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Opioid Overdose Prevention Program Leads to More Non-Opioid Pain Treatment and Higher Access to Naloxone

April 26, 2018, VANCOUVER, B.C, Canada – Researchers have determined that an opioid overdose prevention program established in a comprehensive inpatient rehabilitation (CIR) unit with an interdisciplinary approach can lead to fewer opioid prescriptions and a greater number of patients being discharged with naloxone. The results of this study, presented at the American Academy of Pain Medicine’s 34th Annual Meeting as a scientific poster abstract, come just as the U.S. Surgeon General recently issued a rare advisory for the general public to carry naloxone, the opioid overdose antidote.

Researchers identified opioid prescribing trends and focused on overdose prevention strategies such as staff education about opioid risk factors, multimodal patient education, high risk patient identification, and intranasal naloxone prescribing.

“Almost immediately, there was greater caution in prescribing opioids and a drastic increase in the flow of education in the CIR unit. Our unit consciously now has open and honest discussions with patients and their families/caregivers about pain, education on the effects of opioid medications, and expectations of managing patients’ pain. We have discovered as a rehabilitation unit, all members, physicians, nurses, therapists, and pharmacists, are more sensitive toward and comfortable in dealing with patients’ pain,” says lead abstract author Ada Lyn Yao, MD.

The CIR is an 18-bed unit in an academic center, with admitted patients being treated for a variety of pain conditions that offered well-rounded results.

During this study baseline data revealed almost half of the discharged patients received opioid prescriptions, and of that group, almost all received more than 90 immediate-release tablets and no naloxone. From December 2015 to February 2016, after implementing the new strategies, the team saw 27% of eligible patients discharged with naloxone and 23% of eligible patients

transitioned to tramadol or no opioid; these statistics improved to 37% and 49% respectively the following nine months.

“Our patients are more engaged in their care and feel heard. They welcome the use of various nonpharmacologic modalities to help with pain, such as heat, cold, stretching, and relaxation techniques. These modalities also help us titrate patients off opioids; they’re discharged on different medications,” says Dr. Yao. “Sending patients back to their communities off opioids is a primary preventive strategy to avert opioid addiction, opioid overdose, and deaths in this country.”

Poster 303—Group 2- Development and Initiation of an Opioid Overdose Prevention Quality Improvement Program on an Inpatient Rehabilitation Unit

About AAPM

The American Academy of Pain Medicine is the premier medical association for pain physicians and their treatment teams with some 2,000 members. Now in its 35th year of service, the Academy’s mission is to advance and promote the full spectrum of multidisciplinary pain care, education, advocacy, and research to improve function and quality of life for people in pain. Information is available on the Academy’s website at www.painmed.org.

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