
PLAN AGAINST PAIN

CHOICES MATTER IN PAIN MANAGEMENT

Opioid Addiction and Dependence After Surgery is
Significantly Higher than Previously Known

Methodology

The survey was conducted by Wakefield Research with support from Pacira Pharmaceuticals, Inc. The survey polled 500 U.S. adults who had orthopedic surgery (defined as hip and knee replacement, or foot or ankle surgery) or soft tissue surgery (defined as hernia, colectomy/ colon resection, cholecystectomy, abdominal wall repair, lap band/ gastric bypass or breast reconstruction) within the last 12 months, and 200 U.S. orthopedic or soft tissue surgeons. The survey was fielded between June 3, 2016 and June 13, 2016 using an email invitation and an online survey.

Results of any sample are subject to sampling variation. The magnitude of the variation is measurable and is affected by the number of interviews and the level of the percentages expressing the results. For the interviews conducted in this particular study, the chances are 95 in 100 that a survey result does not vary, plus or minus, by more than 4.4 percentage points in the patient sample, and 6.9 percentage points in the surgeon sample, from the result that would be obtained if interviews had been conducted with all persons in the universe represented by the samples.

More than **one-third** of patients delayed a surgical procedure – of those who delayed, their primary reasons included:



39%

were concerned about the time off from work



38%

were afraid of surgical complications



33%

were concerned about postsurgical pain



23%

were worried about taking opioids to manage pain



21%

had an upcoming milestone, event or vacation



13%

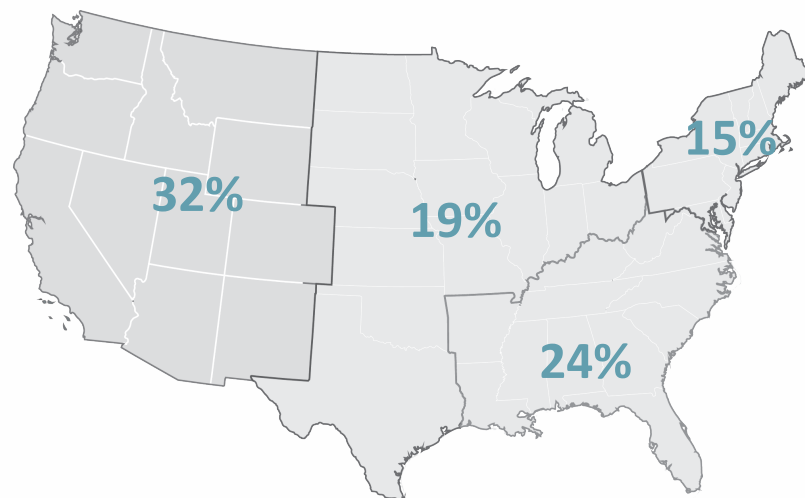
felt they just didn't have the time



Almost **one half** of those who delayed surgery did so for **more than three months** and

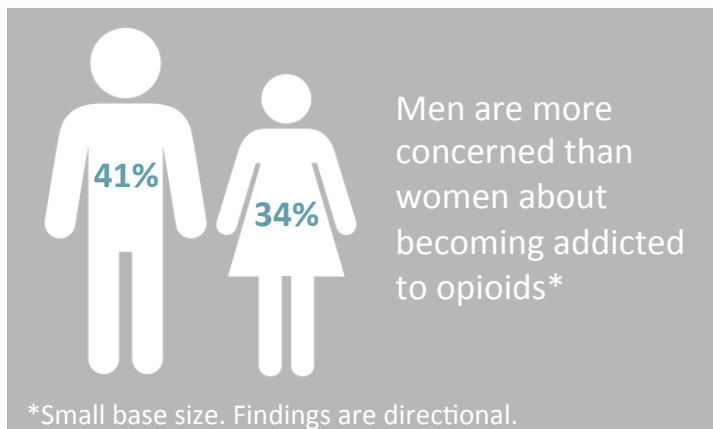
30% put off surgery for more than **one year**

Those in the Western region of the U.S. were more likely to delay surgery over worries about taking opioids to manage pain*



*Small base size. Findings are directional.

