

# Opioid Prescription Patterns in an Inpatient Rehabilitation Facility

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## Introduction

Opioids are commonly used for pain control in inpatient rehabilitation facilities (IRF). Long-term opioid use can lead to devastating side effects, thus we evaluated and described opioid prescribing patterns in an IRF.

## Methods

A retrospective chart review of seventy admissions to an IRF status post fracture, amputation, and/or multiple trauma. Data collected included age, length of stay (LOS), opioid use (6 months prior, on admission, mid-stay, discharge), and reported pain severity.

## Results

Of the seventy patients reviewed, 26% received opioids pre-injury and 16% had active opioid prescriptions.

A significantly greater percentage of patients with active opioid prescriptions before admission required opioids at discharge (81.82%), compared to patients without prior opioid use (45.45%;  $p=0.04$ ).

A significantly greater percentage of patients with joint disease were prescribed more than a seven-day supply of opioids at discharge (33%,  $p=0.02$ ); these longer duration prescriptions were more often provided to older patients to achieve pain control ( $p=0.01$ ).

LOS was significantly higher in patients with an active opioid prescription pre-injury (M=16.18 days, compared to those without M=12.42 days,  $p=0.02$ ).

## Discussion

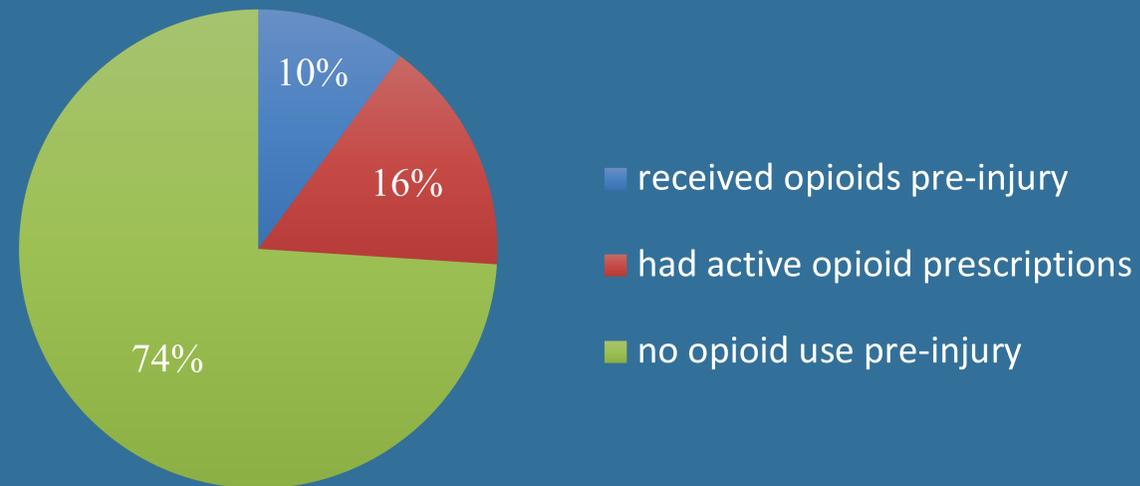
Patient and physician education are paramount in reducing opioid use, as long-term use may lead to an array of adverse events and addiction.

Limiting factors include our sample size of 70, which decreases the generalizability of results in comparison to a larger sample size.

