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Opioid Prescription Use in Patients With Interstitial Cystitis

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Abstract

Introduction and hypothesis: The opioid epidemic is a recent focus of national initiatives to reduce opioid misuse and related addiction. As interstitial cystitis (IC) is a chronic pain state at risk for narcotic use, we sought to assess opioid prescription use in patients with IC.

Methods: Data were accessed from the Virginia All Payers Claims Database. We identified female patients diagnosed with IC from 2011 to 2016 using International Classification of Disease codes. A patient identifier was used to link diagnoses with outpatient prescription claims for opioids using generic product identifiers. We then analyzed opioid prescriptions within 30 days of a claim with a diagnosis of IC.

Results: A total of 6,884 patients with an IC diagnosis were identified. The median number of IC claims per patient was 2 (IQR 1 to 4). Mean patient age was 47.8. Twenty-eight percent of patients received at least 1 opioid prescription, with a median of 2 (IQR 1, 4) per patient. Among those receiving opioids, 185 (9.5%) had more than 10 opioid prescriptions, with a maximum of 129. The most common prescriptions were hydrocodone (n = 2,641, 32.3%), oxycodone (n = 2,545, 31.2%), and tramadol (n = 1,195, 14.6%). There was a decline in opioid prescriptions per month for IC, although the rate per IC diagnosis remained stable.

Conclusions: A significant number of patients with IC are treated with opioids. Although the overall number of opioid prescriptions associated with IC had declined, the prescription rate per IC diagnosis had not. As part of the national initiative to reduce opioid use, our data suggest that IC treatment strategies should be examined.

Keywords: Interstitial cystitis; Opioid; Prescribing.

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