There is a high degree of awareness of the potential for opioid misuse, addiction and dependence



An alarming 10% of patients reported becoming addicted or dependent on opioids following surgery

With 70 million surgical patients in the U.S. receiving an opioid annually, these findings suggest that as many as 7 million patients could develop an addiction or dependency

Patients who became addicted to/dependent on opioids following surgery by:

Age		Region	
18-29	15%	Northeast	8%
30-39	7%	South	7%
40-54	13%	Midwest	7%
55+	3%	West	18%

- **83%** of patients agree opioids taken following surgery can lead to addiction or dependence
- **37%** say it was among their top concerns

Side effects are worrisome: Nearly 9 out of 10 patients (89%) were concerned about the side effects of opioids following surgery; 83% of patients experienced side effects

Top side effects patients were concerned with when taking opioids following surgery:

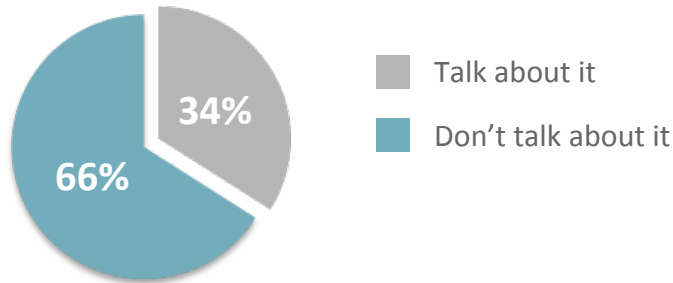
Response	%
Constipation	43%
Nausea/vomiting	40%
Fuzziness/confusion	35%
Dizziness	34%
Irritability	24%

Top side effects patients experienced when taking opioids following surgery:

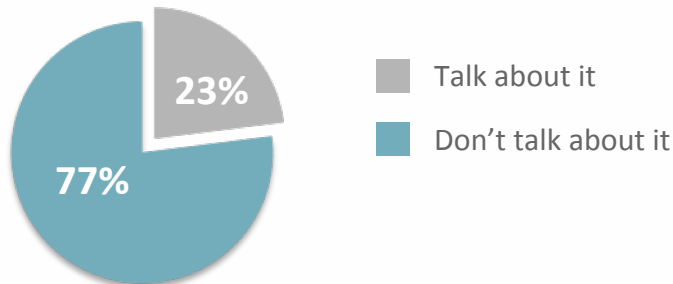
Response	%
Constipation	38%
Nausea/vomiting	27%
Dizziness	26%
Fuzziness/confusion	22%
Irritability	16%

Patients say that discussions about opioids and non-opioid options for pain management are often missing from their conversations with physicians prior to surgery

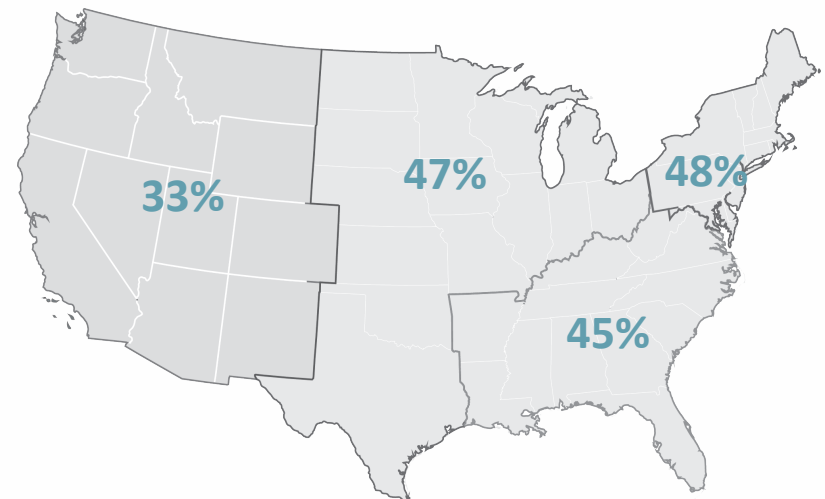
Discussion on reducing risks of potential opioid addiction/dependency after surgery