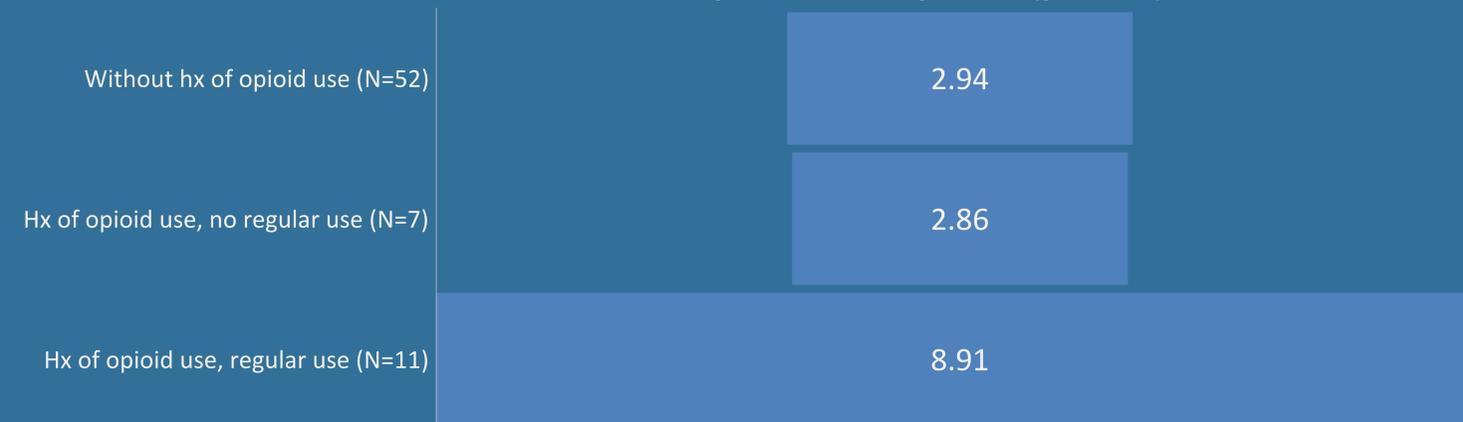
Additionally, the online Prescription Monitoring Program that was used, otherwise known as I-STOP, provided a limited 6-month window displaying opioid prescription history. Despite the limitations, this study provided insight into the prescribing patterns in an IRF and with that, room for improvement in reducing the duration of opioid use in this patient population.

*Prior opioid-use, pre-existing joint disease, and advanced age are associated with increased LOS and longer duration of opioid use at discharge from an IRF.*

History of Prior Opioid Use 6 Months Prior to Admission (n=70)



Mean Duration of Opioid Prescriptions (days) at Discharge in Patients With or Without Prior Active Opioid Prescriptions ( $p=0.01$ )



Opioid Prescription Timing in an IRF (n=70)

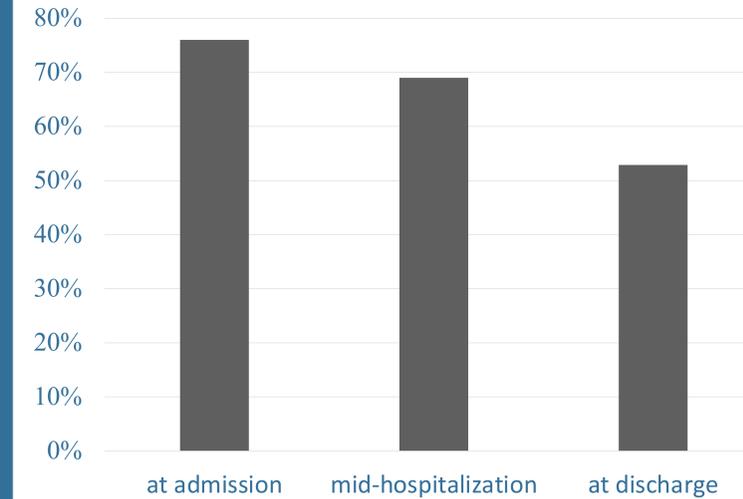


Table 1. Details of categorical project variables, N=70

Variable	N	%
<b>Race</b>		
White	62	88.57
Black or African American	8	11.43
Total	70	100
<b>Sex</b>		
Male	38	54.29
Female	31	44.29
Missing	1	1.43
<b>Trauma type</b>		
Major Trauma	28	40.0
Lower Extremity	21	30.0
Amputation	21	30.0
<b>Opioid use at discharge</b>		
No	33	47.14
Yes	37	52.86
Missing	0	100
<b>Greater than 7-day supply at discharge</b>		
7 days or less	31	44.29
>7 days	5	7.14
Missing	34	48.57
<b>History of Opioid Use</b>		
None	52	74.29
History of Nonregular Use	7	10.00
History of Regular Use	11	15.71

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This study was reviewed and deemed to be exempt by the Upstate Medical University IRB 1633920-1