

Analysis of prescribing patterns of prescription opiates in England using CPRD: increasing over 16 years (2000-2015)

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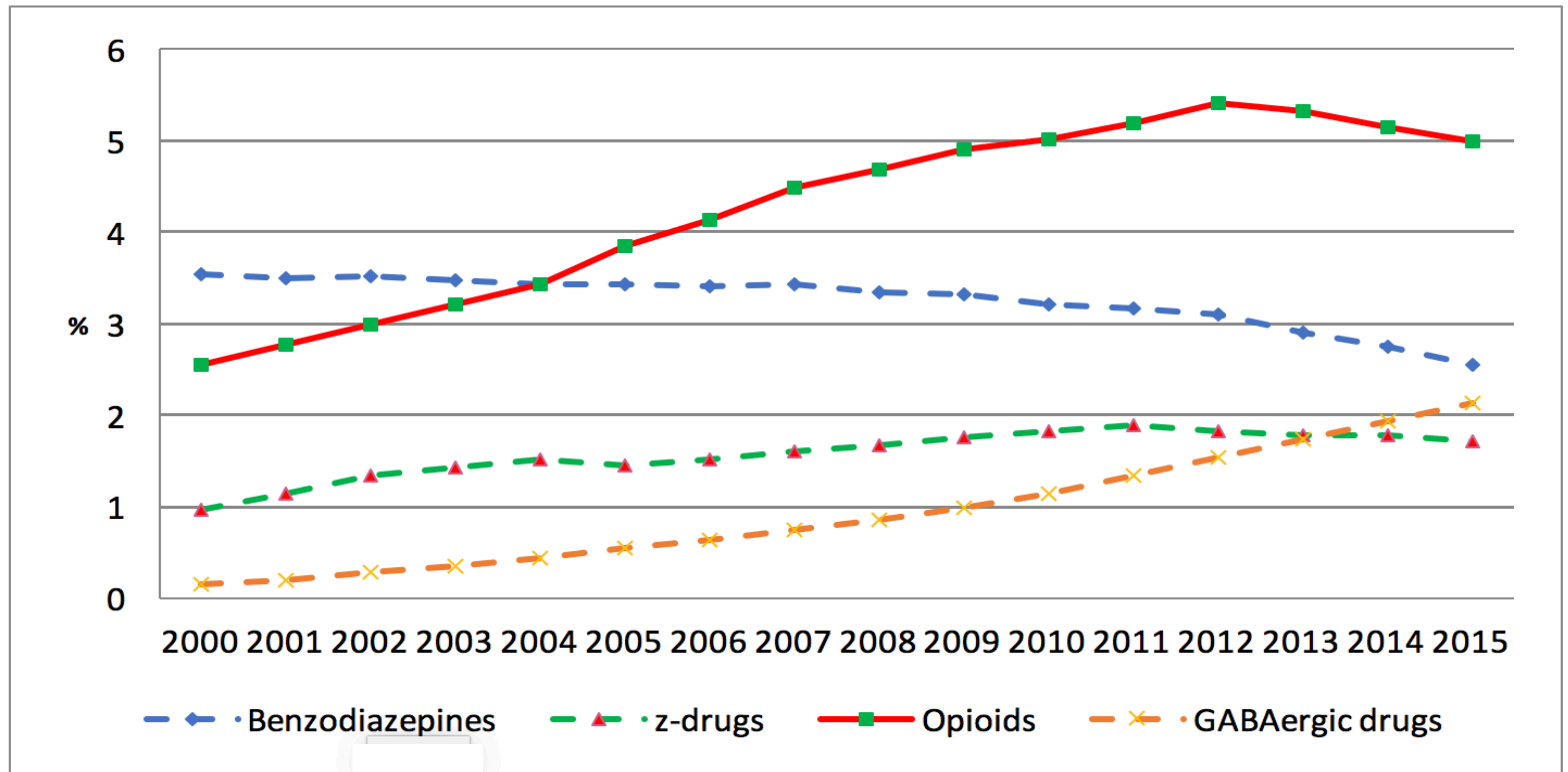


Figure: Proportion of patients prescribed benzodiazepines, Z-drugs, opioids, GABA-ergics, 2000-15

Background/Aims:

Opiates are essential medicines, for relief of pain and other indications. However they also carry dependence potential. Epidemic excessive use of prescription opiates has recently occurred in the US, but UK scrutiny is scarce. We report analysis of annual prescription data for England over a 16-year period.

Design/Measures:

Using CPRD data, we have examined prescription data of approx. 50,000 patients in England to whom GPs have prescribed benzodiazepines, opioids, z-drugs and/or GABAergic drugs (years 2000-2015). We report changes in overall prescribing, individual prescription duration (days) and overall duration of prescribing episode.

Findings:

- Opioids were prescribed to 5% of all patients on CPRD in 2015. (comparators: benzodiazepines 2%, Z-drugs 2%, GABA-ergic medications 2%).
- Patients were mostly female (61-64% annually), with mean age of approximately 60 years, and with >20% living in the most deprived areas (where longer-term prescribing was also more prevalent).

Findings (cont'd):

- Average length per prescription remained constant at approx. 24 days, although there was a substantial increase in average length of continuous prescribing periods for opiate/opioid medications from 64 days in 2000, to a peak of 102 days in 2013 and 2014 (declining slightly thereafter).
- The proportion of patients to whom opiate/opioid medications was prescribed doubled between 2000 to 2012 (from 2.5% to 5.4%) but reduced slightly thereafter (see Figure). This was in contrast to the patterns observed for benzodiazepines but with some similarity to proportionate increases seen with z-drugs and with a major increase in prescribing of GABA-ergic drugs (the other potentially dependence-producing medications which we examined).

Conclusions:

We find steady substantial increase in opioid prescribing from 2000-2012, but not thereafter. The reasons are not clear and need further investigation. Duration of prescribing per patient also increased, in addition to overall prescribing. With an eye on the extreme opioid epidemic in the US, more attention needs to be paid to study of, and initiatives to address, the increasing opioid prescribing in England. Future studies should examine the different prescribed opioids, formulations, profiles of populations involved and clinical trajectories. The recent apparent reversal of the long-term progressive increase needs particular exploration.

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