of morphine milligram equivalents (MME) prescribed at discharge and pain score was Rho −0.007 ($P = .768$). Among women who had a cesarean delivery, the correlation between the total amount of MME prescribed at discharge and pain score was Rho 0.001 ($P = .959$). These data further emphasize that there appears to be no meaningful relationship between pain score and the amount of opioid prescribed at discharge.

Dr Zhang and colleagues highlight the finding that, among women who received an opioid prescription at discharge, women who underwent a vaginal delivery and who received no inpatient opioids during the last 24 hours of