

## Use of Opioids After Intensive Care



A study was conducted to evaluate opioid use in the ICU and identify factors associated with chronic opioid use after critical care. It also aimed to determine if chronic opioid use was associated with an increased risk of death.

Over the last few years, opioid misuse has become a major public health issue in many countries. Pharmaceutical companies have been marketing and promoting the use of liberal opioid prescribing for many years now. In addition, the American Pain Society presents pain as the fifth vital sign, leading to the widespread use and potential misuse, of opioid drugs for pain control.

While the opioid epidemic in the U.S. has been a major subject of discussion, very little is known about this issue in Scandinavian or European countries. However, similar to prescription patterns in the U.S., there is an upward trend of opioid use in western and central Europe as well.

Opioid drugs like morphine, remifentanyl and fentanyl are commonly used in critical care for both sedation and pain management. Opioids are the primary therapy for moderate to severe pain. However, these drugs are associated with several risks, including physical dependence and addiction. Long-term use of opioids can lead to tolerance, which in turn leads to increased dosing.

This study was conducted in Sweden and included adult patients admitted to the ICU between 2010 and 2018 and who survived the first two quarters after ICU admission. 204,402 patients were included in the analysis.

Findings showed that 22,138 patients developed chronic opioid use following critical care. Opioid consumption peaked after admission but was followed by a continuous decline. However, patients did not return to baseline during the follow-up period of 24 months. Factors that were found to be most associated with chronic opioid use included increased age, female sex, comorbidities, preadmission opioid use, acute care surgery, and length of stay in the ICU greater than 2 days.

The study results also show that patients admitted to the ICU were prescribed large amounts of opioids both before and after ICU admission compared with the general population. Most patients in the ICU receive opioids for sedation or pain management. However, continuous infusions of opioids for a long period of time may result in chronic use after discharge. Also, most patients report pain and discomfort for several years after ICU discharge.

Chronic opioid use was also found to be associated with an increased mortality 6-18 months after admission to the ICU. Common adverse effects of opioids included delirium, constipation and respiratory depression and may have an impact on mortality. Chronic opioid use may also increase the risk of myocardial infarction, stroke, venous thromboembolism and inappropriate immune modulation. All these factors could help explain why chronic opioid use is associated with an increased risk of death after treatment in the ICU.

Findings from this study show that mean opioid consumption increased in these patients 24 months after ICU admission even though there was no evidence for long-term treatment. Chronic opioid use was also associated with increased mortality. These findings suggest that measures should be taken to prevent opioid misuse and to closely monitor pain and opioid prescriptions after ICU discharge.

Source: [Critical Care Medicine](#)

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