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Title: Inter-regional variation in opioid prescription patterns in Emilia-Romagna and Tuscany

Presenting Author(s): Maria Pia Fantini¹

Institutes: 1) University of Bologna, Bologna, Italy
2) Sant'Anna School of Advanced Studies, Pisa, Italy

Authors (s): Dario Tedesco¹, Bruna Vinci², Tommaso Grillo Ruggieri², Simona Rosa¹, Federico Vola², Maria Pia Fantini¹, Sabina Nuti²

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Abstract

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Background

Opioid consumption has recently gained worldwide attention due to the death epidemic related to opioids in the United States. Italy has traditionally had restrictive policies towards opioid prescription with much lower opioid-related death rates. In 2010 the Italian parliament approved a law aimed at improving pain management and access to palliative care. No study has investigated outpatient opioid consumption in oncological and non-oncological patients.

Objectives

To analyse and compare outpatient opioid consumption between oncological and non-oncological patients in Emilia-Romagna (ER) and Tuscany, Italy.

Methods

Data for drug consumption were drawn from the regional outpatient pharmaceutical databases (OPD) between 2012-2016. We selected major opioids and calculated Defined Daily Doses (DDDs) per million inhabitants per 365 days. Oncological patients were defined as those with a hospitalization with a ICD-9-CM code of malignant neoplasm, chemotherapy or radiotherapy in the previous 2 years. We used linear regression to estimate consumption trends over time.



Results

Overall opioid consumption significantly increased over time in Tuscany (2.44 to 3.29, $p < 0.001$ DDDs) but not in ER (2.30 to 2.61, $p = 0.255$). Consumption in oncological patients did not increase in Tuscany (0.48 to 0.51, $p = 0.330$) and slightly declined in ER (0.69 to 0.65, $p = 0.011$). In non-oncological patients, Tuscany showed a significant increase (1.96 to 2.79, $p < 0.001$), while ER showed no significant increase (1.61 to 1.97, $p = 0.172$).

Conclusion/Discussion/Policy Perspective

Variation in opioid consumption was found between regions and patient categories suggesting a different implementation of the national law in ER and Tuscany. Interestingly, opioid consumption increased among non-oncological patients, while it decreased among oncological patients. These findings show that the existing policies should be better implemented to improve pain management especially among oncological patients.