June 2019 KAHF Post – Opioid use in Adolescents (*by Pat Purcell, MD, MBA*)

Opioids are commonly prescribed for pain reduction. Opioid prescriptions per capita have increased and vary among states. Pain is difficult to prevent, assess and treat in the adult (let alone pediatric) population.

As pediatricians, we may ask ourselves "How does this affect me?" - but we take care of children through adolescence and confront chronic pain with increasing frequency in addition to acute pain complaints.

Your first patient of the day presents with acute trauma to the right shoulder via a fall while playing Lacrosse. She has been applying ice, resting and has her arm in a sling. An x-ray of the right shoulder reveals a significantly displaced fracture of the mid clavicle and a referral is placed with Orthopedics.

What is the most appropriate treatment for her pain control? How can we become good stewards for pain control and should we consider the use of opioids in our adolescent population?

First, review the medical history of the patient especially addressing any mental health issues. You remember reading a JAMA article by Patrick Quinn on a study that the odds may increase for an adolescent's substance abuse based on the child's diagnosis and the drugs prescribed.

Obtain any family history of chronic pain syndromes. Perform a thorough physical exam to determine baseline function and pain. Evaluate the degree of injury and the patient's response to pain and her expectations for pain control - this will aid you in determining the need for opioids versus non-opioid therapies. If the decision is made to prescribe opioids for pain control, then safety is a priority. Limiting the number and prescribing the lowest dosage for adequate pain control is recommended. In addition, there should be careful and precise education of the family members as it pertains to administration, storage and disposal.

One must recognize that an adolescent's common sources of exposure to opioids are from dental procedures, sports injuries, friends, family medicine cabinets and even family members. It is also important to note that "with rare exceptions, opioids have not been labeled for use in individuals under 18 years of age. There is a dearth of quality studies on pharmacokinetics, pharmacodynamics, safety, and clinical effectiveness.

As you look through your resources, you find the recent article on trends in opioid prescribing for adolescents, specifically the rate of opioid prescribing in EDs was 14.9% (acute injuries and dental disorders) with outpatient clinical visits accounting for a rate of 2.8%.

In deciding to give or not give opioids, you specifically note the increased risk of substance use disorder if there is an underlying mental illness, the data supporting misuse/abuse in adolescents of opioids obtained from family medicine cabinets as well as friends, and the additional risk of not appropriately dispensing of left-over medication.

What non-opioid therapies are available before you decide to prescribe opioids?
First, provide a thorough explanation of the injury and the expectations for pain and pain control, addressing the anticipated recovery and healing process. OTC medications may be very effective with appropriate dosing and administration. Reevaluation is necessary if pain continues or worsens.