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Program helped doctors identify OxyContin abusers

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By Julie Steenhuisen

CHICAGO (Reuters) - Careful monitoring of patients taking powerful but addictive pain relievers like OxyContin helped doctors identify abusers and steer them toward treatment, U.S. researchers said on Wednesday.

The key was having a standardized program applied to all patients who were getting the drugs for conditions other than cancer.

"Physicians are not very good at predicting which patients will have problems. They want to trust the patient, and unfortunately, trust does not work well in this type of treatment," said Dr. Jennifer Meddings of the University of Michigan, who presented her findings at a meeting of the Society for General Internal Medicine in Pittsburgh.

Meddings's program was designed to help busy physicians cope with the growing problem of prescription drug abuse.

Roughly 7 million Americans, or nearly 3 percent of the U.S. population, abused prescription drugs in 2007, an increase of 80 percent over 2000, according to the U.S. Drug Enforcement Administration.

Opioids, like OxyContin and Vicodin, are among the most commonly abused prescription drugs. When used correctly, they can bring relief for moderate to severe pain from back injuries, arthritis and other problems.

But the drugs have become a favorite of narcotics abusers, presenting challenges for doctors who are often the target of scams from patients seeking prescriptions.

Meddings helped design and implement the program while she was chief resident of internal medicine at a busy, 60-physician clinic at Ohio State University.

The program arose after police alerted the clinic that several patients were selling narcotics that had been prescribed by clinic staff.

"We would commonly get new patients we had never seen before telling us they needed these high-dose, large volumes of pills," Meddings said in a telephone interview.

To deal with the problem, Meddings and colleagues combined several tools -- urine tests to screen for illicit drugs, a sign of potential abuse; a requirement that new patients provide past medical records, and a contract granting permission for random drug tests and spelling out consequences for forging prescriptions and intimidating clinic staff.

Doctors also got training in the use of Ohio's online prescription database for controlled substances, which allows doctors and pharmacists to see whether a patient was shopping for prescriptions. Several U.S. states have similar databases.

The study revealed that 35 percent of the 167 patients in the clinic's registry of opioid users violated the new policy in some way.

Patients receiving OxyContin, made by privately held Purdue Pharma, or other medicines that contain its active ingredient, oxycodone, were twice as likely as other opioid registry patients to violate the clinic policy.

Meddings, who is now implementing a similar program at a University of Michigan clinic, said having a uniform policy emboldened doctors to ask more questions.

"It gets past the barriers," she said.

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