

## **Opioid and adjuvant analgesic trends in patients visiting the University of Vermont Medical Center for Interventional Pain over the decade from January 1st, 2011, through December 31st, 2021**

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In 2016 the CDC published guidelines for the prescription of opioids including when to initiate or continue opioids for chronic pain; opioid selection, dosage, duration, follow up and discontinuation; and assessing the risks and add harms of opioid use. This was in response to the opioid crisis occurring in the United States. Setting a threshold for morphine milligram equivalents was an attempt to limit exposure of patients to harmful doses of opioids in the absence of any benefit to the patient. Individual states, including the State of Vermont, have identified and in many cases implemented changes in order to tackle the [opioid crisis](#). An update from the CDC is expected in 2022 regarding opioid prescriptions for pain.

The University of Vermont Interventional Pain Clinic is uniquely located as a tertiary care center for pain patients residing in the tristate area of New York, Vermont and New Hampshire. In order to review prior and current opioid trends at our pain clinic, we looked at data obtained from EPIC in regard to the percentage of patients presenting to the pain clinic on opioid and other medications over a 10-year period from January 1st 2011 through December 31st 2021. The medications reviewed retrospectively included opioids (all classes), tramadol, adjuvants i.e. Tylenol, ibuprofen, aspirin and gabapentin and antidepressants. Data obtained shows the following trends... 72.6% of patients presented, to Interventional Pain, on opioids in 2011, compared to 44.8% in 2021. The use of Tylenol increased from 30% to 53.5% over the same 10-year period.

Following the release of the 2016 guidelines with MME (morphine milligram equivalent) limits and PDMP (prescription drug monitoring program) checks for aberrant prescription usage, it was hoped that there would be a reduction in the number of opioids prescribed in the community to lessen the risk of opioid use disorder. In the State of Vermont there

was a 52% reduction in MME of opioid prescribed from 1st Quarter 2016 to the 4th Quarter 2021. 3.8% of the Vermont population received opioid analgesics in the 4th Quarter 2021; (State of Vermont Department of Health data March 2022).

Our retrospective data set corroborates the results from the State of Vermont showing a 38.2% reduction in patients presenting on opioids to our Interventional Pain Center and a 78.3% increase in patients taking acetaminophen as an analgesic over a 10-year period from 2011 through 2021. No change in the number of patients on antidepressants was noted in this retrospective review. It is hoped with further effort in acute and chronic pain management utilizing opioid [sparing methodologies](#) that further reduction in exposure of patients to opioids will be achieved with a resultant further reduction in the prescription opioid death rates in the State of Vermont.

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### **Speaker Biography**

Naeem Haider is currently working as Division Chief Interventional Pain at the University of Vermont Medical Center. He received his medical degree in 1991 from the University of Peshawar, Khyber Medical College. He then worked at the Cleveland Clinic Foundation, the University of Iowa and University of Michigan serving as Assistant Professor. He was appointed Chief of Anesthesiology at Huron Medical Center. He has authored several publications in various journals and books. His publications reflect his research interests in Acute and Regional [Anesthesiology](#) and Interventional Pain Management. Dr. Scientist is serving as a member in the American Society of Anesthesiologists, Vermont Association of Anesthesiologists, American Society of Regional Anesthesiology, International Association for the Study of Pain, American Society of Interventional Pain Physicians and the Spine Intervention..

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