4CPS-340 PROFILE OF PATIENTS WITH ABUSIVE CONSUMPTION OF QUICK RELEASE FENTANYL IN A HEALTHCARE AREA



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Background

In recent years the prescription of immediate-release fentany l(whose indication is breakthrough pain of oncological origin treated with a basic opioid analgesic) has increased, in many cases off-label, appearing patients who may have developed physical dependence or addiction

Purpose

The objective of this study is to describe the type of patients, with abusive consumption, that may have developed dependence (considering those who exceed the defined daily dose (DDD)) to immediate-release fentanyl, in a health care area.

Material and methods

Observational, descriptive study, carried out in a health area of 256,807 inhabitants, which included all the patients who exceeded the DDD for immediate release fentanyl between December 2019 and March 2020. The variables collected were:sex, age, indication of opioid, duration of treatment, prescribing service, presence of addictions, psychotropic treatment and concomitant analgesic. The data were obtained through the Diraya digital medical record and microstrategy database. Statistical analysis was performed with the R program.

Results

We detected 32 patients, 58.6% female, with a median age of 59 (31-87) years, who exceeded an average of 3(1.1-10) times the immediate release fentanyl DDD, in its different presentations: transmucosal (n=18), sublingual (n=8), lozenge (n=5) and nasal spray (n=1); with a mean duration of treatment of 29.93 (2-65) months



Regarding treatment, only 51.7% had prescribed fentanyl patch; 52% other opioids (tapentadol (n=8), oxycodone/naloxone (n=3), morphine (n=2), tramadol (n=2) or paracetamol/codeine (n=2)), 86% NSAIDs, and 36% medications for neuropathic pain (pregabalin, gabapentin, or lidocaine patches). 79.3% of the patients were in treatment with benzodiazepines, 44.8% antidepressants and 10% antipsychotics.

Conclusion

In our study, the profile of patients with abusive consumption of rapid-release fentanyl is in a higher proportion women, in concomitant treatment with benzodiazepines and other analgesics, although without relation to other addictions or psychiatric pathologies. It should be noted that in most cases it was prescribed off-label (CNCP) and the first prescription was made in primary care.