



Opioid Prescribing Patterns and Perceptions Key Survey Highlights

The following are key highlights from an online survey fielded by the American Pain Foundation to gain an in-depth understanding of provider prescribing patterns, attitudes and perceptions around opioid therapy for non-cancer chronic pain. Nearly 240 primary care physicians, pain specialists, nurse practitioners and physician assistants responded.

Non-cancer pain is undertreated and misunderstood

- 76% believe that moderate-to-severe non-cancer pain is undertreated in the United States
- Interestingly, nurse practitioners and physician assistants were more likely than primary care physicians to believe pain is undertreated

Legal and regulatory issues have a dramatic impact on opioid utilization and the ability to provide optimal patient care

- 77% say that today's drug control laws/policies impact their opioid prescribing practices
- Only 9% are comfortable with their level of understanding about the current legal environment for opioid use
- 27% of respondents said they could benefit from expanded guidance on monitoring patients on opioids for legal reasons

Fears and misunderstandings about addiction greatly hinder use of opioid therapy; these fears are compounded by patient and provider confusion over addiction, tolerance and physical dependence

- Nearly one third (29%) of respondents' prescribing habits are affected by their fear of patient addiction
- 77% of respondents say roughly one out of three of their patients face prejudices while filling their opioid prescription
- Confusion about tolerance, dependence and addiction is problematic
 - Less than one quarter of respondents (23%) agree/completely agree that the clinical signs of tolerance and dependence are distinct enough from those of addiction
 - Most believe that physicians can differentiate between tolerance, dependence, and addiction in patients treated with opioids only some of the time (66%) or never (12%)
 - Nearly half of those surveyed (46%) rely on psychological and behavioral insight into their patients to understand/determine the extent of addictive behavior as opposed to applying addictive medicine practices
 - 34% of respondents agree/completely agree that their patients often mistake tolerance for addiction

“We recognize how important the opinions of healthcare professionals are to painting a complete and balanced picture of the status of pain management in America,” said Will Rowe, Chief Executive Officer of the American Pain Foundation. “This data reinforces issues addressed by leading pain experts at a recent roundtable discussion about opioid therapy and pain management, and provides a springboard for discussion about progress that can be made in the pain management community in 2008 and beyond.”

To access the summary of APF's roundtable meeting, *Provider Prescribing Patterns and Perceptions: Identifying Solutions to Build Consensus on Opioid Use in Pain Management*, go to www.painfoundation.org.

Non-clinical factors impact decisions to prescribe opioids

- Nearly half of the respondents (45%) believe that most physicians today make their decision to prescribe opioids on non-clinical considerations (societal and legal issues)
 - “Risks of treating due to regulatory attention,” “stigma of opioid choice,” and “risks of non-treating due to societal pressure” are the most frequently cited non-clinical issues when determining whether or not to prescribe opioids

“The data confirmed what we suspected...that there’s worry and confusion, and providers aren’t thinking about opioids for pain management in a consistent, analytical, structured way. Opioid management must integrate basic principles of risk management.”

--Micke A. Brown, BSN, RN

Managing patients using opioid therapy over time is a key challenge

- In addition to fear of addiction and legalities, concerns of dose escalation (55%) and difficulty monitoring efficacy and usage (52%) were cited as top challenges regarding the use of opioids.
- Only 12% of respondents don’t expect to treat patients with a succession of opioids and that, according to respondents, 90% of all chronic pain patients need modifications to their opioid treatment
- Nearly half of respondents (45%) are concerned that drug-to-drug interactions limits their use of opioids for pain management; however, only 11% report that their treatment options have been limited due to drug-to-drug interaction

Lack of reimbursement/formulary support somehow hinders healthcare providers’ ability to offer the ultimate care

- 40% of respondents believe that it is important for them to have as many reimbursed opioid options as possible due to patient’s non-responsiveness; however, less than half (45%) have all opioid treatment options reimbursed in the area where they practice

Survey Methodology

HCD Research, an independent research company, surveyed a random sample of 238 primary care physicians, pain specialists, nurse practitioners and physician assistants from October 4 to 24, 2007. To qualify, respondents had to be in practice (post-residency or post-graduate) for no less than three and no more than 30 years; spend no more than 50 percent of their practice in a hospital-based environment; and personally see/manage no less than 30 patients, of which at least 20 are prescribed Schedule II Opioids (5 for PCPs, NPs, and PAs) in a typical month. Respondents affiliated with FDA, market research companies, pharmaceutical companies or advertising agencies were excluded. No incentive was offered in exchange for respondents’ participation.

The final sample consisted of 150 Primary Care Physicians, 32 Rheumatologists, 26 Psychiatrists, 26 Nurse Practitioners, and 4 Physician Assistants. Thirteen percent of the total respondents were board certified in pain management. The mean number of patients seen and/or managed by the total sample group per month was 413. The mean percent of the participants’ patients who required pain medication was 52 percent and the mean number of non-cancer chronic patients prescribed Schedule II opioids was 49.

About the American Pain Foundation

Founded in 1997, the American Pain Foundation is an independent nonprofit 501(c)3 organization serving people with pain through information, advocacy, and support. Our mission is to improve the quality of life of people with pain by raising public awareness, providing practical information, promoting research, and advocating to remove barriers and increase access to effective pain management. For more information, visit www.painfoundation.org.

This survey was made possible by an educational grant from Endo Pharmaceuticals.