Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

HHS Public Access

Author manuscript

J Hosp Med. Author manuscript; available in PMC 2020 October 14.

Published in final edited form as:

J Hosp Med. 2018 September ; 13(10): 728. doi:10.12788/jhm.3058.

Reply to "In Reference to *Improving the Safety of Opioid Use for Acute Noncancer Pain in Hospitalized Adults: A Consensus Statement From the Society of Hospital Medicine*"

Shoshana J. Herzig, MD MPH[1,2], **Hilary J. Mosher, MD**[3,4], **Susan L. Calcaterra, MD MPH**[5,6], **Teryl K. Nuckols, MD**[7]

[1]Department of Medicine, Beth Israel Deaconess Medical Center, Boston, MA

[2]Harvard Medical School, Boston, MA

[3]The Comprehensive Access and Delivery Research and Evaluation Center at the Iowa City Veterans Affairs Healthcare System, Iowa City, IA

[4]Department of Internal Medicine, Carver College of Medicine, University of Iowa, Iowa City, IA

[5]Department of Medicine, Denver Health Medical Center, Denver, CO

[6]Department of Medicine, Division of General Internal Medicine, University of Colorado, Aurora, CO

[7]Division of General Internal Medicine, Cedars-Sinai Medical Center, Los Angeles, CA

Hall et al. draw attention to the important question of whether some patients may benefit from a naloxone prescription when discharged from the hospital with a short-term opioid prescription for acute pain. Although all members of the working group agreed that naloxone is appropriate in some cases, we were hesitant to recommend this as standard practice for several reasons.

First, the intent of our Consensus Statement[1] was to synthesize and summarize areas of consensus in existing guidelines; none of the existing guidelines included in our systematic review make a recommendation for naloxone prescribing in the setting of short-term opioid use for acute pain.[2] We believe this may relate to the fact that the risk factors for overdose and threshold of risk above which naloxone would be beneficial have yet to be defined for this population, and are likely to differ from those defined in patients using opioids chronically.

Additionally, if practitioners follow recommendations to limit prescribing for acute pain to the minimum dose and duration of an opioid that was presumably administered in the hospital with an observed response, then the risk of overdose and the potential benefit of naloxone will decrease. Furthermore, emerging data from randomized controlled trials

Corresponding author: Shoshana J. Herzig, MD, MPH, Address: Beth Israel Deaconess Medical Center, 330 Brookline Ave, CO-1309, Boston, MA 02215, Phone: (617) 754-1413 | Fax: (617) 754-1440 | sherzig@bidmc.harvard.edu.

Disclosures: Dr. Herzig reports receiving compensation from the Society of Hospital Medicine for her editorial role at the Journal of Hospital Medicine (unrelated to the present work). None of the other authors have any conflicts of interest to disclose.

Author Manuscript Author Manuscript Author Manuscript Author Manuscript

demonstrating non-inferiority of non-opioid analgesics in management of acute pain suggest that we should not so readily presume opioids to be the necessary or best option.[3–5] Data questioning the benefits of opioids over other safer therapies have particularly important implications for patients in whom the risks are felt to be high enough to warrant consideration of naloxone.

Acknowledgments

Financial support: Dr. Herzig is funded by grant number K23AG042459 from the National Institute on Aging. Dr. Mosher is supported in part by the Department of Veterans Affairs Office of Academic Affiliations and Office of Research and Development and Health Services Research and Development Service (HSR&D) through the Comprehensive Access and Delivery Research and Evaluation Center (CIN 13-412). The views expressed in this manuscript do not necessarily represent the views of the funding agencies.

References

1. Herzig SJ, Mosher HJ, Calcaterra SL, Jena AB, Nuckols TK. Improving the Safety of Opioid Use for Acute Noncancer Pain in Hospitalized Adults: A Consensus Statement From the Society of Hospital Medicine. J Hosp Med 2018;13:263–71. [PubMed: 29624189]
2. Herzig SJ, Calcaterra SL, Mosher HJ, et al. Safe Opioid Prescribing for Acute Noncancer Pain in Hospitalized Adults: A Systematic Review of Existing Guidelines. J Hosp Med 2018;13:256–62. [PubMed: 29624188]
3. Chang AK, Bijur PE, Esses D, Barnaby DP, Baer J. Effect of a Single Dose of Oral Opioid and Nonopioid Analgesics on Acute Extremity Pain in the Emergency Department: A Randomized Clinical Trial. JAMA 2017;318:1661–7. [PubMed: 29114833]
4. Graudins A, Meek R, Parkinson J, Egerton-Warburton D, Meyer A. A randomised controlled trial of paracetamol and ibuprofen with or without codeine or oxycodone as initial analgesia for adults with moderate pain from limb injury. Emerg Med Australas 2016;28:666–72. [PubMed: 27599896]
5. Holdgate A, Pollock T. Nonsteroidal anti-inflammatory drugs (NSAIDs) versus opioids for acute renal colic. Cochrane Database Syst Rev 2005:CD004137. [PubMed: 15846699]