

2013

# An Argument Against Prescribing Opiates in Continuity Clinic

Hasan Bayat, MD

*Thomas Jefferson University Hospitals, Hasan.Bayat@jefferson.edu*

Follow this and additional works at: <http://jdc.jefferson.edu/tmf>

 Part of the [Medicine and Health Sciences Commons](#)

[Let us know how access to this document benefits you](#)

## Recommended Citation

Bayat, MD, Hasan (2013) "An Argument Against Prescribing Opiates in Continuity Clinic," *The Medicine Forum*: Vol. 14 , Article 22.  
Available at: <http://jdc.jefferson.edu/tmf/vol14/iss1/22>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in The Medicine Forum by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).

## AN ARGUMENT AGAINST PRESCRIBING OPIATES IN CONTINUITY CLINIC

Hasan Bayat, MD

Chronic pain is one of the most common complaints a primary care physician faces while in practice. As resident physicians at Jefferson Hospital Ambulatory Practice (JHAP), it is a frequently addressed concern, which ultimately leads to the question of whether or not opiates should be prescribed at JHAP to those patients who have failed non-narcotic alternatives.

The hesitation most physicians have in prescribing such medications is the potential for abuse, addiction and diversion. The Drug Enforcement Administration (DEA) shares these concerns and consequently monitors and restricts the prescription of opioids, stimulants and anxiolytics by requiring a separate license. Most resident physicians choose to not obtain a DEA license because of the cost, but also due to the convenience of not having the responsibility that comes from prescribing controlled substances.

In a European study evaluating the prescribing habits of general practitioners, nearly a quarter refused to prescribe opioids for persistent non cancer pain. Both prescribers and non prescribers expressed concern over risks of opioids and believed to be inadequately trained in treating chronic pain. To alleviate such concerns, an institution sponsored training program in treating chronic pain and assistance in obtaining a DEA license would perhaps foster an environment that is more conducive to prescribing narcotics at JHAP.

Even with appropriate training and the understanding that these medications have a potential for abuse and diversion, misuse

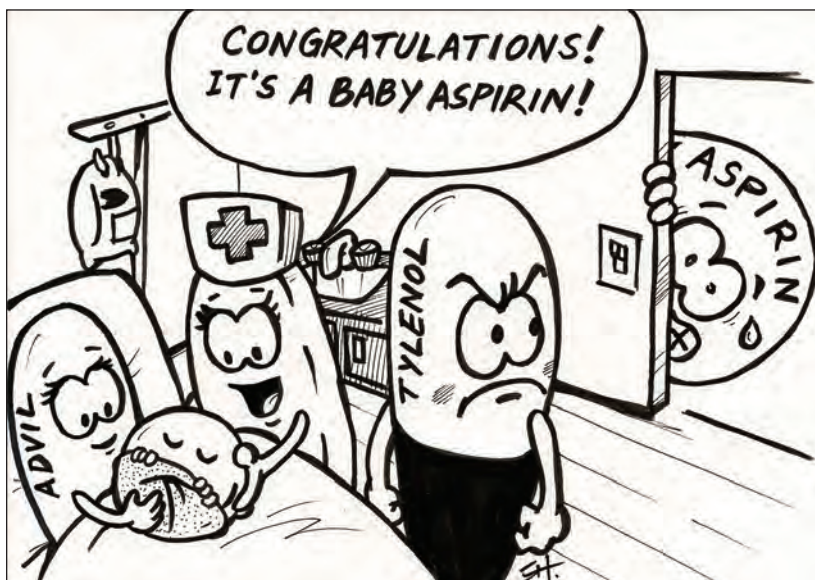
of opiates is a common occurrence and growing problem. In a prospective cohort study, the one-year incidence of opioid misuse among patients enrolled in a chronic pain disease management program within an academic internal medicine practice was 32%.

Practicing in a tertiary care center allows us to utilize resources that would otherwise be inaccessible in a community setting. The Jefferson Pain Center is one of those resources dedicated to providing comprehensive, pain-focused evaluation and treatment of chronic pain. Referral to such a center would allow patients to be treated by physicians trained specifically to deal with their concerns in a setting with established guidelines and protocols.

In light of such concerns for abuse, lack of training and appropriate licensure, and the availability of alternative resources at Thomas Jefferson University Hospital, the utilization of such alternative resources for treatment of chronic pain would be most appropriate for a resident physician practice such as JHAP.

### References

1. Hutchinson, K Exploring beliefs and practice of opioid prescribing for persistent non-cancer pain by general practitioners European Journal of Pain Volume 11, Issue 1, p.93 2007.
2. Ives, T et al Predictors of opioid misuse in patients with chronic pain: a prospective cohort study BMC Health Services Research, 6:46, April 2006.



"Baby Asprin"  
Cartoon by Eugene Han