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Momna Ayub  
Rowan University

Richard Jermyn D.O.  
Rowan University

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Retrospective Analysis on the Susceptibility of Opiate Addiction Based on Prescribed Medications and Chronic Pain Diagnoses

Momna Ayub OMS II, Dr. Richard Jermyn D.O., F.A.A.P.M.R.
Rowan University School of Osteopathic Medicine –NeuroMusculoskeletal Institute

ABSTRACT
Introduction: Opioid medications have been increasingly prescribed in recent years, particularly to treat individuals with chronic pain. In the U.S., opioid abuse has been declared an epidemic by the Department of Health and Human Services as the number of opioid-related overdoses in 2010 exceeded 160001 and alarmingly continued to rise 15% from 2015 to 2016.2 Due to opioid dependence and abuse, opioids are a gateway to subsequent drug addiction.

Objective: The goal of this project was to identify a link between certain prescribed opiates and a susceptibility for abuse or misuse in patients with chronic pain through a retrospective analysis. Additionally the various opioid dosages were recorded to identify a potential correlation between higher dosing and a tendency for abuse.

Methods: The study population was 67 previous patients of the NeuroMusculoskeletal Institute who had abused or misused opiates and were discharged from clinics for their abuse. The patients’ demographic information, diagnoses, and medications were collected and analyzed.

RESULTS: Oxycodone HCl had the highest frequency of misuse or abuse in patients discharged from rehabilitation clinics. Among the different dosages, 15mg/day Oxycodone HCl was most frequently abused. Additionally highest rates of abuse and misuse occurred in 44-66 year old patients.

Conclusion: Older adults (44-66y.o) with chronic pain syndrome are at a higher risk of abusing or misusing their opiate medications, particularly if they are prescribed Oxycodone HCl.

CONCLUSIONS
No statistical difference was found in opiate abuse/misuse among sex or ethnicity. However, with a mean age of 55, this study concluded older individuals from age 44-66 with chronic pain on opiate therapy are at a significantly higher risk of abuse.

Oxycodone HCl is the opiate most likely to be abused. Individuals being prescribed Oxycodone HCl are more susceptible to becoming addicted even if the drug is given at lower mean dose such as 12.5mg/day as was the case in this study.

Future analyses of these data will help to guide treatment plans when prescribing opiates to patients with chronic pain and may also aid in prevention of addiction in susceptible populations.

REFERENCES

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