FACTORS PREDICTING THE PRESCRIBING OF OPIOID ANALGESICS

Results of a national survey on primary care physician attitudes and treatment patterns for patients with chronic pain

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PURPOSE

A major public health problem in the United States, chronic pain has been estimated to affect up to a third of Americans. Depending on the type of pain, patients may benefit from a variety of both pharmacologic and nonpharmacologic treatments. There are specific guidelines for managing patients with pain in different anatomical locations (eg, knee or back) as well as guidelines from a number of different authoritative sources for the chronic use of opioid analgesics. However, many physicians do not prescribe opioids for patients with chronic pain, even when risks are low.

The purpose of this study was to use data from a national survey on physician practice patterns and attitudes regarding the management of patients with chronic pain to identify the factors involved in prescribing opioids.

METHODS

Based on findings from a literature review conducted to ascertain the current performance gaps, attitudes, and practices of physicians regarding opioid therapies and a series of focus groups on barriers to care, an online survey was designed and nationally distributed to primary care physicians (PCPs) in February 2014. The survey instrument, which included patient case vignettes and associated clinical questions, was developed through consultation with faculty experts and was evaluated for structural and content validity through cognitive interviews with 2 practicing PCPs. Answer choices were randomized in appropriate questions. The physicians accessed and completed the survey instrument through an online survey platform. Inclusion criteria for the survey included that the respondents to the survey were currently practicing physicians in the specialty area of interest.

Data collected from 250 PCPs were compiled for descriptive analysis and analyzed to determine differences among various demographic groups. Logistic regression was used to determine the main predictors of physician prescription of opioid analgesics for patients with chronic pain. For this method the dependent variable was established to be each physician's self-reported willingness to prescribe opioid analgesics. Factor analysis was used to reduce the survey questions into key thematic variables for independent variable selection. Five main themes were derived from the factor analysis as potential contributors to prescribing (familiarity with Risk Evaluation Mitigation Strategies [REMS] for long-acting/extended-release (LA/ER) opioid analgesics, confidence, concern for patient-related factors, concern for physician-related factors, and number of patients seen with chronic pain).

FIGURE 1: SURVEY RESPONDENT DEMOGRAPHICS (N = 250)

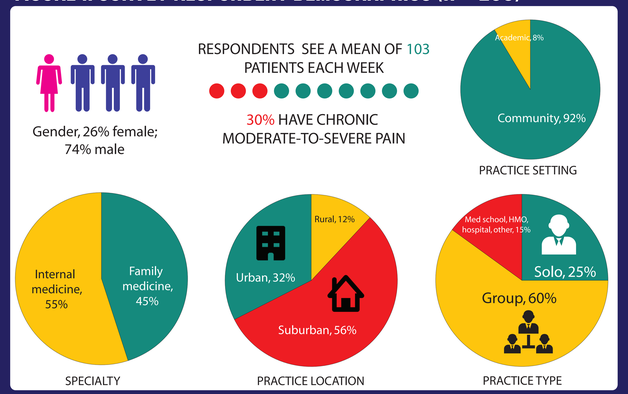
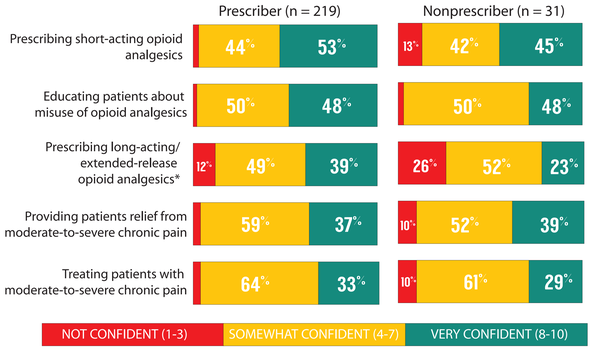


