



# Impact of Polysubstance Abuse History on Physician Behavior toward Patients

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## Introduction

Polysubstance abuse can change the way a physician approaches patient care.

Prescribers fear litigation with greater review and scrutiny about personal prescribing practices. There is mistrust in the degree of reported pain from this population(1).

Patients from this population fear discrimination or not being taken seriously with restricted access to analgesia and pain left unrelieved(2).

An awareness of personal bias and possible sources of bias can help mitigate unconscious differences in management.

## Objectives

Promote awareness of unconscious bias toward those with substance abuse history.

Show any disparity between self-evaluated bias and behavior.

Identify trends within physician's different experiences that could be possible sources of bias.

## Methods & Materials

**A questionnaire was designed for assessment of physician self-evaluated behavior toward patients with polysubstance abuse.**

Participants were asked the following about patients that were noted to have a "history of polysubstance abuse":

Does their viewpoint change?

Does their urgency of evaluation change?

Does their ordering of opioid medication for pain management change?

**To identify any trends in physician life experience that may affect the way the previously mentioned questions were answered, the following questions were asked:**

Do you have a close friend or family member with substance use disorder?

Age range (20-39)(40-59)(>60)

Level of practice (Resident/fellow)(attending (<5 years)(5-10)(11-20)(>21))

Country of origin (Responses reported as regions based on the United Nations geoscheme)

There were 81 respondents in total from Internal Medicine residents and attending physicians working in Danbury, CT.

Responses from 81 questionnaires were tabulated.

If a respondent selected more than one response to a question, both responses were included.

For regional analysis, only regions that contained 6 or more responses were included.

## Results

48 (59.2%) reported that their viewpoint of a patient would change if there was a history of polysubstance abuse.

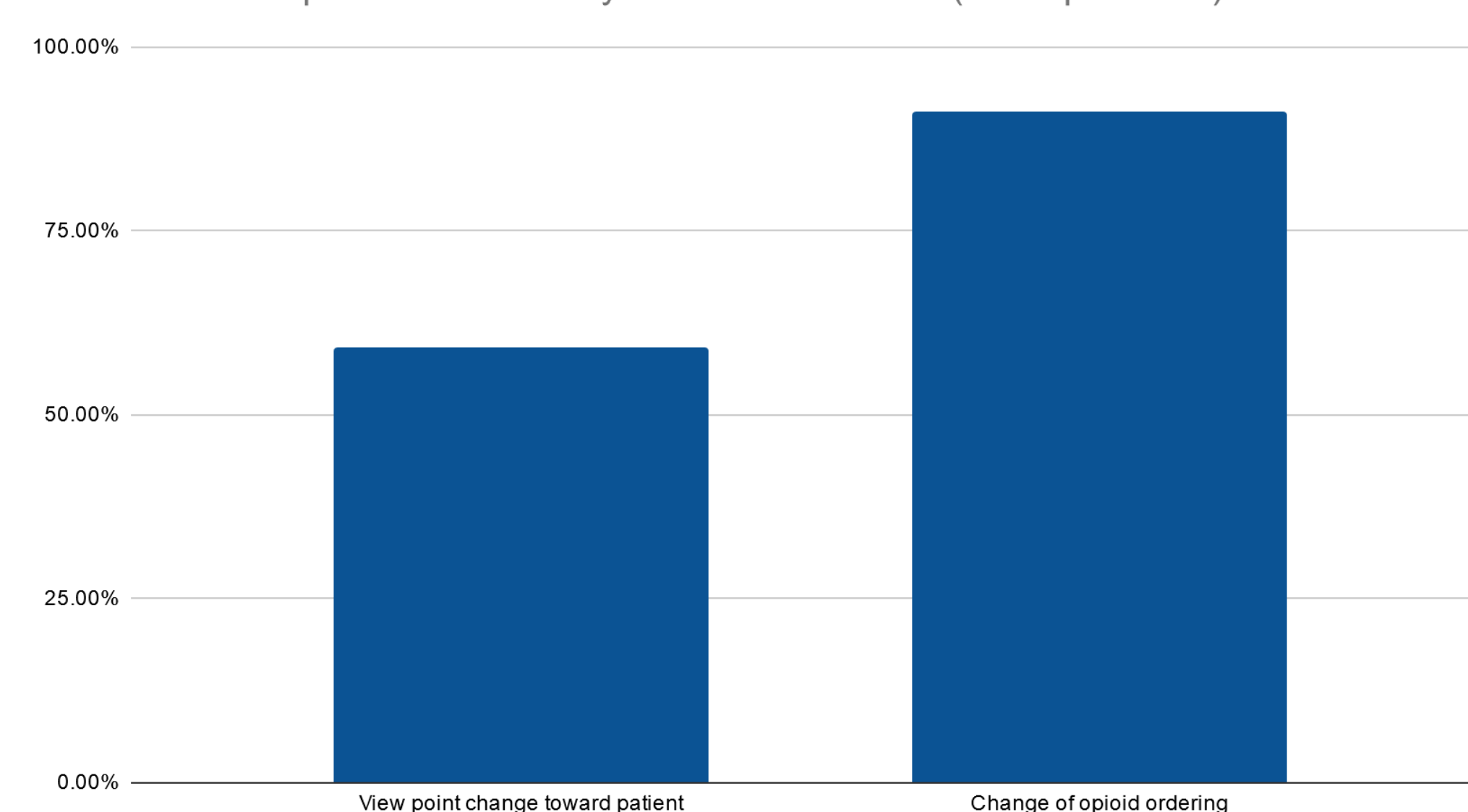
74 respondents (91.3%) reported that this would change the way they ordered opioids.

