

Opioid Use After ICU Admission



The misuse of opioids is a major public health issue in many countries. Excessive use of opioids in the U.S. in particular, is primarily driven by pharmaceutical companies promoting the liberal use of opioids. Also, the American Pain Society describes pain as the fifth vital sign, which has resulted in a generous prescribing and widespread misuse of opioids.

Nearly 130 Americans die from an opioid overdose every day. Over 750,000 people have died in the U.S. have died from a drug overdose from 1999 to date. While data regarding opioid misuse and death is readily available for the U.S., very little is known about prescription patterns of opioids in Sweden. The type of opioid epidemic faced by the U.S. does not seem to be evident in European or Scandinavian countries. However, an upward trend in opioid prescription has been observed in western and central Europe.

Opioids are commonly used in critical care for both sedation and pain management. This is because, during intensive care, there are several sources of pain, including surgery, endotracheal intubation, placement of catheters, and other painful procedures and conditions. While pain is managed in ICUs with opioids, many patients still report pain and discomfort for several years after their discharge from the ICU.

Opioids are indicated for the treatment of moderate-to-severe pain. However, the use of opioids can result in physical dependence and addiction. Also, long-term use can lead to tolerance. There is also very little evidence for long-term treatment with opioids. Hence, management of chronic pain with opioids remains a controversial issue.

A study was conducted to describe opioid use after ICU admission, identify factors associated with chronic opioid use after critical care and determine if such use is associated with an increase in the risk of death.

The study included 204,402 adult patients who had survived the first two quarters after ICU admission. The primary outcome was chronic opioid use after ICU discharge. The secondary outcome was all-cause mortality 6-18 months after ICU admission.

Opioid use before admission to the ICU was defined as at least one written and dispensed prescription during 12 months preceding ICU admission. Chronic opioid use was defined as repeated prescriptions equaling at least one prescription in the first and second calendar quarter following ICU admission.

Findings show that of the 204,402 patients, 22,138 developed chronic opioid use following critical care. Mean consumption of opioids peaked after admission and was followed by a continuous decline without returning to baseline during the follow-up period of 24 months.

Some factors found to be associated with chronic use of opioids included high age, female gender, existing comorbidities, preadmission opioid use, and length of ICU stay greater than two days. Similar findings were also noted among patients not using opioids prior to admission.

Overall, mean opioid consumption increased 24 months after admission to the ICU, even though there is no concrete evidence justifying long-term opioid treatment. These findings highlight the importance of preventing opioid misuse so that long-term patient outcomes after critical care could be improved.

Source: [Critical Care Medicine](#)

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