On the frontlines of healthcare delivery, emergency medicine providers grapple with the most challenging problems that impact our communities. Front and center in the minds of many emergency providers (EPs) are the increasing challenges of adequately treating pain and preventing opioid use disorder. An estimated 20% of Americans reported having pain on most days or every day in a 2016 survey [1]. While there is limited data on the prevalence of pain over time, there is evidence that low back pain has been increasing in the US [2,3]. With an aging population and increasing chronic disease, the prevalence of chronic pain is likely to rise. Since the 1990s, there has been a cultural change to treat chronic noncancer pain more aggressively with opioids and this more aggressive treatment has resulted in an epidemic of opioid use disorder and opioid related mortality. This editorial discusses the findings in a study of emergency department (ED) opioid prescribing by Yang et al. and explores the changing landscape of opioid prescribing in emergency medicine. We specifically discuss risks associated with opioid prescribing, strategies to reduce risks while improving pain management, the role of advanced practice providers in ED opioid prescribing, and the importance of further education on opioid sparing pain management strategies.

A changing landscape of opioid prescribing in emergency medicine

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Abstract

Emergency Medicine providers are grappling with the dual challenges of adequately treating pain while avoiding the risks associated with opioid pain relievers. The aggressive treatment of pain with opioids for the last three decades has resulted in an epidemic of opioid use disorder and opioid related mortality. This editorial discusses the findings in a study of emergency department (ED) opioid prescribing by Yang et al. and explores the changing landscape of opioid prescribing in emergency medicine. We specifically discuss risks associated with opioid prescribing, strategies to reduce risks while improving pain management, the role of advanced practice providers in ED opioid prescribing, and the importance of further education on opioid sparing pain management strategies.

Keywords:
- Opioids
- Emergency medicine
- Anesthesia
- Practice patterns
- Inappropriate prescribing

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https://doi.org/10.1016/j.ajem.2018.10.042
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appropriate treatments. If we can achieve equal pain relief with opioid and helping those with opioid dependence or opioid use disorder with we must not lose sight of providing adequate analgesia for our patients they consider using an opioid [9]. Epidemiological data suggests the long risk factors associated with opioid use disorder that can be screened is their potential to alter the function of neural pathways critical to re transmission with therapies that have low risk for dependency or addiction [11]. When choosing to prescribe opioids for severe pain, providers can reduce risk by using the lowest effective dose for the shortest effective duration in combination with other multimodal therapies. An even greater challenge is the management of patients with chronic pain and/or opioid dependency. Further education is needed on the concepts of pain centralization and tools that EPs can use to manage chronic pain in the ED. Additionally, opioid dependency presents its own unique challenges in the management of acute and chronic pain. Providers must receive education on how to adequately manage withdrawal hyperalgesia, opioid induced hyperalgesia, and exacerbations of pain in the opioid dependent patient. Institutions responsible for the training and education of physicians and APPs should continue to improve their curriculums and require continuing medical education to include the latest science on pain, opioids, and substance use disorders.

While opioids can add effective short-term pain relief in many patients, the longer-term outcomes are questionable and the risk for harm is significant. We must be vigilant about favoring short term outcomes over long term health when developing pain management plans in the ED. There is reason to be optimistic. US spending on opioids showed a steeper decline in 2017 than any time since the peak of prescribing in 2011 [12]. As we continue to limit our opioid prescribing, we must not lose sight of providing adequate analgesia for our patients and helping those with opioid dependence or opioid use disorder with appropriate treatments. If we can achieve equal pain relief with opioid sparing modalities, this should be our goal. Fostering this culture among all providers is critical to decreasing the harms we have realized with our dependence on opioids for pain management.

For resources on opioid sparing pain management and education on chronic pain, please see these resources:


References