Of those who reported changing their opioid ordering,

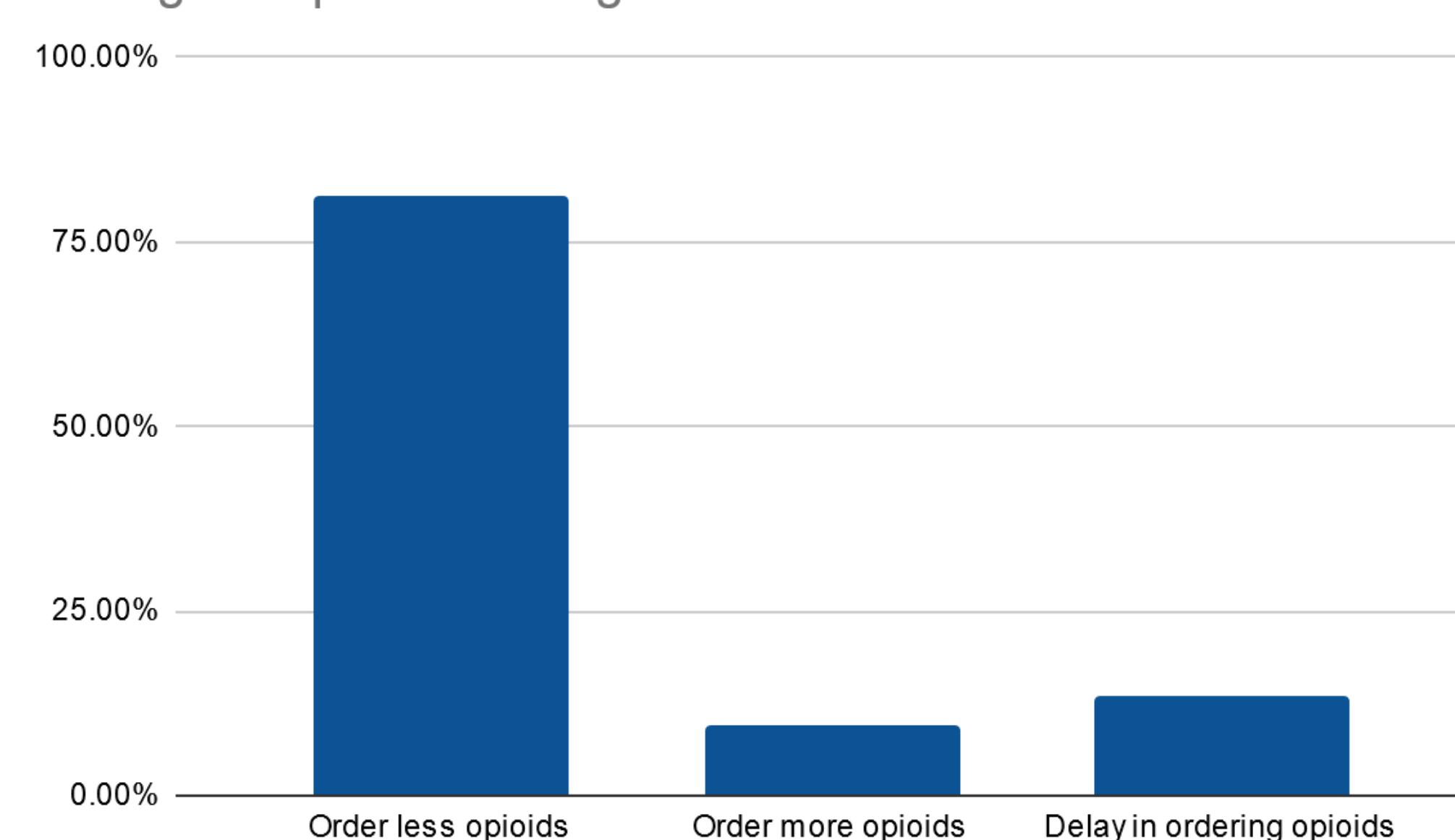
60 (81.1%) would order less opioids, 7 (9.4%) would order more opioids, and 10 (13.5%) would delay in opioid ordering.

