Prevalence of Opioid Prescriptions and Risk Factors for Abuse in HIV-Infected Adults

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Background

- Prescription of opioid pain relievers (OPR) has been increasing in the United States, leading to increased OPR abuse and overdose deaths.
- OPR abuse has been linked to HIV transmission among persons who inject drugs, as evidenced by a recent HIV outbreak in Indiana.
- Responsibly prescribed OPRs can be valuable and effective tools for managing pain.
- Information on the prevalence of OPR prescription and risk factors for abuse among adults in HIV medical care may identify opportunities for prevention of OPR abuse and related HIV transmission.

Objectives

- To assess the prevalence of OPR prescriptions among adults in HIV medical care
- To compare prevalence of OPR prescriptions between persons with risk factors for OPR abuse to those without

Methods

Data

- We used data from the Medical Monitoring Project (MMP), a surveillance system that produces nationally representative estimates of characteristics of adults in HIV medical care in the United States.
- Behavioral and clinical data were collected in 2009 – 2013 through interviews and medical record abstractions.
- OPR prescription data were abstracted from medical records.

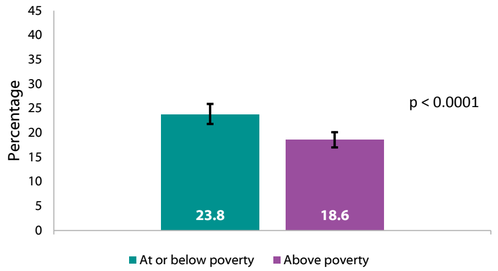
Analysis

- We estimated the weighted prevalence of OPR prescription during the 12 months prior to interview by year and for the overall time period.
- We assessed associations between OPR prescription and several risk factors for OPR abuse – mental illness, drug use, and low income – using Rao-Scott chi-square tests.
- Mental illness was defined as medically diagnosed anxiety and/or depression.
- Drug use was defined as injection or non-injection drug use in the 12 months prior to interview.

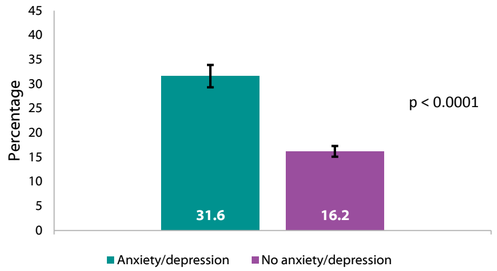
Results

- From 2009 through 2013, 20.8% (95% CI 19.3 – 22.3) of patients had at least one OPR prescription documented in their medical record during the previous 12 months.
- Analysis of OPR prescription prevalence by year did not identify a statistically significant trend across time (β-coefficient for year = 0.0008; p-value = 0.88).

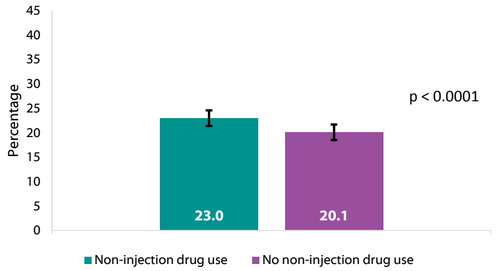
A. Income



B. Mental illness

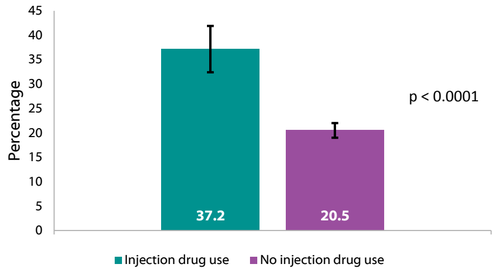


C. Non-injection drug use[1]



[1]Non-injection drug use for non-medical purposes, including one or more of the following substances: heroin, cocaine, methamphetamines, prescription drugs, hallucinogens, ecstasy, ketamine, GHB, marijuana, amyl nitrate, and steroids or hormones

D. Injection drug use[1]



[1]Injection drug use for non-medical purposes, including one or more of the following substances: heroin, cocaine, methamphetamines, prescription drugs, hallucinogens, ecstasy, ketamine, GHB, marijuana, amyl nitrate, and steroids or hormones

Figure 1. Percentage of patients with evidence of at least one OPR prescription in their medical record during the previous 12 months by select risk factors for OPR abuse: Medical Monitoring Project, 2009 – 2013

Discussion and Limitations

Discussion

- One fifth of adults in HIV medical care in the United States during 2009–2013, including more than one in three who inject drugs, had evidence of at least one OPR prescription during the previous 12 months.
- Patients with risk factors for prescription drug abuse (low income, mental illness, and drug use) were more likely than others to be prescribed OPRs.

Limitations

- Drug use and income level were self-reported.
- MMP altered the way prescriptions were captured in 2013 to allow for easier recording of a wider array of medications; however, OPR trends remained non-significant when we limited the analysis to 2009-2012 data only.
- Methadone and buprenorphine were not excluded from analysis.

Conclusions

- A recent HIV outbreak in Indiana linked to injection drug use of oxymorphone highlights the connection between OPR abuse and HIV transmission.
- Adults in HIV medical care with risk factors for prescription drug abuse are receiving prescriptions for OPRs.
- Increased counseling and monitoring of persons in HIV medical care who are prescribed OPRs for medical purposes may reduce the potential for OPR abuse and HIV transmission.

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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