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## Are Discharge Prescriptions of Opioids From the Emergency Department Truly Rising?

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To the Editor:

The authors present interesting results regarding the increasing trend on opioid prescribing from the emergency department (ED) from 2001 to 2010.<sup>1</sup> With the increased attention on opioid overdoses by the public and medical community, this research is timely and has the potential to influence policy. However, the words “prescribing” and “administration” are used interchangeably throughout the article and may confuse the reader’s interpretation of the results and, thus, conclusion. A potential fatal flaw of this study is the inability to distinguish between opioids administered in the ED versus those prescribed at discharge from the 2001–2004 NHAMCS data. Thus, no inferences can be made about prescribing trends during this time frame.

Only two specific opioids, oxycodone (absolute increase = 1.7%) and hydrocodone (absolute increase = 1.2%), were noted to have increased *prescribing* at ED discharge from 2005 to 2010 (when prescribing data became available). It is not clear from the data that opioid prescribing overall at ED discharge has increased from 2005 to 2010, as suggested by the title and discussion.

The distinction between prescribed and administered is critical, as the former likely contributes to the prescription opioid epidemic while the latter has a minimal role. Future research is needed to separate these two concepts. doi: 10.1111/acem.12425

## Reference

1. Mazer-Amirashahi M, Mullins PM, Rasooly I, van den Anker J, Pines JM. Rising opioid prescribing in adult U.S. emergency department visits: 2001–2010. *Acad Emerg Med* 2014;21:236–43. [PubMed: 24628748]

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