18 respondents (22.2%) reported that they would change their urgency of evaluation of the patient with 12 (66.6%) evaluating sooner and 6 (33.3%) evaluating later.

Behavior toward patients with history of substance abuse (All respondents)



Change in opioid ordering habits



## Results Cont.

Interaction with substance abusers outside of clinical practice correlated with

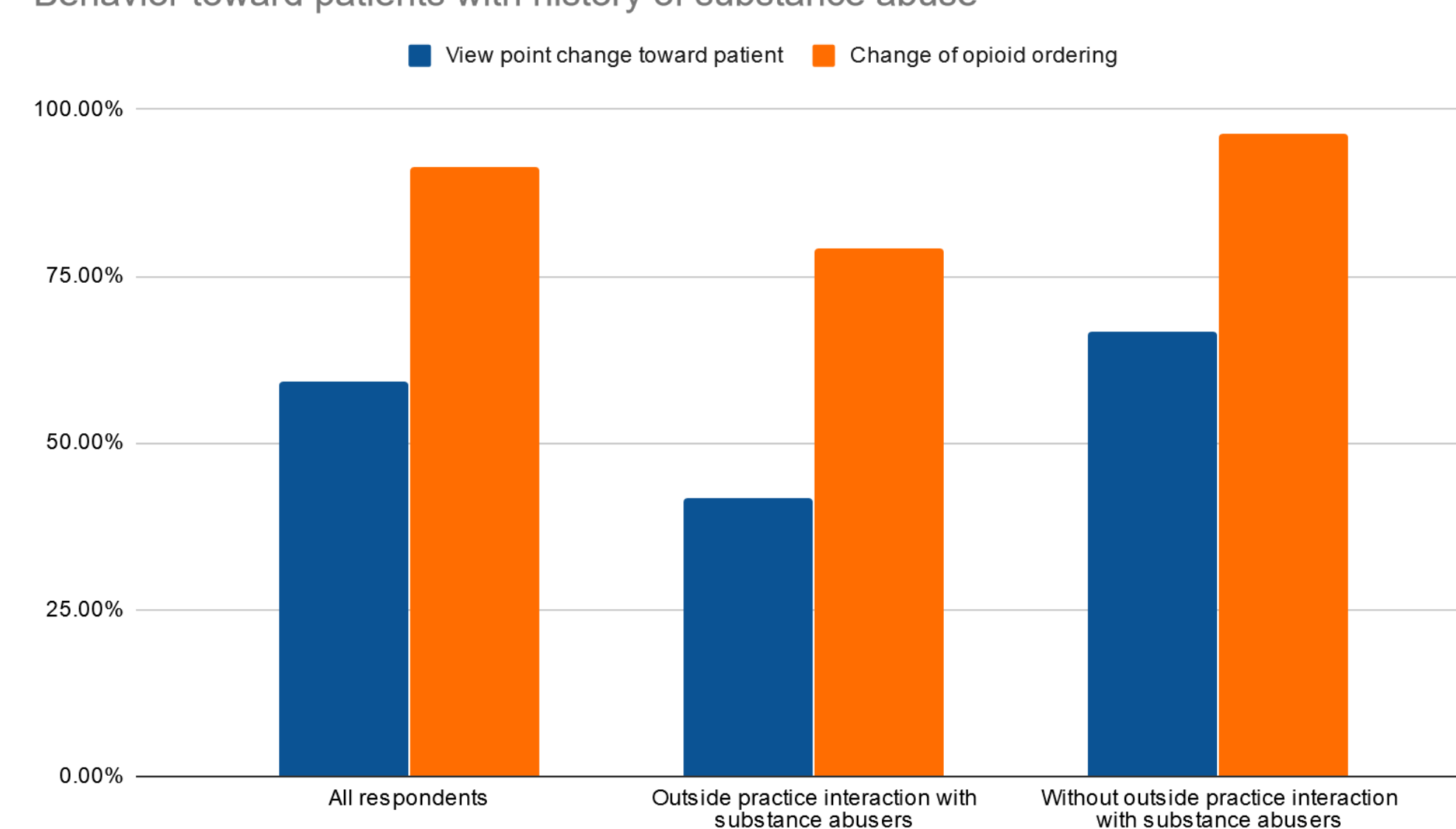
➤ **lower** self-reported viewpoint change toward the patient (41.7% vs 66.7%) and

