The Current Management of Patients Co-Prescribed Opioids and Benzodiazepines at a Federally Qualified Health Center in Rhode Island: Opportunities for Reducing Overdose Risk

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Background:

Opioid deaths in America are skyrocketing. Combining opioid treatment with a benzodiazepine prescription significantly increases the likelihood of an overdose. This serious drug interaction is most dangerous when patients are not properly educated on their usage through controlled substance agreements (CSAs) and when they are not prescribed Narcan, the antidote to a potential overdose.

Objectives:

To conduct a chart audit in order to identify potential areas of improvement in the treatment of patients co-prescribed opioids and benzodiazepines at East Bay Community Action Program.

Methods:

This was a chart audit gathering quantitative data from East Bay Community Action Program's electronic health record. This analysis started with 54 patients. 5 of the patients were excluded because they are no longer patients of the practice. 12 of the patients were male-identifying and 37 were female-identifying. The average age was 58 years old and the range was from 39 to 75. The chart audit determined if patients had controlled substance agreements that had been updated within the past year and if patients had Narcan prescriptions. Data analysis was completed on Microsoft Excel.

Results:

14 of the 49 patients had controlled substance agreements that had been updated within the last year. 24 of the 49 patients had Narcan prescriptions. The average length of time between medication start date and signing of controlled substance agreement was 8.28 months and the average length of time between medication start date and a Narcan prescription was 10.45 months.

Conclusions:

Recent data suggests that to improve controlled substance agreement update rates, clinical sites should implement a shared decision making model. Clinical sites should also be directing their Narcan prescribing behavior from universal opt-in strategies to universal opt-out. In implementing both of these measures, a team-oriented treatment plan between the patient and the physician arises. The patient is able to take more of a proactive role in a treatment they can trust.