

DSEN ABSTRACT

Options to support appropriate prescribing

Summary

- The authors conducted a systematic review of the literature to identify interventions that target opioid prescribing and assess their effectiveness. Our review suggests that existing interventions have not addressed all determinants of inappropriate opioid prescribing and usage.

Key messages

- Data on the impact of interventions targeting the prescription of opioids is limited. Our review suggests that existing interventions have not addressed important determinants of inappropriate opioid prescribing and usage.

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What is the issue?

- Canada and the United States have the highest levels of prescription opioid consumption in the world. To curb the opioid epidemic, a variety of interventions have been implemented. Thus far, evidence regarding their effectiveness has not been consolidated.

What was the aim of the study?

- To identify interventions that target opioid prescribing, assessing their effectiveness and evaluation their methodological aspects.

How was the study conducted?

- We searched bibliographic databases (MEDLINE, Embase, and LILACS) for studies published between January 1, 2005 to September 23, 2016 describing any intervention that targeted the prescription of opioids. We also examined websites of relevant organizations and scanned bibliographies of included articles and reviews for additional references. The target population was that of all health care providers (HCPs) or users of opioids with no restriction on indication. Endpoints were those related to process (implementation), outcomes effectiveness), or impact. Sources were screened independently by 2 reviewers using pre-defined eligibility criteria. Synthesis of findings was qualitative; no pooling of results was conducted.

What did the study find?

- A total of 95 distinct interventions were identified, over half consisted of prescription monitoring programs (PMPs) and mainly targeted HCPs.
- Evaluation studies addressed mainly opioid prescription rate (30.6%) but fewer studies considered overdose death (9.7%) or abuse (9.7%).
- Although PMPs and policies have been associated with a reduction in opioid prescription, their impact on appropriateness and restriction of access to patients in need is inconsistent.
- Continuing medical education (CME) and pain management programs were found effective in improving chronic pain management, but studies were conducted in specific settings. The impact of interventions on abuse and overdose-death is conflicting.

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