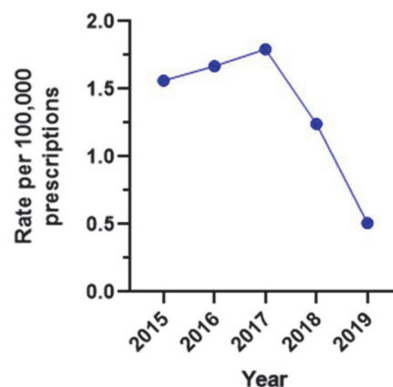


Abstract B369 Figure 1

**Conclusions** The proportion of patients that were restarted on buprenorphine within 180 days following surgery increased over time. Patients who were restarted on buprenorphine following surgery chronically filled prescription for short acting opioids less commonly compared to patients who were not restarted.

Figure 1



Abstract B370 Figure 1

**B370** **OUTPATIENT PRESCRIPTION CANNABINOID UTILIZATION RATE IN THE UNITED STATES: A POPULATION-BASED STUDY**

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**Background and Aims** Cannabis utilization for medical and recreational purposes is increasing in the United States, but information on trends in prescription cannabinoid use in the outpatient setting is lacking. Four prescription cannabis-based or cannabis-derived medications have been approved by the Food and Drug Administration (FDA) for the treatment of chemotherapy-induced nausea and vomiting, wasting syndrome due to HIV/AIDS or intractable seizures. The study sought to determine the prevalence of prescription cannabinoid utilization over time and associated diagnosis categories of patients using these medications.

**Methods** After Institutional Review Board approval (IRB#2017-0169), we retrospectively examined all patients who were prescribed FDA-approved cannabinoids between 2015–2019 using commercial claims data from the Truven MarketScan database. We studied annual utilization and characteristics of users including gender, median household income, US region, and comorbidity burden.

**Results** A total of 50,161 FDA-approved cannabinoid prescriptions were written during the study period. Dronabinol accounted for over 99.7% (N=50,033) of these prescriptions. The rate of cannabinoid prescriptions per 100,000 prescriptions decreased over time (Figure 1). Most patients prescribed cannabinoids were from the southern United States, had a high comorbidity burden and were diagnosed with chronic pain (Table 1).

Abstract B370 Table 1

Age, Median [IQR]	53 [42,60]
Gender of Patient, N (%)	
Male	7044 (47.3)
Female	7837 (52.7)
MSA MEDIAN INCOME (US dollars), N (%)	
<\$58,000	3707 (24.9)
\$58,000- \$76,000	5647 (37.9)
>\$76,000	2495 (16.8)
UNKNOWN	3032 (20.4)
Region in the US, N (%)	
Northeast	2529 (17)
North Central	2728 (18.3)
South	7721 (51.9)
West	1862 (12.5)
Unknown	41 (0.3)
Elixhauser co-morbidity index, N (%)	
0	801 (5.4)
1	1136 (7.6)
2	1507 (10.1)
3	1708 (11.5)
4+	9729 (65.4)
Chronic pulmonary disease	4039 (27.1)
Depression	5059 (34)
Hypotension	6649 (44.7)
Fluid and electrolyte disorders	6597 (44.3)
Metastatic cancer	6488 (43.6)
Solid tumor w/out metastasis	8160 (54.8)
Weight loss	4654 (31.3)
Liver disease	3742 (25.1)
Cardiac disease	4444 (29.9)
Comorbid chronic pain	12570 (84.5)
Comorbid substance use	4297 (28.9)

**Conclusions** Overall, outpatient prescription cannabinoid utilization decreased between 2015–2019. This may reflect an increase in access to and use of medical cannabis from state dispensaries, or preferential use of other medicines and non-pharmacological approaches for symptom management. Higher rates of dronabinol use in the south may reflect discrepancies in access to state products because of staggered legalization or more restrictive state laws.

**B371** **LONG-TERM FOLLOW-UP OF SPINAL CORD STIMULATION: A CROSS-SECTIONAL STUDY OF A 10-YEARS EXPERIENCE IN A SINGLE CENTRE**

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**Background and Aims** Chronic pain continues to be a leading cause of disability and disease burden globally. Currently, the FDA has approved spinal cord stimulation (SCS) for a variety of chronic pain syndromes, but there is insufficient long-term data regarding the effectiveness of SCS. Knowing that explanations of SCS threaten the cost-effectiveness and overall efficacy of SCS therapy, our goals were to explore the variables involved in device removal and evaluate the long-term outcome of SCS by measuring the explantation rate.

