Changes in trends and pattern of strong opioid prescribing in primary care

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Abstract

Background: This study evaluated the prescribing trends of four commonly prescribed strong opioids in primary care and explored utilization in non-cancer and cancer users. Methods: This cross-sectional study was conducted from 2000 to 2010 using the UK Clinical Practice Research Datalink. Prescriptions of buprenorphine, fentanyl, morphine, and oxycodone issued to adult patients were included in this study. Opioid prescriptions issued after patients had cancer medical codes were defined as cancer-related use; otherwise, they were considered non-cancer use. Annual number of prescriptions and patients, defined daily dose (DDD/1000 inhabitants/day) and oral morphine equivalent (OMEQ) dose were measured in repeat cross-sectional estimates. Results: In total, there were 2,072,022 prescriptions (57.8% for non-cancer) of strong opioids for 178,092 users (33.9% non-cancer; mean age 71.7±17.0 years) during the study period. The mean annual (DDD/1000 inhabitants/day) was higher in the non-cancer group than in the cancer group for all four opioids: morphine (0.73±0.28 vs. 0.12±0.04), fentanyl (0.46±0.29 vs. 0.06±0.26), oxycodone (0.24±0.19 vs. 0.03±0.20) and buprenorphine (0.23±0.13 vs. 0.008±0.000). The proportion of patients was prescribed low opioid doses (OMEQ≤30 mg/day) in both non-cancer (50.3%) and cancer (39.9%) groups, followed by the dose ranks of 31-100 mg/day (26.2% vs. 28.7%), 101-200 mg/day (13.1% vs. 19.2%) and ≥200 mg/day (12.8% vs. 12.1%).

Conclusions: There has been a huge increase in strong opioid prescribing in the United Kingdom, with the majority of prescriptions for non-cancer pain. Morphine was the most frequently prescribed, but the utilization of oxycodone, buprenorphine and fentanyl increased markedly over time. © 2014 The Authors. European Journal of Pain published by John Wiley & Sons Ltd on behalf of European Pain Federation - EFIC.

Indexed keywords

EMTREE drug terms: buprenorphine, fentanyl, morphine, oxycodone, buprenorphine, fentanyl, morphine

EMTREE medical terms: adult, aged, Article, cancer pain, controlled study, cross-sectional study, female, human, low drug dose, major clinical study, male, prescription, primary medical care, retrospective study, United Kingdom, very elderly, adolescent, clinical practice, drug utilization, epidemiology, middle aged, pair, prescription, primary health care, statistics and numerical data, trends, young adult

MeSH: Adolescent, Adult, Aged, Aged, 80 and over, Analgesics, Opioid, Buprenorphine, Cross-Sectional Studies, Drug Prescriptions, Drug Utilization, Female, Fentanyl, Great Britain, Humans, Male, Middle Aged, Morphine, Oxycode, Pain, Physic's Practice Patterns, Primary Health Care, Young Adult

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buprenorphine, 52485-79-7, S3152-21-9; fentanyl, 457-38-7; morphine, 52-26-6, 57-27-2; oxycodone, 124-90-5, 76-42-6;

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