

The Prescribing of Opioids for Musculoskeletal Pains in Menopausal and Postmenopausal Women: A Drug Utilisation Study in the United Kingdom

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Poster Number: TH182



Introduction

- Due to hormonal changes, (post)menopausal women often develop painful chronic musculoskeletal conditions.
- Opioid use in (post)menopausal women is consistently higher than in men and younger women for chronic pain management (1)
- UK healthcare agencies do not recommend the use of opioids for the management of chronic noncancer musculoskeletal pain, and given the unique pathophysiologic characteristics of fibromyalgia, treatment of this condition with opioids is considered particularly problematic (2,3,4)

Methods

- Data was gathered from the IQVIA Medical Research Data (IMRD) UK; a large primary electronic healthcare database
- Study Population**
- Women between the ages of 50 and 79 years with newly diagnosed musculoskeletal conditions who were prescribed opioids between 2010 and 2021 (n=380,085)
- Musculoskeletal conditions: osteoarthritis, osteoporosis, rheumatoid arthritis, fibromyalgia, and polymyalgia rheumatica.
- Women with cancer-derived pain and those receiving palliative care were excluded
- Exposures: codeine, co-codamol, co-dydramol, dihydrocodeine, morphine, tramadol, buprenorphine, oxycodone, and fentanyl. Topical and oral formulations only.

Analysis

- Annual prescribing prevalence per 100 women was calculated using mid-year population estimates
- Annual incident prescribing rates (IRs) were calculated by dividing the number of women aged 50-79 with a first opioid prescription after musculoskeletal diagnosis by person-years-at-risk (PYAR); IR was stratified by pain indication
- Duration of opioid use was calculated using Kaplan Meier Survival Curves and stratified by age and calendar-year.

Results

- The **annual prescribing prevalence of opioid medications decreased during the study period, from 23% (2010) to 14% (2021).** (Figure 1)
- **The highest number of new opioids were prescribed to women with fibromyalgia.** The IR of opioid prescriptions for fibromyalgia steadily increased from 2010 (184.4 [95% CI 163.3 to 208.3] per 1000 PYAR) to 2021 (259.6 [95% CI 226.4 to 297.8] per 1000 PYAR). (Figure 2)
- Women discontinued opioids **much faster post 2017 (~ 1-year average duration) compared to pre-2017 (2-3 years average duration),** and at **younger ages.** (Figure 3)

