

# Potentially inappropriate opioid prescribing tied to overdose

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(HealthDay)—Potentially inappropriate prescribing (PIP) of opioids is

associated with increased risk of all-cause mortality and fatal and nonfatal overdose, according to a study published in the September issue of the *Journal of General Internal Medicine*.

Adam J. Rose, M.D., from RAND Corp. in Boston, and colleagues examined the [correlation](#) between PIP and adverse events in a cohort of 3,078,034 individuals aged  $\geq 18$  years without disseminated cancer who received [prescription opioids](#) between 2011 and 2015.

The researchers found that all six types of PIP were correlated with increased risk for all-cause mortality, while four and five of six were correlated with nonfatal overdose and fatal overdose, respectively. There were correlations for lacking a documented pain diagnosis and for high-dose opioids with nonfatal overdose (adjusted hazard ratios, 2.21 and 1.68, respectively). There was a correlation for co-prescription of benzodiazepines with fatal overdose (adjusted hazard ratio, 4.23). Correlations were seen for high-dose opioids and lacking a documented pain diagnosis with all-cause mortality (adjusted hazard ratios, 2.18 and 2.05, respectively). The hazard ratios for fatal [opioid overdose](#) were 4.24, 7.05, 10.28, and 12.99, respectively, with one, two, three, and  $\geq 4$  subtypes of PIP compared to those who received opioids without PIP.

"Our study implies the possibility of creating a risk score incorporating multiple PIP subtypes, which could be displayed to prescribers in real time," the authors write.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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