➤ **less** likelihood to change their opioid ordering habits for pain (79.2% vs 96.5%)

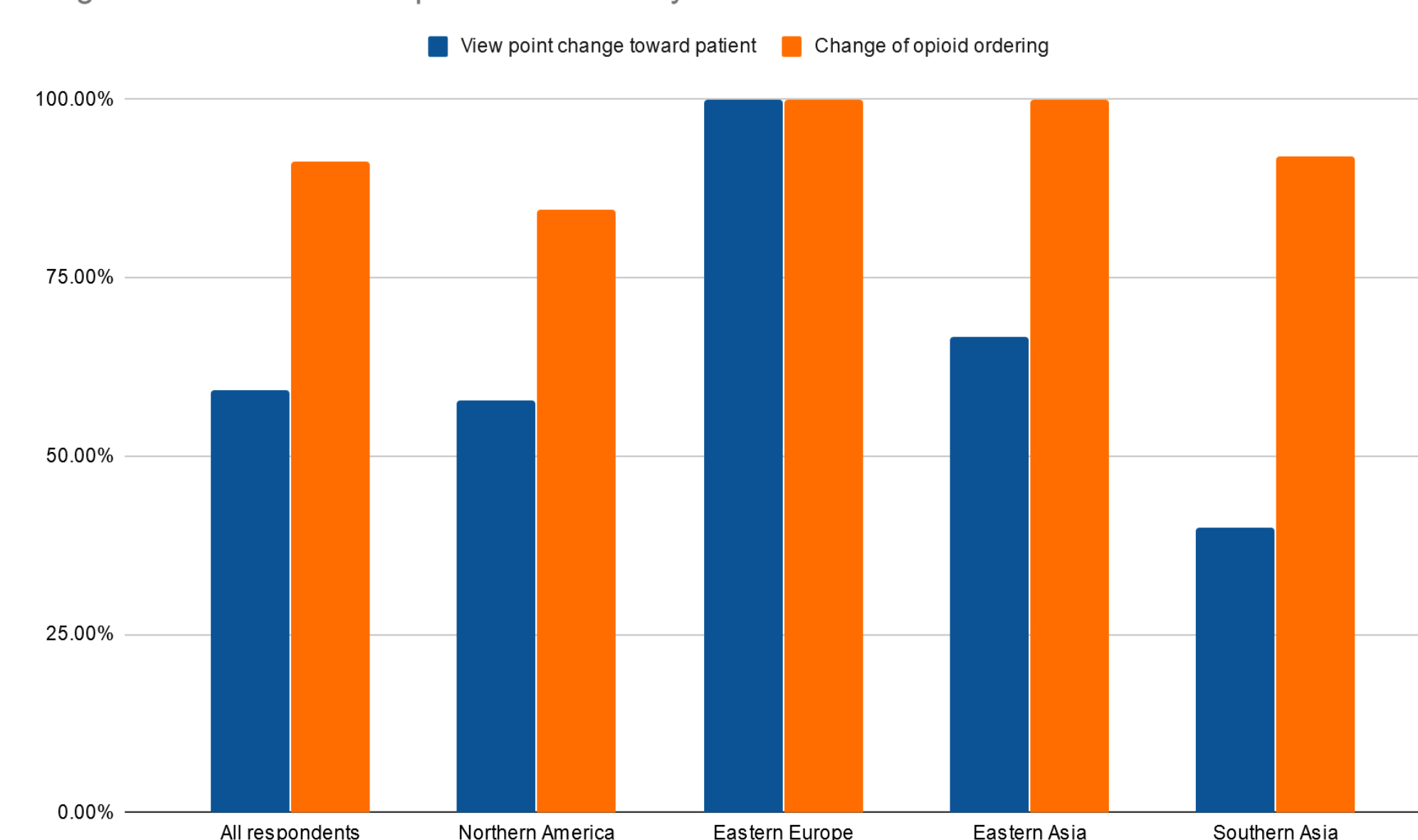
Respondents from Southern Asia had less self-reported viewpoint change toward the patient (40%) as compared to North America (57.7%), Eastern Asia (66.7%), and Eastern Europe (100%).

