

Characteristics of initial prescription episodes and likelihood of long-term opioid use—United States, 2006–2015.

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[Opioid](#) use has become a growing patient safety concern. Recent studies have documented wide [variation](#) in opioid prescribing for acute pain and a [significant rate](#) of chronic opioid use after patients receive a first prescription for an acute indication. This retrospective medical record review study identified risk factors for remaining on an opioid medication for more than 1 year following their initial prescription. Older, female, and publicly or self-insured patients were more likely to remain on an opioid compared with younger, male, and privately insured patients. Patients started on higher doses (cumulative dose \geq 700 mg morphine equivalent), provided prescriptions with longer duration (more than 10 days), or given 3 or more prescriptions for opioids were most likely to continue to use opioid medications 1 year later. The authors recommend prescribing fewer than 7 days of opioids for acute pain and adhering to the Centers for Disease Control and Prevention [guideline](#) for opioid use to improve prescribing practices.