

New study identifies gaps in treatment for opioid use disorder as overdose emergencies soar

November 30 2021

Opioid overdose deaths have reached record highs and emergency physicians have a vital role in potentially saving these patients by prescribing Medication Assisted Treatment (MAT) such as buprenorphine, and by prescribing naloxone, a rapid-acting medicine to reverse an overdose. However, a new *Annals of Emergency Medicine* study identifies a significant opportunity to improve prescribing of these medicines after a visit to the emergency department for opioid overdose.

The study analyzed almost 149,000 emergency department visits for [opioid overdose](#) between August 2019 and April 2021 to determine that naloxone was only prescribed within 30 days after one in 13 visits (7.4%), and buprenorphine was only prescribed after one in 12 visits (8.5%).

"Emergency department visits for an opioid overdose are a critical opportunity to prescribe life-saving medications such as naloxone and buprenorphine," said Kao-Ping Chua, MD, Ph.D., an assistant professor of pediatrics and health services researcher with the Susan B. Meister Child Health Evaluation and Research Center at the University of Michigan Medical School and lead study author. "Our findings indicate that clinicians are missing these opportunities at a time when U.S. [opioid overdose deaths](#) have reached record highs."

Medications for opioid use disorder such as buprenorphine have been proven to prevent opioid-related deaths. But any health care professional who wants to prescribe buprenorphine must first apply for permission from the federal government by obtaining what is known as an "X-waiver." This separate certification isolates buprenorphine from normal [health care](#) delivery and is a key barrier to buprenorphine prescribing by [emergency physicians](#), according to the American College of Emergency Physicians (ACEP).

To increase [patient access](#) to buprenorphine, increasing the number of buprenorphine-waivered physicians is a starting point, the authors note. But additional steps are necessary, such as improving insurance coverage for this treatment and addressing the stigma towards patients with opioid use disorder.

Another barrier to access to naloxone and buprenorphine occurs at the pharmacy. For example, although naloxone was prescribed after 7.4% of emergency department visits for opioid overdose, it was only dispensed after 6.3% of visits, the study found.

This drop-off indicates that some patients do not fill their prescription once they leave the emergency department. The authors argue that this highlights the need for take-home naloxone programs that allow patients to be discharged with naloxone in hand.

"We hope that our findings can spark momentum for efforts to improve evidence-based care for patients with an opioid overdose, both in the [emergency department](#) and during follow-up visits," said Dr. Chua. "We must work to maximize the prescribing of critical medicines that give patients a better chance to succeed with their recovery."

More information: Kao-Ping Chua et al, Naloxone and Buprenorphine Prescribing Following US Emergency Department Visits

for Suspected Opioid Overdose: August 2019 to April 2021, *Annals of Emergency Medicine* (2021). [DOI: 10.1016/j.annemergmed.2021.10.005](https://doi.org/10.1016/j.annemergmed.2021.10.005)

Provided by American College of Emergency Physicians

Citation: New study identifies gaps in treatment for opioid use disorder as overdose emergencies soar (2021, November 30) retrieved 11 February 2023 from <https://medicalxpress.com/news/2021-11-gaps-treatment-opioid-disorder-overdose.html>

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