Respondents from North America had a lower likelihood of changing their opioid ordering habits for pain (84.6%) as compared to Southern Asia (92.0%), Eastern Asia (100%), and Eastern Europe (100%).

Behavior toward patients with history of substance abuse

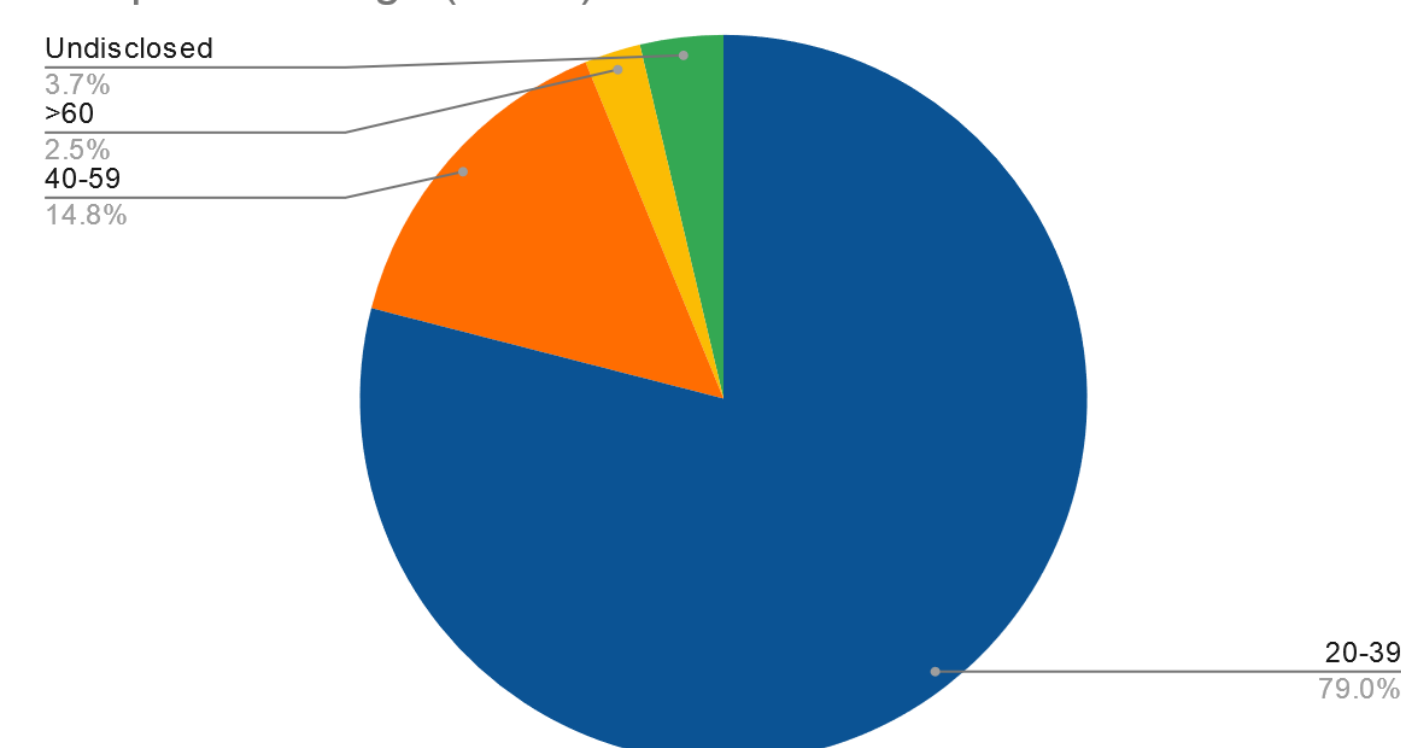


Regional behavior toward patient with history of substance abuse

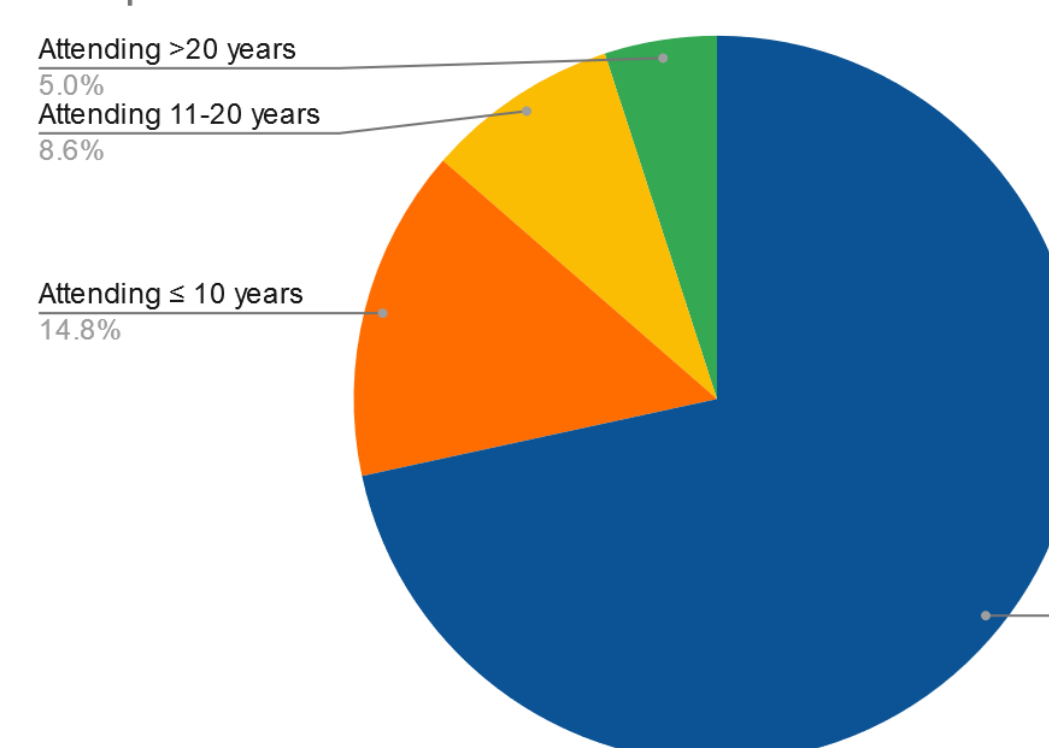


## Respondent Demographics

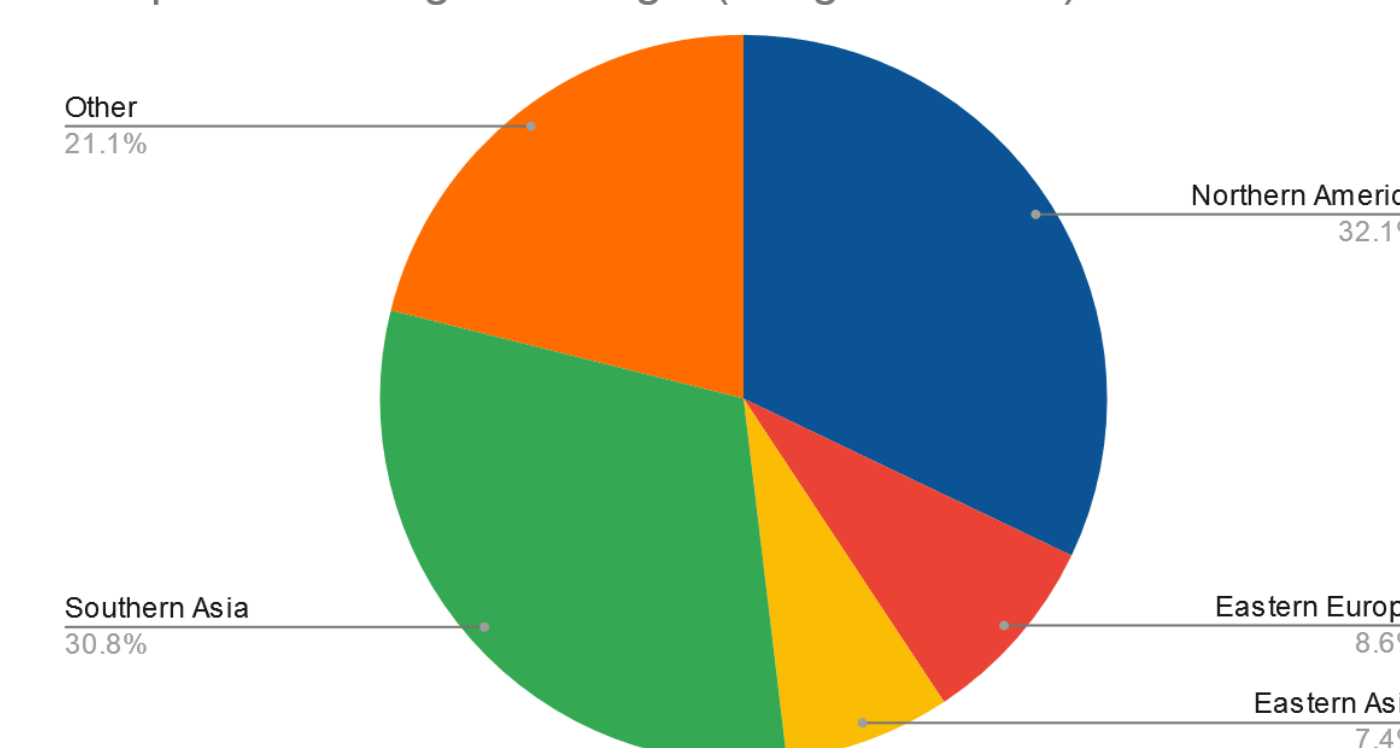
Respondents Age (Years)



Respondents Level of Practice



Respondents Region of origin (UN geoscheme)



## Conclusions

There appears to be a strong impact of history of polysubstance abuse to physician viewpoint and prescribing habits with a majority reporting reduced opiate ordering.

