

Opioid Prescription for Chronic Pain and Risk for Overdose and Death

Risk is clear, but solutions are not.

Opioids sometimes are appropriate for patients with chronic pain, but overdose is becoming more common. Because risk for overdose has not been well described among patients for whom opioids are prescribed, investigators studied 9940 patients with pain (mostly back or limb pain) and at least three prescriptions of opioid analgesics within 90 days in a Washington State health cooperative. Patients with cancer were excluded.

During a mean 42-month follow-up, 51 patients experienced serious intentional or unintentional overdoses; 6 overdoses were fatal, and 45 were nonfatal (13 definitely opioid related and 32 probably opioid related, based on medical record review). Recent opioid prescription was associated with serious overdose (hazard ratio, 8.4) in analyses that were adjusted for depression, substance abuse, comorbidity, and other potential confounders. Dose comparison of 1 mg to <20 mg of morphine equivalents daily with 20 to <50 mg, 50 to <100 mg, and \geq 100 mg daily yielded HRs of 1.2, 3.1, and 11.2, respectively.

Comment: The association between opioid use, dose, and overdose incidence among patients with opioid prescriptions for chronic pain is notable. But this study tells us little about the causes of overdose risk, which could range from consequences of use as prescribed to drug misuse. Simply avoiding prescribing opioids when they are a patient's best option is a mistake. Editorialists suggest sensible, if not specific, recommendations based on these data: Assess risk for misuse (e.g., depression, past substance abuse), provide close oversight, dose judiciously, and reevaluate benefits frequently.

— [Richard Saitz, MD, MPH, FACP, FASAM](#)

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