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Title

Examining opioid dose reductions by sex and race in a cohort of patients in a Family Medicine training practice

Priority 1 (Research Category)

Prescribing and pharmacotherapeutics

Presenters

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Abstract

Context

The 2022 Centers for Disease Control’s “Clinical Practice Guidelines for Prescribing Opioids for Pain in United States” called for attention and action toward reducing disparities in untreated and undertreated pain among Black and Latino patients. There is growing evidence on the potential for controlled substance safety committees (CSSC) to change prescribing culture, but few have been examined through the lens of health equity. Objective Our study aimed to determine the impact of a primary care based CSSC on opioid prescribing, including by patients’ race and sex. Study Design and Analysis We conducted a retrospective cohort study. Setting or Dataset Large Family Medicine residency practice in the Eastern United States. Population Studied

Patients of the practice prescribed opioid medications who remained in the practice between 2017-2021. Intervention/Instrument Patient registry of opioid medications, over four years. Outcome Measures Our primary outcome was a change in morphine milligram equivalents (MME) from baseline to follow-up, over 3 years. We compared the differences in MME by race and sex at baseline and follow-up. We also examined potential intersectional disparities of race and sex. We used paired t-tests to compare changes in mean MME’s from baseline to follow-up and logistic regression to determine associations between patient characteristics and MME changes. Results There were 93 patients in our cohort. The mean opioid dose decreased from nearly 200 MME at baseline to 136.1 MME at follow-up, $p < 0.0001$. Thirty percent of patients had their dose reduced to under 90 MME by follow-up. The reduction rates by race or sex alone were not statistically significant. There was evidence of intersectional disparities at baseline. On average Black women were prescribed 88.5 fewer MME’s at baseline compared to their White men counterparts, $p = 0.04$. Conclusions Our findings add to the previously documented success of CSSCs in reducing opioid doses for chronic nonmalignant pain to safer levels. We highlight an opportunity for primary care based CSSCs to lead the efforts to identify and address chronic pain management inequities.

