

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’”

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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 a standard practice for several reasons.

First, the intent of our Consensus Statement¹ was to synthesize and summarize the areas of consensus in existing guidelines; none of the existing guidelines included in our systematic review make a recommendation for naloxone prescription in the setting of short-term opioid use for acute pain.² We believe that this may relate to the fact that the risk factors for overdose and the 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 the 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 demonstrating noninferiority of nonopioid analgesics in the management of acute pain suggest that we should not so readily presume

opioids to be the necessary or the 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.

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References

- 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(4):263-271. doi: 10.12788/jhm.2980.
- 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(4):256-262. doi: 10.12788/jhm.2979.
- 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(17):1661-1667. doi: 10.1001/jama.2017.16190.
- 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(6):666-672. doi: 10.1111/1742-6723.12672
- Holdgate A, Pollock T. Nonsteroidal anti-inflammatory drugs (NSAIDs) versus opioids for acute renal colic. *Cochrane Database Syst Rev*. 2005:CD004137. doi: 10.1002/14651858.CD004137.pub3

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