THE LAST WORD PRO CON

Should Missouri Have a Statewide Prescription Drug Monitoring Program?

In the July/August 2017 issue of *Missouri Medicine*, MSMA members Sam Page, MD, St. Louis, and John Lilly, DO, Springfield, discussed the pros and cons of a Prescription Drug Monitoring Program in Missouri. What follows is The Last Word.



The Case for a PDMP in Missouri

by Sam L. Page, Jr., MD

The PDMP is not a panacea. It is one tool against a formidable problem. Doctor shopping is only one of the reasons for a PDMP. It is primarily designed to be sure that we do not accidentally over-prescribe, that we have a sense of the frequency of medication prescriptions from other providers, and to be sure that we do not inadvertently under-prescribe when faced with a patient we do not know well. In most states PDMPs are not designed as law enforcement tools. They are treated as protected health information resource for prescribers.



Sam L. Page, Jr., MD, MSMA member since 1989, is an Anesthesiologist and Chair of the St. Louis County Council. Contact: sampage@aol.com Dr. Lilly rightly describes the alarming increase in opioid-related deaths occurring in the United States. The recent rise has been due to illegal sales of fentanyl and similar drugs. A PDMP has no effect on illegal drugs. However, a PDMP can help me to recognize problem use of prescription medication earlier for my patients. This helps me to ask if I have inadequately treated their pain and need to use other supplemental modalities. I can work to get them treatment if they are truly misusing pain medications. I have a tool to take good care of my elderly patients who don't always remember what medications they have been given by other doctors. A PDMP helps with all of these.

No matter what choice is made in Missouri, we must pledge to police our own prescribing habits and avoid introduction of opioids to naive patients whenever possible, use OTC medications and non-pharmacological therapies where we can, and prescribe the shortest and least intense form of opioids whenever possible. At the end of the discussion, Dr. Lilly and I want the same thing: the best practice of medicine possible in service of our patients and our community.