Repeated Prescription-Opioid Overdose in a Geriatric patient
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Story from the Front Lines

A woman in her mid-70s with Chronic Low Back pain manage with opioid medication, Anxiety, and history of stroke was admitted to the hospital after being found at home with acute encephalopathy and an empty bottle of Oxycodone nearby. She had respiratory depression on arrival and responded well to intranasal Naloxone. Her acute encephalopathy resolved within the next 24 hours and the patient was adamant that her overdose was accidental.

Upon further chart review it was apparent that her presentation was similar to two prior admissions to the same hospital in the past year. In both of the prior hospitalizations the inpatient medical team attempted unsuccessfully to contact the patient's primary care physician to discuss the overdose, and an investigation into the patient's prescription history using the state's prescription drug monitoring program website showed that she had continued to fill her opiate medication (100 pills of 10mg Oxycodone) on a monthly basis.

The patient was initially averse to the idea of any reduction in her Oxycodone dosage. However, she eventually confided in the inpatient team that she no longer felt safe managing her own medications at home and the process was started toward placement in a long-term nursing care facility.

Teachable Moment

Opiate use for chronic low back pain is common, and the case discussed above is not unique. Discussion of the overuse and potentially deadly adverse effects of opiate pain medications has become mainstream in recent years. While the use of opiate pain medications is generally accepted in active cancer and end-of-life care, it has become common for many other types of acute and chronic non malignant pain and thus exposing patients to serious, but preventable, harm. A study from 2010 estimated that 20% of patients presenting to physician offices with noncancer pain symptoms or pain-related diagnoses (including acute and chronic pain) receive an opioid prescription[1]. Even more disturbing, the rates of death in women from opioid pain medications increased 5-fold from 1999-2010[2], as reported by the Centers for Disease Control and Prevention.

Systematic reviews have concluded that there is limited evidence to support using long-term opioid therapy for low back pain or chronic pain in general however the practice is still widespread[3]. Physicians must be aware of the limited evidence supporting opiate pain medications for chronic pain, and ensure that they are exhausting available nonopioid medications prior to starting opioids.

While weaning dependent patients off of opioids is a difficult process in general, evidence shows physicians are not doing a good job reducing opioid prescriptions even after a known

overdose. A retrospective cohort study of over 2800 patients from across the U.S. looked at patients on long-term opiate therapy admitted with nonfatal opiate overdose from 2000-2012 and found that opiates continued to be dispensed to 91% of the patients[4]. Additionally, the incidence of readmission was as high as 17% at 2 years[4], highlighting that even one overdose should be a serious wake-up call to prescribers about the potential harms to which they are subjecting their patients, and for the risk of repeated overdose.

Better communication between inpatient and outpatient primary medical teams could potentially have prevented re-prescription of opioids in this case, and there are now online prescription monitoring programs in most states, and drug utilization review programs that have shown to reduce high-risk prescribing[5]. Those programs need to be more widely utilized to increase recognition of overdose and over-prescription, but ultimately primary prescribers need to take more responsibility in the stewardship of opioids (using them only for accepted indications) and recognize that even one prescription of these dangerous medications can put patients at risk of substantial, and even fatal harms.

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