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Temporal Trends And Changes In Indication For Opioid Use In Catalonia, 2007-2017: A Population-based Study Of 6 Million Individuals

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Abstract:

Background: North America is currently suffering from an opioid epidemic, and recent data suggesting an increase in opioid use is also seen in northern and central Europe, but little data have been reported for the situation in southern Europe.

Objectives: To evaluate secular trends of opioid and their subtypes use in primary care and changes in indication associated with opioid initiation from 2007 to 2017 in Catalonia, Spain.

Methods: Data were obtained from the SIDIAP (The System for the Development of Research in Primary Care) database, which contains electronic medical records and dispensation data for ~ 6 million people (>80% of the Catalan population). The incidence proportion of opioid use (codeine, tramadol, fentanyl, and morphine, with the latter three classified as strong opioids) in each calendar year was calculated. The denominators were registered individuals meeting following criteria at the first day of each calendar year: 1) ≥18 years old, 2) ≥1 year of valid data, 3) no registered use of the same opioid in previous one year. The numerators were all new opioid users during each calendar year. Age-sex standardization was performed using the population at the year of 2007 as the reference. Indications were obtained based on the related diagnosis closest prior to therapy initiation from a pre-specified list including musculoskeletal pains, bone fracture/s, post-surgery, and cancer.

Results: Between 2007 and 2017, the incidence proportion of total opioid use decreased firstly and then increased, with the lowest rate in 2013 (2.0%) and the highest rate in 2017 (3.3%). Specifically, the use codeine followed a similar trend with total opioid, but tramadol, fentanyl and morphine increased continuously from 0.61% to 1.71%, 0.03% to 0.12%, and 0.01% to 0.05% respectively. In the same period, musculoskeletal pains (back pain, neck/shoulder pain, and osteoarthritis pain) consistently dominated the indications for total opioid, codeine, tramadol treatment, with an attributable 90% of total use over years. But the proportion of strong opioid/s use related to musculoskeletal pain increased from 75% to 80% for fentanyl and 40% to 72% for morphine, which is accompanied by cancer-related opioid use decreasing from 17% to 8% and 55% to 13% respectively.

Conclusions: Use of strong opioids in primary care has increased substantially during the study period (2007-2017) in Catalonia, replacing the use of weaker opioids (codeine). Musculoskeletal pain has gradually become the most common indication for strong opioid prescriptions, which is an unexpected sign of chronic pain management.

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Significant Conflicts of Interest : DPA's department has received consultancy fees from UCB Biopharma and has received speaker fees from AMGEN. DPA's institution has received research grants from UCB Biopharma, Amgen and Les Laboratoires Servier. M. Englund is a advisory board Pfizer, Sweden. Others have no conflict of interest for this study.

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