Six Week Follow-Up of Patients Discharged on Strong Opioids

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Introduction
There is a growing awareness of the prescription opioid crisis, with rising numbers of deaths being linked to these medications.1 Despite this, there is a lack of guidance to aid the clinician faced with a patient who requires strong opioids on hospital discharge. The acute pain team see patient’s at Aberdeen Royal Infirmary (ARI) and Woodend Hospital (WH) during admission and telephone review at six weeks post-discharge, for those who have been started on opioids by an anaesthetist or directly by the acute pain team.

Aim
The study aimed to discover if patients being discharged from hospital on strong opioids continued to take them six weeks post-discharge and if this was influenced by choice of opioid.

Methods
Retrospective data collection was conducted for all patients discharged on strong opioids by the acute pain team in 2018. The electronic record and emergency care summary (ECS) were reviewed for each patient to determine: demographics; hospital specialty; discharge opioids and date of most recent opioid prescription. Acute pain team records were also reviewed to determine outcome at review six weeks post-discharge. Statistical analyses were performed using SPSS Version 25.

Results
- 136 patients discharged on opioids by acute pain team in 2018
- Gender: Females 65 (48%); Males 71 (52%)
- Age: Range 19-90 (mean 50.46 years)

Discharge Opioids (Table 1)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Number of Patients Taking Drug on Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fentanyl</td>
<td>1</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>2</td>
</tr>
<tr>
<td>Morphine Sulphate</td>
<td>41</td>
</tr>
<tr>
<td>Oral Morphine Solution</td>
<td>1</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>89</td>
</tr>
<tr>
<td>Tapentadol</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 1. Number (n) of patients given each opioid on discharge

- 136 patients discharged on strong opioids in 2018
- Oxycodone use exceeded all other opioid prescriptions
- Further analyses only considered morphine and oxycodone

Discharge Doses (Figure 1)

- There was marked variation in discharge dose of opioids, especially for oxycodone

Results Continued

Opioid use at Six Weeks (Figure 2)

- There was no significant difference in outcome between patients given morphine (n=41) and oxycodone (n=89) at discharge (p=0.745)

Opioid Prescriptions on ECS (Figure 3)

- Opioid prescriptions on the ECS > six weeks after discharge were not associated with the original prescription, as there was no significant difference (p=0.119) in the number of patients who were still taking opioids after being discharged on morphine or oxycodone.

Conclusion
This study found there to be no significant difference between patients given morphine or oxycodone for acute pain when looking at the number who continued to take opioids six weeks post-discharge or had subsequent opioid prescriptions on their ECS. However, it does need to be considered that 34% (46/130) of patients discharged on these drugs were not followed up (due to patient refusal; incorrect contact details; requirement for further surgery; mental health issues or being on opioids long-term). Of the patients who refused permission to be contacted by the acute pain nurses at six weeks, 55% (6/11) of those on morphine and 50% (9/18) of those on oxycodone had opiates on their ECS. With this in mind, it seems reasonable that follow-up is an expected part of management for a patient being discharged with a strong opioid, rather than a choice made by each patient.

NHS Grampian guidance recommends initial starting daily doses of 40mg morphine or 20mg oxycodone for acute pain.2 As discharge doses varied from 30-100mg daily for morphine and 10-120mg for oxycodone, further guidance is needed to aid clinical decision making for the prescription of opioids on hospital discharge. Such new guidance should be aligned with the NICE guidelines that state risk factors for chronic opioid use as higher starting doses; longer courses and larger initial supply of opioids.3

Acknowledgement
This study would not have been possible without the acute pain team nurses who diligently collected all of the data and followed-up patients post-discharge with multiple phone calls and letters.

References
2. NHS Grampian. 2018. Protocol for the Prescription and Administration of Oral Opioids following Trauma or Surgery in Adults  

The project was logged with the NHS Grampian Clinical Effectiveness database.