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Taking a “Surgical” Approach to Examine Opioid Prescribing Patterns

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Since 2015 we have witnessed a tripling in opioid overdose deaths, most of which were unintentional, among adolescents 15-19 years of age. Currently, over 70% of all US drug overdose deaths are attributable to opioid use and more kids are dying as a result of drug overdoses. Although May was Mental Health Awareness Month, and National Recovery Month does not occur until September, the scourge of opioid misuse (and its antecedents) is a topic that is always timely. And while an article and accompanying video abstract being early released this week in *Pediatrics*, entitled “Pediatric Surgical Opioid Prescribing by Procedure, 2020-2021,” does not focus on opioid misuse itself, early in this article, Dr. Kao-Ping Chua and colleagues from the University of Michigan and the University of Southern California make the connection between opioid prescribing and overdose (10.1542/peds.2024-065814).

In this multi-state cross-sectional analysis of claim data from over 218,000 private- and Medicaid-insured patients 0-21 years old over the course of a year (2020-2021), the authors collated the opioids dispensed by procedure/surgery type. They found that tonsillectomy/adenoidectomy (T&A) accounted for the majority of opioid prescriptions dispensed after surgery for all age groups and for nearly half of all opioids prescribed for children 0-11 years of age. For these younger children, after T&A, such prescriptions were given most commonly for open fracture repair and the removal of deep implants (pins, screws, rods, etc.). For children/young adults ages 12-21, after T&A, the most common procedures for which opioids were prescribed were for knee arthroscopy and Cesarean section. Additionally, the authors found that the amount

(number of pills/doses) prescribed to patients is notably higher than the average number of pills that are typically used by pediatric patients after these procedures.

Aside from merely providing descriptive statistics, the authors focus particular attention on the implications of the findings. Knowing that the majority of all opioids prescribed to children and adolescents are for T&As, evidence-based opioid stewardship interventions should be particularly focused on those providers who perform those procedures. Not only would this be a high-yield use of presumably limited resources, but such a focus could also help establish best practices regarding training and monitoring that could be rolled out to other disciplines.

The authors also acknowledge that dentists are the clinicians who most often prescribe opioids to children, followed by surgeons. Thus, while we must focus educational efforts on medical subspecialties who most often prescribe opioids, it would be wise to determine whether such education is occurring among dentists and, if not, to collaborate with them as they care for our patients too.