It was noted that there was disparity between self-evaluated viewpoint change and opioid prescribing habits.

It was also noted that the geoscheme environment in which a physician was raised appears to play a larger role in their viewpoint and opioid prescribing habits as compared to age, training, or experience.

## Discussion

As this is a descriptive study, the results serve to highlight trends in physician self reported behavior toward those patients with a history of polysubstance abuse.

The hope is that these results will provoke self awareness and reflection for physicians when they encounter a patient with a history of any type of substance abuse.

The results highlight that increased thought and reflection should be taken when prescribing medication for pain control.

As difficult and uncomfortable as it is, confronting deep seeded biases benefit in improving patient care and outcomes.

However, the potential impact would be extraordinarily difficult to measure.

Interpretation of this data could potentially be limited as a majority of respondents were young and early in their careers.

Further trends could possibly be noted between age groups, level of practice, and UN geoscheme region of origin with further data collection especially from physicians later in their career.

## References

1. Prince V. Pain Management in Patients with Substance-Use Disorders. In: *PSAP-VII Book 5, Chronic Illnesses*. 7th ed. ACCP; 2011:172-184
2. Quinlan J, Cox F. Acute pain management in patients with drug dependence syndrome. *Pain Rep*. 2017;2(4):e611. Published 2017 Jul 27. doi:10.1097/PR9.0000000000000611