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## #ISICEM19: Opioids in critical care - Professor Hannah Wunsch



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At the [39th International Symposium on Intensive Care and Emergency Medicine](#), [Prof. Hannah Wunsch](#), senior scientist at the Sunnybrook Health Sciences Centre, talked about the use of opioids in the ICU and how it could be related to patient use of opioids after hospitalisation. She highlighted the importance of exploring the opioid prescribing trends and how they could lead to prolonged opioid use and long-term patient consequences. Opioid infusions in the ICU are quite common and are generally used in high doses.

Prof. Wunsch discussed the use of opioids in ventilated patients and pointed out that there is a need for clinicians to be aware of opioid exposure of patients before they get to the ICU. She talked about the opioid epidemic in the US where [11.4 million people misused prescription opioids](#) and 2.1 million have an opioid use disorder. Around 130 people die every day from opioid-related drug overdoses. Similarly, there are 1.3 million high-risk opioid users in Europe.

Prof. Wunsch and her team [conducted a study](#) where they evaluated patients who were chronic opioid users in Ontario before admission to the ICU. Study participants mainly comprised of elderly patients over the age of 65 who were admitted to the ICU between April 2002 and March 2015. The primary outcome was the proportion of patients who filled an opioid prescription with a duration covering day 180 after discharge while the secondary outcome was the difference in morphine dosage at day 180 after discharge compared with the dose prescribed prior to admission.

Findings from this study showed that 63.3% of the patients who survived to day 180 after hospital discharge had at least one opioid prescription filled with a duration covering day 180. 22% of the patients filled prescriptions for a higher daily morphine dose compared with the pre-hospitalisation dose, and 21.5% had a lower dose. In 19.8% of patients, the dose remained unchanged. 36.7% had no prescription filled. Reductions were mostly observed in prescriptions for codeine and oxycodone. These findings show that among chronic opioid users, hospitalisation with critical illness was not associated with substantial increases in opioids prescribed within six months after hospitalisation.

Prof. Wunsch emphasised on the need to use different approaches to reduce the amount of opioids prescribed, including the assessment of the patient's opioid requirements in the 24 hours prior to hospital discharge. While clinicians in the ICU are gradually shifting from sole reliance on opioids to multimodal analgesia, there is still a need to understand the effect that opioid alternatives have on patients. Ultimately, the choice of drug should be made with the goal of providing quality care to patients and to ensure their safety in the long-run.

Source: ISICEM19, Prof. Wunsch's presentation, [Critical Care Medicine](#)  
Image Credit: Sunnybrook Hospital

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