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Title

Sedative-hypnotic Co-prescribing with Opioids in a Large Network of Community Health Centers

Priority 1 (Research Category)

Prescribing and pharmacotherapeutics

Presenters

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Abstract

Context: Although opioid prescribing has declined nationally since 2011, sedative hypnotic use remains elevated. It is unclear if rates of co-prescribed sedative-hypnotics have declined in parallel with opioid use. Objective: To describe characteristics and trends in opioid sedative-hypnotic co-prescribing in a network of safety-net clinics serving low-income, publicly insured, and uninsured individuals. Study Design: Retrospective longitudinal analysis of prescription orders between 2009 and 2018. Setting or Dataset: Electronic health records from OCHIN, a large network of community health centers in the US. Population Studied: OCHIN safety-net clinics serve low-income, uninsured, and under-insured populations. The study population were individuals with ≥ 1 OCHIN primary care visits in any calendar year and prescribed an opioid analgesic in any calendar half-year. Outcomes Measures: Co-prescribing defined as an opioid and sedative-hypnotic prescription in the same six-month calendar period. Sedative-hypnotics included benzodiazepine and non-benzodiazepine sedatives (e.g. zolpidem). Co-prescribing patterns were assessed overall and across patient demographic and co-morbidity characteristics. Trends in co-prescribing were also evaluated by patient characteristics. Results: From 2009 to 2018, 257,848 OCHIN patients had at ≥ 1 opioid prescriptions. The study population was predominately White (63%), female (59%), and had Medicaid insurance (43%). One in five were chronic opioid users (21%). During this period, 56,877 (22%) had a co-prescribed sedative-hypnotic. Prevalence of co-prescribing was highest for females (25% vs 18% for males), Whites (27% vs 12% for Hispanic to 19% for unknown), those over 44 years of age (25% vs 18% for < 44 years) Medicare insurance (30% vs 11% to 19%), and among those on chronic opioid therapy (43%). The most commonly co-prescribed sedative-hypnotics were lorazepam (36%), zolpidem (28%), clonazepam (23%), diazepam (20%), and alprazolam (20%). Co-prescribing peaked in 2010 (29%), and declined steadily through 2018 (16%). Trends were similar across demographic subgroups. Co-prescribed sedative-hypnotics remained over 20% for White individuals and those with Medicare. Conclusions: In concert with opioid use, co-

prescribed sedative-hypnotic has declined steadily since 2011 across all demographic subgroups. However, concurrent use remains elevated in White individuals and those with Medicare.