

IDENTIFICATION OF POTENTIAL MISUSE OF PRESCRIBED OPIOIDS AND GABAPENTINOIDS PRIOR TO REFERRAL FOR SPECIALIST PAIN TREATMENT IN NEW ZEALAND

Authors: Dr Rhys Ponton¹, Ching Cheung, Dr Leinani Aiono-Le Tagaloa

¹School of Pharmacy, University of Auckland, New Zealand; ²School of Pharmacy, The University of Nottingham, United Kingdom; ³The Auckland Regional Pain Service, New Zealand

Presenter's email: r.ponton@auckland.ac.nz

Introduction and Aims: This project studied the prescribing to patients prior to referral for specialist pain care. It aimed to identify prescribing patterns, identify risky practices, particularly excessive opioid prescribing, and to determine if there were any issues in New Zealand in respect to the 'opioid epidemic' as witnessed in North America.

Design and Methods: A cross-sectional review of referral data to the specialist pain service in Auckland was conducted for all patients referred during 2018. Prescribing data were analysed to calculate morphine equivalent daily dosage and to determine if the patient was taking the opioids/gabapentinoids as prescribed or if they were potentially overusing them.

Results: 610 patients were eligible for review. Opioids were the most commonly prescribed class of drug (339 patients, 56.0%; Strong opioids: 160 (26.4%)). 222 patients were prescribed gabapentinoids, with 103 of these patients co-prescribed opioids. 34 patients were prescribed opioids, gabapentinoids and benzodiazepines concurrently. Only 29 (4.8%) patients were prescribed a dose exceeding 120mg morphine equivalent daily. 19.1% and 19.0% of all patients prescribed morphine and oxycodone respectively were found to potentially be exceeding their prescribed dose, this compares with only 9.4% of weak opioid prescribed patients. The data also suggest that 24.2% of pregabalin patients were potentially exceeding the prescribed dose.

Discussions and Conclusions: Our findings suggest that whilst many primary care prescribers appropriately do not prescribe high dose opioids (over 120mg morphine equivalent), some patients prescribed strong opioids and pregabalin are able to access quantities that suggest higher doses are being consumed. There is an additional risk that these drugs are being sought in high quantities for diversion to the illicit market.

Implications for Practice or Policy: Prescribers and community pharmacists are encouraged to carefully review previous prescriptions before providing further supplies of drugs liable to misuse.

Disclosure of Interest Statement: *No pharmaceutical grants were received in the development of this study.*