Opioids Prescribed on Discharge - What Happens Next? (HDEC reference no: 19/CEN/107)

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Background
Opioid use is increasing throughout New Zealand, and approximately 50% of patients who have strong opioids dispensed in the community received their initial opioid prescription in a public hospital. Little information is available to describe what happens on discharge from hospital.

Aim
- To describe Waikato Hospital’s current opioid discharge prescribing practice.
- To investigate community opioid dispensing patterns up to three months post discharge.

Method
Retrospective, descriptive observational study (100 patients, naïve to strong opioids, initiated on a strong opioid in Waikato Hospital and dispensed an opioid on a discharge prescription from older person rehabilitation [OPR] wards). Hospital databases and community dispensing records will be used to identify eligible patients and dispensing patterns post-discharge. A pilot study was conducted prior to the main study.

Exclusion criteria: Domiciled outside Waikato DHB; dispensed strong opioids within one month pre-admission; or receiving palliative, oncology, or opioid substitution treatment.

Pilot results
38% (n=13) of patients who met study criteria had an opioid prescription dispensed on discharge (oxycodone and codeine only, average supply period 9 days). The median age of patients was 81 years; 77% were female; 23% were Māori, 69% European and 8% other ethnicities. All discharge summaries had opioids listed; however, only 54% had a post-discharge plan. 69% of patients received subsequent opioid prescriptions in the community: average of 59 (range 7-90) days.

Conclusion
Full results are forthcoming. If these mirror the pilot, the periods of supply on discharge and in the community subsequently are concerning. Opioid use exceeding 6 weeks is potentially inappropriate, particularly in older patients. There is a lack of information from other DHBs with which to compare these results.

The results of the study will be used to inform hospital prescribers of typical opioid prescribing practice and the value of having a well-documented plan in place for pain management.

References

Justification for presentation
Opioids are high risk medicines and inappropriate prescribing can cause significant patient harm. This study provides insight into Waikato Hospital’s current opioid prescribing pattern on discharge and the subsequent community opioid dispensing patterns, which will highlight possible areas of concern and improvement.