

Opioid Use in Osteoarthritis (OA)



OPIOID USE IN OA IS COMMON

- With increasing life expectancy and prevalence of obesity and joint injury, the incidence and prevalence of OA is expected to increase^{1,2}

Treatment guidelines are cautious to recommend opioids, or recommend them only after failure of other therapies,³⁻⁸ however:

>50%

of patients with OA are prescribed opioids as initial therapy⁹

- Indicates that many OA patients receive opioids earlier in treatment than recommended

72%

of patients with OA receiving oral pain medication were prescribed opioids over a 1-year period¹⁰

- Primary care and internal medicine physicians prescribe most of the opioids used to treat OA, followed by orthopedic surgeons¹¹

OPIOIDS MISS THE TARGET



Opioids demonstrate only limited efficacy in chronic musculoskeletal conditions, including OA^{12,13}

Chronic opioid use



is associated with numerous adverse effects in chronic musculoskeletal conditions

↑ risk of abuse¹⁴ and opioid-induced hyperalgesia¹⁵⁻¹⁸

↑ mortality and morbidity,^{12-14,19,20} including cardiovascular events^{14,19-21}

Preoperative opioid use



is associated with worse postoperative outcomes after total joint arthroplasty for patients with OA

↑ risk of persistent use of opioids post-total joint arthroplasty (TJA)²²⁻²⁷

↑ risk for postoperative chronic pain²⁸

↑ healthcare utilization^{22,23,29}

↑ complication rates²⁹ and TJA revision rates³⁰

↓ functional^{22,27} and patient-reported^{27,31-33} outcomes

Additional Concerns

≥65 Elderly

- Safety is a particular concern for elderly patients who may have a higher number of comorbidities, be at higher risks for complications, and be more likely to experience polypharmacy³³
- Opioid use is associated with increased risk of delirium²⁰ as well as falls, fractures, and injury^{19,20,34-36}

\$ Other costs

- Rates of return to work and work retention decrease with increasing opioid dose³⁷
- Opioid-based strategies increase cost and decrease quality-adjusted life-years compared to opioid-sparing strategies^{38,39}



STRATEGIES THAT REDUCE THE NEED FOR OR DOSE OF OPIOIDS FOR OA PAIN HAVE THE POTENTIAL TO IMPROVE OUTCOMES³³



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References

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