

EDITORIAL

Open Access



Editorial: Optimizing opioid prescriptions in the emergency department

Ashraf A. Dahaba¹ and Rishi S. Nannan Panday^{2*}

Abstract

Optimizing opioid prescriptions in the emergency department is essential to address the opioid pandemic while ensuring patient wellbeing. This requires a comprehensive approach that includes exploring alternatives to opioids for pain management, identifying individuals at risk for opioid addiction, implementing evidence-based guidelines, and involving doctors in the management of opioid addiction.

Keywords Opioids, Emergency Department, Pain management, Addiction, Nonsteroidal anti-inflammatory drugs NSAIDs

The opioid pandemic has become a major public health crisis, leading to a significant increase in morbidity and mortality associated with the use of opioid pain relievers (OPRs). Efforts to address this crisis have primarily focused on reducing nonmedical OPR use, but the need for preventing and treating opioid addiction has often been overlooked [1]. Recently Purdue Pharma, owned by the renowned Sackler family, pleaded guilty to criminal charges and agreed to pay \$8bn in opioid settlement to resolve a probe for their role in fueling America's opioid crisis [2]. Overprescribing OPRs as a result of such practices has contributed to a sharp rise in opioid addiction, leading to an increase in overdose deaths and heroin use [1]. To effectively reduce opioid-related morbidity and mortality, a multifaceted public health approach is required, utilizing primary, secondary, and tertiary prevention strategies.

In the emergency department, severe pain is a common presenting complaint, and opioids have traditionally been the mainstay of treatment. However, it is crucial to explore alternatives to opioids for the treatment of severe pain in this setting. Non-opioid analgesics, such as non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen, and regional anesthesia techniques, can be effective in managing pain without the risk of opioid addiction and associated adverse effects [3]. Implementing these alternatives can help reduce the reliance on opioids in the emergency department and minimize the potential for long-term opioid use, misuse, overdose, and death.

Certain factors make individuals more prone to opioid addiction. These include a history of substance abuse, mental health disorders, genetic predisposition, social and environmental factors. Understanding these risk factors is crucial for identifying individuals who may be at higher risk for opioid addiction and tailoring interventions accordingly [4]. It is essential to address the evolving trends in substance use, health, and social functioning to ensure the effectiveness of addiction treatment programs.

Optimizing opioid prescriptions in the emergency department requires a delicate balance between providing adequate pain relief and minimizing the risk of

*Correspondence:

Rishi S. Nannan Panday

r.nannanpanday@amsterdamumc.nl

¹Department of Anaesthesiology and Intensive Care Medicine, Suez Canal University, Ismailia 41522, Egypt

²Department of Internal Medicine, Section Acute Medicine, Amsterdam University Medical Centers, Amsterdam, Netherlands



© The Author(s) 2023. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

opioid-related harm. Implementing evidence-based guidelines and protocols can help guide clinicians in making appropriate prescribing decisions. These guidelines should emphasize the use of non-opioid analgesics as first-line treatment for pain whenever possible and promote judicious use of opioids for severe pain that is unresponsive to other interventions [5]. Additionally, implementing prescription drug monitoring programs can help identify patients who may be at risk for opioid misuse or diversion [3].

Doctors play a crucial role in the management of opioid addiction. They have the opportunity to identify and intervene early in cases of opioid misuse or addiction, particularly in the emergency department setting. Initiating treatment and providing referrals to addiction specialists and resources can help individuals with opioid addiction access the care they need [6]. Furthermore, doctors can contribute to the prevention of opioid addiction by promoting non-opioid alternatives for pain management, and educating patients about the risks and benefits of opioid use [7].

In conclusion, optimizing opioid prescriptions in the emergency department is essential to address the opioid pandemic while ensuring patient wellbeing. This requires a comprehensive approach that includes exploring alternatives to opioids for pain management, identifying individuals at risk for opioid addiction, implementing evidence-based guidelines, and involving doctors in the management of opioid addiction. In this special issue we will explore these different subjects.

Abbreviations

OPRs opioid pain relievers
NSAIDs nonsteroidal anti-inflammatory drugs

Acknowledgements

None.

Author's contributions

RNP conceived and drafted the Editorial. AAD revised and edited the Editorial. All authors read and approved the final manuscript.

Funding

Not applicable.

Data availability

Not applicable.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent to Publish

Not applicable.

Competing interests

AAD and RNP are the guest editors of the Collection.

Received: 11 August 2023 / Accepted: 1 September 2023

Published online: 19 September 2023

References

- Kolodny A, Courtwright DT, Hwang CS, Kreiner P, Eadie JL, Clark TW, et al. The prescription opioid and heroin crisis: a public health approach to an epidemic of addiction. *Annu Rev Public Health*. 2015;36:559–74.
- <https://www.bbc.com/news/business-54636002> last accessed 17/07/2023.
- Zhu W, Chernew ME, Sherry TB, Maestas N. Initial opioid prescriptions among U.S. commercially insured patients, 2012–2017. *N Engl J Med*. 2019;380(11):1043–52.
- Bawor M, Dennis BB, Bhalerao A, Plater C, Worster A, Varenbut M, et al. Sex differences in outcomes of methadone maintenance treatment for opioid use disorder: a systematic review and meta-analysis. *CMAJ Open*. 2015;3(3):E344–51.
- Daoust R, Paquet J, Lavigne G, Piette E, Chauny JM. Impact of age, sex and route of administration on adverse events after opioid treatment in the emergency department: a retrospective study. *Pain Res Manag*. 2015;20(1):23–8.
- Ochalek TA, Cumpston KL, Wills BK, Gal TS, Moeller FG. Nonfatal opioid overdoses at an urban Emergency Department during the COVID-19 pandemic. *JAMA*. 2020;324(16):1673–4.
- Fowler M, Ali S, Gouin S, Drendel AL, Poonai N, Yaskina M, et al. Knowledge, attitudes and practices of canadian pediatric emergency physicians regarding short-term opioid use: a descriptive, cross-sectional survey. *CMAJ Open*. 2020;8(1):E148–E55.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.