Opioid-Prescribing Patterns in Patients with Low Back or Lower Extremity Pain

Opioid-based treatment of low back pain (LBP) and lower extremity pain (LEP) has been associated with chronic opioid use.

However, opioid-prescribing patterns in patients with LBP and LEP who undergo spine surgery are not completely clear.

25,506 patients with LBP/LEP

No prior opioid prescription

Underwent spine surgery with 1 year of diagnosis

Retrospective cohort study

Evaluation of opioid-prescribing patterns

Identification of frequency groups (Low vs. High)

Opioid prescription patterns

<table>
<thead>
<tr>
<th>When prescribed</th>
<th>Low frequency</th>
<th>High frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before surgery</td>
<td>—</td>
<td>Likely to continue after surgery</td>
</tr>
<tr>
<td>After surgery</td>
<td>More likely to discontinue 1 year after surgery</td>
<td>Incurred higher costs</td>
</tr>
</tbody>
</table>

Opioid use after LEP or LBP diagnosis is associated with longer duration and higher frequency of opioid use after surgery.

Opioid Use in Adults with Low Back or Lower Extremity Pain who Undergo Spine Surgical Treatment within One Year of Diagnosis

Fatemi et al. (2020)  | 10.1097/BRS.0000000000003663