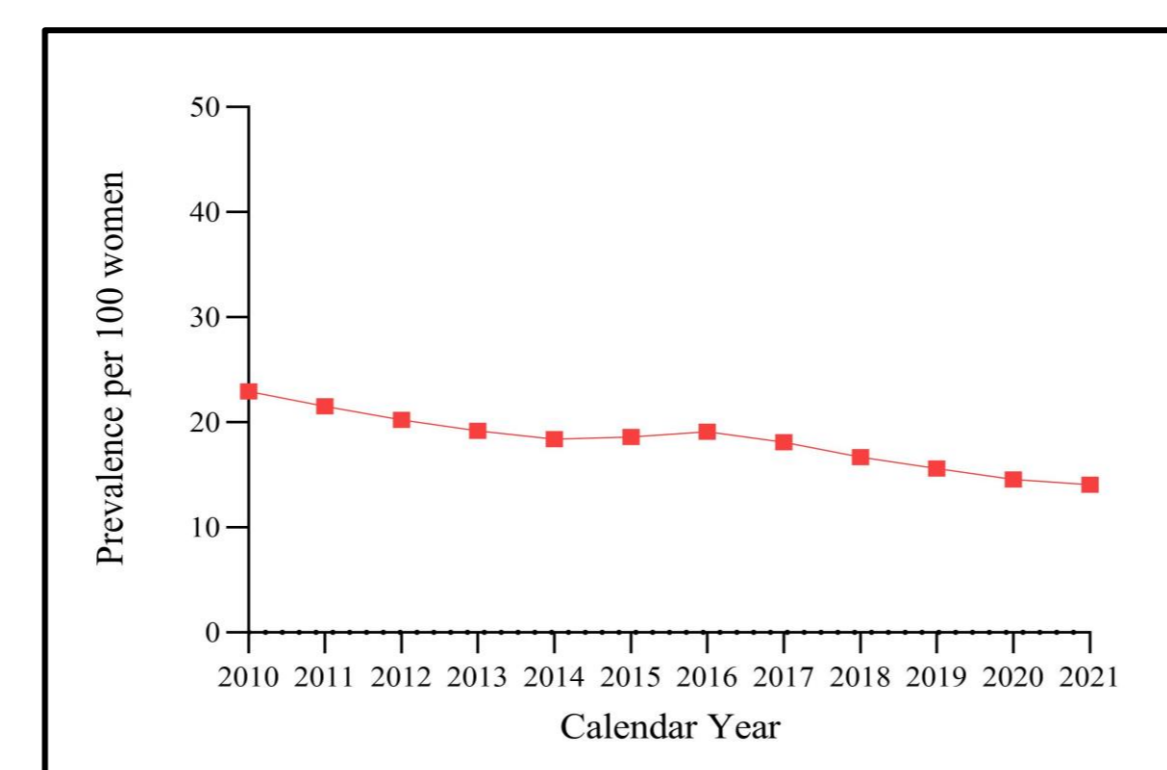


Figure 1: Prevalence Rate of Opioid Prescribing

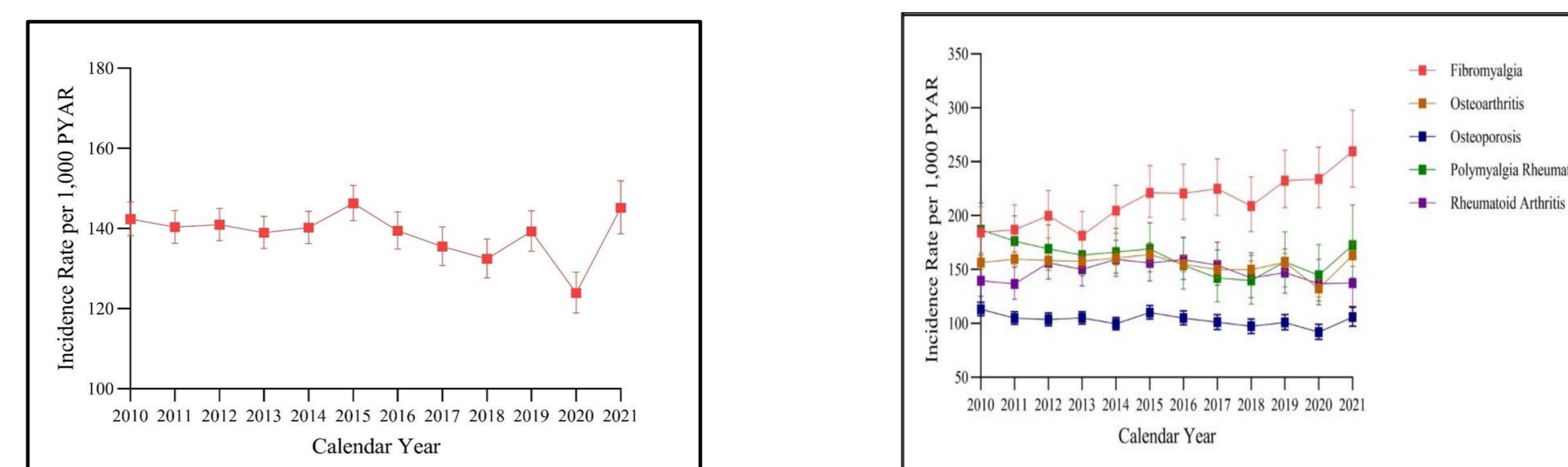


Figure 2: Incident Rates of Opioid Prescribing, Overall and Stratified by Pain Indication

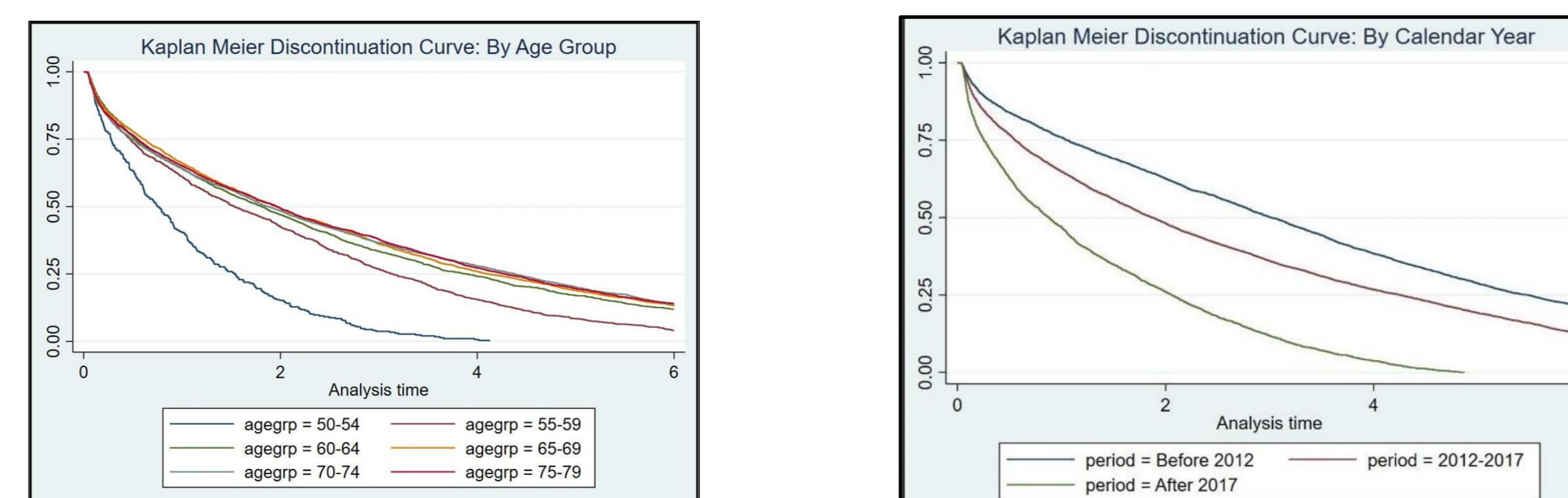


Figure 3: Duration of Opioid Prescribing Stratified by Age and Calendar Year

Conclusions

- Many (post)menopausal women, regardless of age, continue to be prescribed opioids for musculoskeletal-derived pain, contrary to current recommendations (5,6,7)
- **While overall prescribing prevalence is decreasing,** new opioid prescriptions remain high and are increasing in women who present with fibromyalgia pains.
- **Earlier presentation of alternative treatment options and better education regarding opioid risks may be useful for (post)menopausal women, particularly those with fibromyalgia pains**
- For (post)menopausal women currently using opioids or considering initiation of use for chronic musculoskeletal pain, patient-centric pain management and careful monitoring of use to reduce adverse effects is needed.

References

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