

# Meta-analysis identifies p

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## Takeaway

- A history of opioid or nonopioid substance use disorder, use of some prescription psychiatric medication, and use of prescription opioids (≥30 days), higher duration of certain mental health disorders may help identify patients at higher risk for prescription opioid use disorder (OUD). A mood disorder was useful for identifying patients who may be safely prescribed.

## Why this matters

- This meta-analysis found that most screening tools were low-quality studies, and none of those included in the analysis were useful at identifying patients at low risk for OUD.

## Study design

- Funding: Canadian Institutes of Health Research

## Key results

- 4470 patients developed prescription OUD.
- Risk factors for prescription OUD were:
  - past opioid/nonopioid substance use disorder (likelihood ratio [LR] range, 17-22 and 4.2-17, respectively);
  - opioid daily doses >120 morphine mg equivalents (LR range, 3.2-3.4);
  - concomitant psychiatric medication (LR, 7.3; 95% CI, 6.5-8.3);
  - personality disorder (LR, 27; 95% CI, 18-41), psychotic disorder (LR, 11; 95% CI, 8.5-14); and
  - ≥30 days of opioid use (LR range, 3.5-4.9).
- Absence of a mood disorder (LR, 0.50; 95% CI, 0.45-0.52) was associated with lower OUD risk.

## Limitations

- Heterogeneity across studies.

Coauthored with Antara Ghosh, PhD

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