

Opioid Prescribing Habits of Podiatric Physicians

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INTRODUCTION

Background: The opioid crisis is a public health issue that plagues the United States with misuse, abuse and deaths on the rise. Significant variations in prescribing habits and a lack of clinical guidelines for managing opioid prescribing in some types of pain potentially fuel the opioid crisis. Overprescribing leads to excess opioid supply, which is a significant factor in diversion, OUD, overdose and fatalities. To combat this issue, some specialties demonstrate a successful reduction in opioid prescribing with educational programs.¹⁻³

Purpose: To elucidate podiatric physician prescribing patterns to begin defining the role and needs of the podiatric physician to help combat OUD.

Hypothesis: We expect to have low concordance with clinical guidelines for opioid prescribing so specific educational opportunities exist.

METHODS

- Stratified sampling was used to administer a 35-question survey on opioid prescribing for different types of pain and risk management strategies used by podiatric physicians.
- The survey was conducted at a four-day continuing education event in June 2019 using a cloud-based survey platform.
- 115 podiatric physicians participated, 94 of whom prescribe opioids to treat pain.
- Descriptive statistics were analyzed and compared to clinical guidelines for prescribing opioids to treat chronic, non-cancer pain.⁴⁻⁸

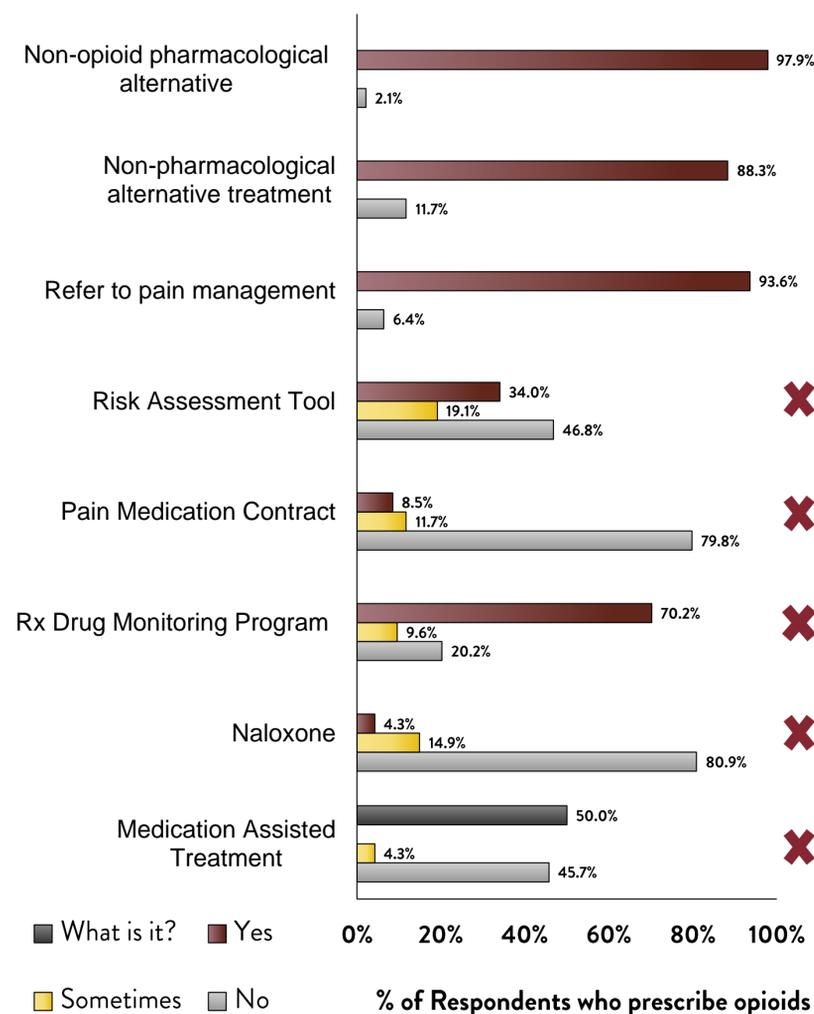
RESULTS

Opioid prescribing habits of respondents

- Respondents: 81.7% Rx opioids, 85.7% practice in California, 56.5% have practiced > 20 years
- Of those who prescribe opioids, 88.3% prescribe for acute pain, 36.2% for chronic pain and 16.0% for neuropathic pain
- Most commonly prescribed opioids: Hydrocodone for acute pain (88.3%), Tramadol for chronic and neuropathic pain (36.2%, 6.4% respectively)
- Concordance with guidelines
 - Frequent use of alternative treatments
 - Often prescribe lowest opioid strength

Opioid prescribing habits based on clinical guidelines

Red "X" denotes lack concordance with guidelines



Podiatric physicians supplying opioids by type of pain

Type of Pain	by Pill Quantity		
	<10	10 – 25	> 25
Acute	5 (6.0%)	33 (39.8%)	45 (54.2%)
Chronic	1 (2.9%)	13 (38.2%)	20 (58.8%)
Neuropathic	1 (6.7%)	4 (26.7)	10 (66.7%)

Type of Pain	by Number of Refills		
	0	1	≥1
Acute	73 (77.7%)	20 (21.3%)	1 (1.1%)
Chronic	77 (81.9%)	10 (10.6%)	7 (7.4%)
Neuropathic	80 (85.1%)	9 (9.6%)	5 (5.3%)

CONCLUSIONS

The results of the survey demonstrate the significant need for podiatric physicians to enhance their knowledge concerning opioid prescribing. Based on the benefits of provider education, we conclude educational programs for podiatric physicians should include risk mitigation strategies to improve concordance with clinical guidelines and compliance with use of state-mandated prescription drug monitoring programs. Programs should also address overprescribing opioid analgesics, although further research is required to better quantify patients needs.

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