Discussion on non-opioid options to manage postsurgical pain



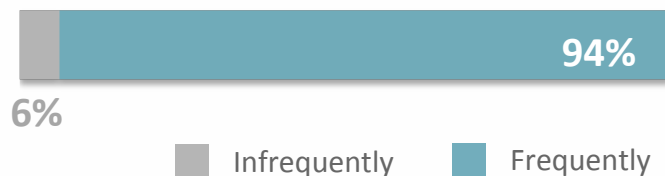
Surgeons in the Western U.S. are least likely to discuss how to reduce opioid addiction/dependency risks*



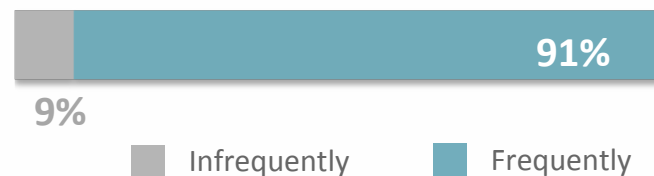
*Small base size. Findings are directional.

Pressure to prescribe: Almost all surgeons frequently prescribe an opioid to manage a patient's pain and a vast majority feel pressure to prescribe more opioids than they feel their patients need, which is in part attributed to wanting to score well on patient evaluations

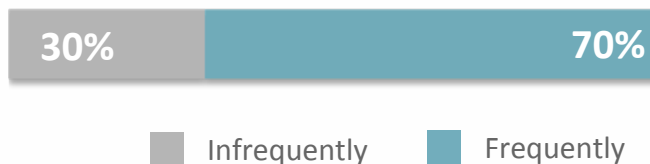
Overwhelmingly, surgeons frequently prescribe opioids to manage pain:



Most surgeons frequently feel pressured to prescribe more opioids than patients need:



Patients frequently ask surgeons for specific opioids by name:



Interest in using non-opioid pain treatments is high among patients, but there is still some resistance among surgeons



Patients and doctors are interested in non-opioid options.

- **79% of patients** would choose a non-opioid option over opioids
- **70% of surgeons** would too – if they knew it could effectively manage their patients' pain

More surgeons are beginning to take steps to reduce opioid risks



39% spend more time counseling patients on the potential dangers of medications



38% develop more individual pain management plans, such as implementing “pain contracts”



35% prescribe fewer pills per patient



35% prescribe a lower average dosage to patients



34% ask for more frequent patient feedback on how they managed a patient’s pain



33% use non-opioid options, such as multimodal therapy



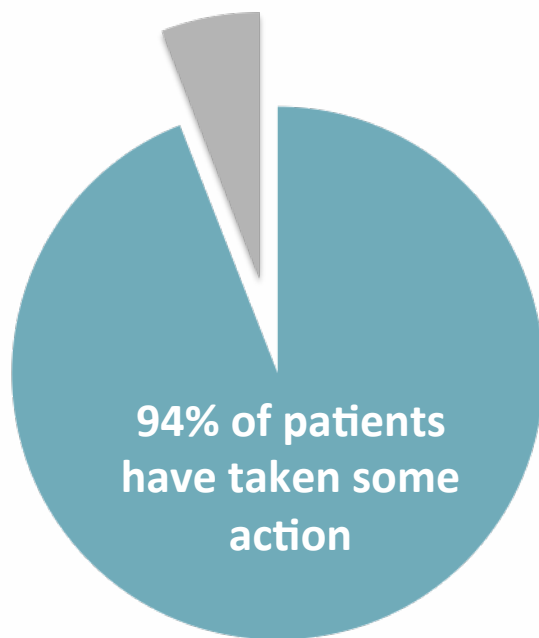
32% write fewer prescriptions on average



31% require a caregiver to be present when discussing pain medications

Steps Taken to Reduce Opioid Risks

Patients have taken the following actions to reduce their risk of addiction/dependency when using opioids



53% monitored and recorded pill usage

46% took fewer pills than prescribed

21% asked someone else to monitor their pill usage

For more information, please visit
www.PlanAgainstPain.com