FIGURE 2: CONFIDENCE IN ELEMENTS OF CHRONIC PAIN MANAGEMENT

Q. How confident are you in each of the following? (10-point scale)



*Indicates significant difference between prescribers and nonprescribers

FIGURE 3: FAMILIARITY WITH FDA REMS FOR LA/ER OPIOID ANALESICS

Q. How familiar are you with the FDA REMSfor long-acting/ extended-release opioid analgesics (10-point scale)

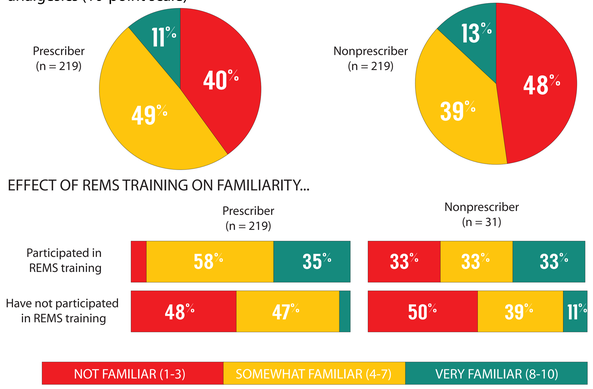
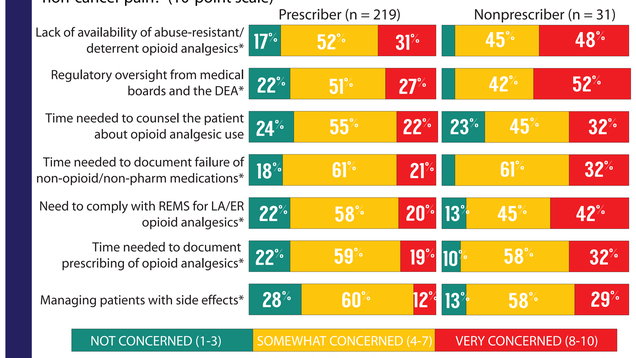


FIGURE 4: PHYSICIAN-RELATED FACTORS THAT INHIBIT PRESCRIPTION

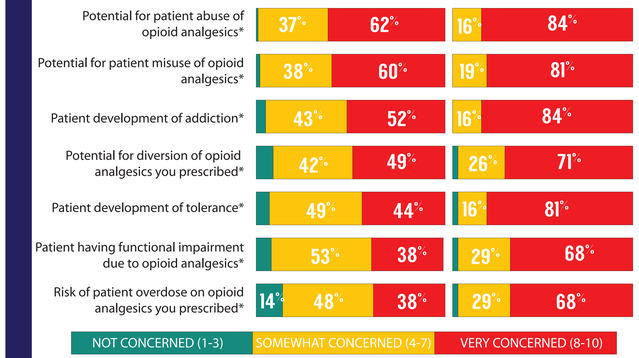
Q. To what degree does your concern for each of the following factors inhibit you from prescribing opioid analgesics to your patients with chronic moderate-to-severe non-cancer pain? (10-point scale)



*Indicates significant difference between prescribers and nonprescribers

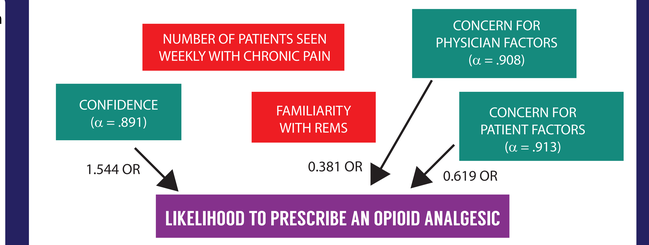
FIGURE 5: PATIENT-RELATED FACTORS THAT INHIBIT PRESCRIPTION

Q. To what degree does your concern for each of the following factors inhibit you from prescribing opioid analgesics to your patients with chronic moderate-to-severe non-cancer pain? (10-point scale)



*Indicates significant difference between prescribers and nonprescribers

FIGURE 6: FACTOR ANALYSIS AND REGRESSION SUMMARY



DISCUSSION AND EDUCATIONAL RECOMMENDATIONS

- When holding all other variables constant, an increase in the confidence of physicians with regard to the management of patients with chronic pain will dramatically increase the odds that they will prescribe opioid analgesics for chronic moderate-to-severe non-cancer pain in their practices. Reduction of concern/barriers around patient and physician issues also increases the likelihood to prescribe. Familiarity with REMs and patient load has no effect.
- Only 11% of prescribers and 13% of nonprescribers are "very familiar" with REMS for LA/ER opioid analgesics. Almost half of respondents (40% prescribers, 48% nonprescribers) were not familiar with REMS. Prescribers and nonprescribers were equally unfamiliar with REMS. As training appeared to somewhat improve familiarity with REMS, continued reinforcement should be placed on raising the awareness of REMS training for opioid analgesics.
- PCPs are most concerned with the potential for abuse/misuse when they prescribe opioid analgesics. Not only are they concerned with aiding their patients in becoming addicted to these medications, they are concerned with their own liability and regulatory oversight. Future educational efforts should continue to focus on how PCPs can protect themselves from legal issues, such as how to properly assess risk, document risk assessment, and use state prescription monitoring programs.
- In order to continue to improve physician comfort with opioids, educational activities could range from basic approaches (such as awareness of availability of tools for risk screening and methods for efficient incorporation of these tools into practice) to interventions more focused on improved patient-physician communication (including how to use opioid risk agreements and talk to patients about the risks and benefits of these types of medications).
- Furthermore, as PCPs are concerned with the risks of abuse/misuse for patients on opioid analgesics, further education on the availability of new formulations for abuse deterrent medications is needed. PCPs not only need education on what these medications are but also on their mechanism of action and the patient population in which they should be used.

ACKNOWLEDGEMENTS AND DISCLOSURES

This research was supported by Teva Pharmaceuticals, who did not have a role in publication. All authors have nothing to disclose. For additional information about this presentation or other services provided by CE Outcomes, please contact:
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POSTER #112. PRESENTED AT PAINWEEK 2014 - SEPTEMBER 3-5, 2014 - LAS VEGAS, NV