

## BACKGROUND

•With the onset of the covid 19 pandemic, healthcare providers abruptly changed their health care delivery and organizations such as A.M.A and DEA have supported implementing measures to ensure chronic pain patients achieve adequate pain control by reducing barriers and restrictions to controlled substances

•After such changes, it is reasonable to suspect a dramatic increase in opioid prescriptions during this time. However, there are no reports measuring the rate of opioid prescriptions during the pandemic although there has been numerous reports of increased rates of opioid-overdose related cases when compared to previous years

## OBJECTIVES

•Our study will focus on the change in opioid consumption in chronic pain patients who are unable to undergo their interventional pain procedure during the Covid 19 Pandemic

•By demonstrating whether or not there has been a significant increase in opioid consumption in this patient population, we can justify the efficacy and necessity of these procedures.

•A significant increase can also support the importance of creating protocols that allow for elective procedures to continue during the next pandemic

## METHODS

•This is a retrospective chart review study that looked at chronic pain patients who were scheduled for a interventional pain procedure from the months of March 1<sup>st</sup> to May 30<sup>th</sup>, 2020. using EPIC and QuadraMed

•Subjects were classified into groups based on their cancelled interventional pain procedure, including, ESI, SI joint injections, and intra-articular facet joint injections

•For each patient, the frequency and dose of each opioid prior to and after notification of their cancelled procedure were recorded

## RESULTS

Table 1: Total change in opioid consumption (MME/day) in all subjects

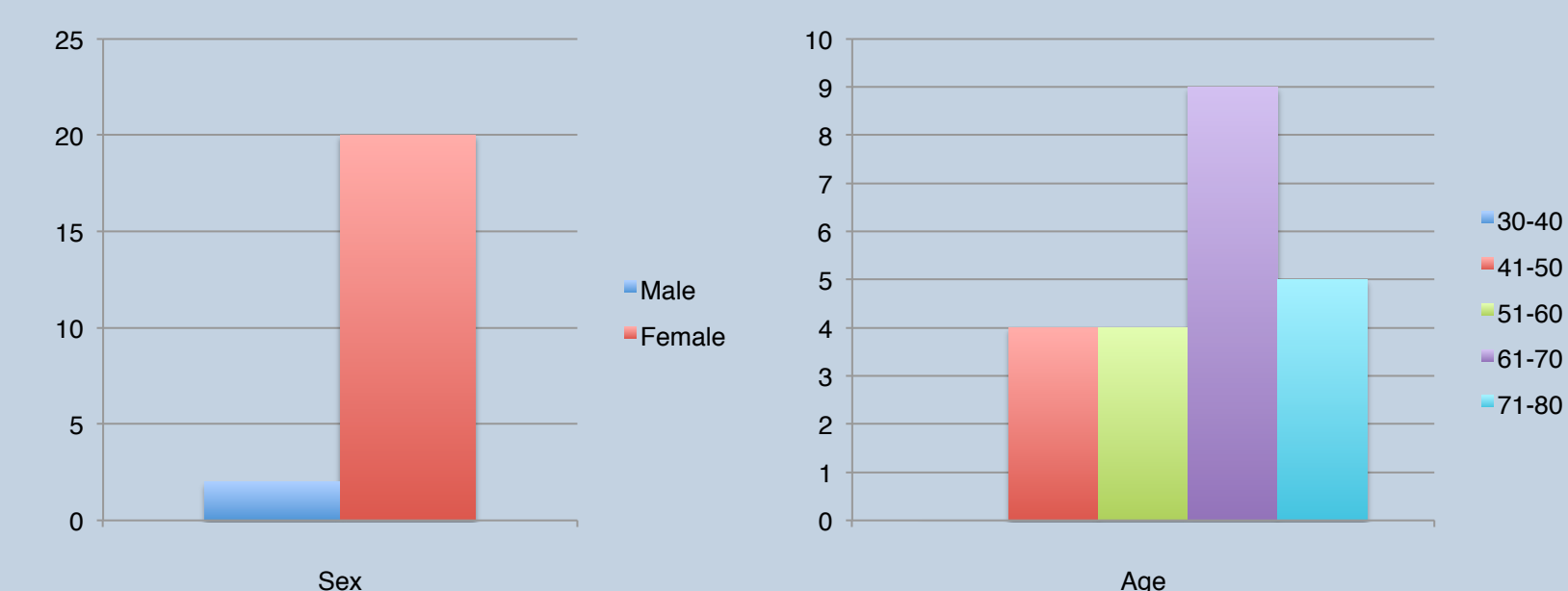
Subject	Sex	Opioid consumption prior to cancelled procedure (MME/day)	Opioid consumption after cancelled procedure (MME/day)	Change in MME/day
1	F	0	15	15
2	F	0	4.5	4.5
3	F	0	0	0
4	F	0	0	0
5	F	60	75	15
6	F	18	78	60
7	F	0	30	30
8	F	0	0	0
9	F	210	334	124
10	F	15	15	0
11	F	15	15	0
12	F	4.5	10	5.5
13	F	0	0	0
14	F	45	45	0
15	F	0	15	15
16	F	0	0	0
17	F	75	75	0
18	F	0	0	0
19	F	15	22.5	7.5
20	M	15	60	45
21	F	7.5	15	7.5
22	M	15	15	0
Mean				14.96
p value				CI(2.04,27.87) 0.02

Table 1: Change in opioid consumption (MME/day) from before and after cancelled procedure for all subjects

	Total number of subjects	Mean change in opioid consumption (MME/day)	p-value
Lumbar ESI	7	9.64 CI(-5.72, 25.01)	0.17
SI joint injection	4	1.13 CI(-2.45,4.71)	0.39
intra-articular facet joint injection	6	26.92 CI(-23.49,77.32)	0.23
intra-articular facet joint injection + SI joint injection	5	19.1 CI(-13.20,51.40)	0.17
Patients who received procedure in the past	8	31.44 CI(-3.86,66.73)	0.07
Patients receiving procedure for the first time	14	5.54 CI(-1.50,12.57)	0.11

Table 2: Mean change in opioid consumption stratified by scheduled procedure and history of receiving same procedure in the past.

## DEMOGRAPHICS



## DISCUSSION

•Out of 22 patients, 91% were female and 9% were male (20 vs 2)

•Average change in opioid consumption (MME/day) in all subjects showed a statistically significant increase (+15 MME/day, p-value=0.02). This may justify the need for a protocol that allows for elective interventional pain procedures to continue in a future pandemic

•Subjects who received the same procedure in the past, on average, had a larger change in opioid consumption compared to those who were new to their scheduled procedure (31.44 vs. 5.54). Therefore, this suggests the importance of routine interventional pain procedures in this patient population

•A major limitation to this study is it's small sample size. An increase in power may help address this.