**Methods** We retrospectively evaluated a cohort of patients who underwent an SCS system implantation at our hospital between January 2011 and December 2020. The Kaplan-Meier product-limit method was used to generate a Kaplan-Meier curve for the time to device explantation. The Log-rank and Tarone-Ware tests were used to compare time to device explantation between groups.

**Results** Forty-eight patients underwent SCS implantation.

The mean ( $\pm$ SD) follow-up time was 5.5 years ( $\pm$ 2.6 years). The estimated mean time to device explantation was 8.4 years (95% confidence interval [CI] = 7.6–9.3). The principal cause for explant was lack/loss of efficacy (44%).

**Conclusions** Understanding the most common reasons for explantation could improve patient and device selection, which enhances the long-term therapeutic benefit. Nevertheless, further research is needed in order to found predictors of treatment success.

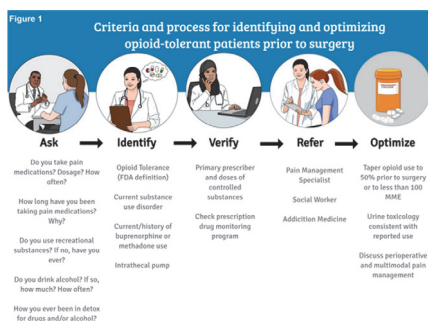
\*Local Ethical committee approval has been granted. It was stated that «no ethical approval of the study was necessary since data were properly anonymized and informed consents were obtained at the time of original data collection.»

**B372** EFFECT OF PRESURGICAL PAIN CONSULTATION ON LENGTH OF STAY AND INTRAOPERATIVE OPIOID USE FOLLOWING INPATIENT SPINE AND TOTAL JOINT ARTHROPLASTY PROCEDURES

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**Background and Aims** Chronic pain patients are more likely to use opioids and have worse surgical outcomes.<sup>1–4</sup> Optimization of these patients prior to surgery may have numerous beneficial effects on recovery (Figure 1).<sup>5</sup> This study aimed to determine if optimization of opioid users through a pre-surgical pain management consultation was associated with a decreased length of stay and intraoperative opioid requirements in patients who underwent inpatient orthopedic procedures in a large, urban, specialty hospital.



Abstract B372 Figure 1

**Methods** After Institutional Review Board approval (IRB#2019–0206), a retrospective chart review of institutional data from 2016–2021 was performed to identify patients who required a complex/chronic pain consultation during hospitalization. From this cohort, pre-operative opioid users (defined as an active opioid prescription prior to admission) were identified and stratified based on completion of a pain pre-surgical screening consultation. Outcomes of interest included length of stay and intraoperative opioid administration. Linear regression models, adjusting for sex, BMI, ASA status, and primary anesthesia type were run to determine the association between pain pre-surgical screening and outcomes of interest.

**Results** After adjusting for covariates, pre-surgical screening consultation was not associated with a significant reduction in length of stay in TKA, THA or spinal procedures, but was associated with significantly higher intraoperative methadone use in TKA patients (1.92 OME [95% CI = 0.21, 3.63], p = 0.028).

**Conclusions** Though we did not find associations between pre-surgical screening consultations and length of stay and certain intraoperative opioid administrations, future analyses may report potential associations between pre-surgical screening consultations and cumulative opioid use and patient-reported outcomes.

**B373** CHRONIC NEUROPATHIC PAIN MANAGEMENT: RESULTS FROM ONE CENTER PARTICIPATING IN THE NEUROPATHIC PAIN REGISTRY OF THE HELLENIC SOCIETY OF PAIN MANAGEMENT AND PALLIATIVE CARE

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**Background and Aims** The aim of the present study was to describe the treatment of patients suffering from neuropathic pain (NP), as registered in a private hospital.

**Methods** Patients from the Registry of the Hellenic Society of Pain Management and Palliative Care, who visited the Athens Medical Centre were eligible for analysis if they presented with NP. Data analyzed related to the patient’s initial visit and included: baseline characteristics, type of neuropathic pain, pain duration, pain intensity, and medical treatment. All analyses were descriptive.

**Results** In total, 168 patients were identified (2017–2019), with a mean age of 65.2 years. Overall, 97 (58%) patients experienced peripheral neuropathic pain (mainly Failed Back Surgery Syndrome [51%], and post-surgical pain [18%]), followed by 69 (41%) patients with cancer-related neuropathic pain (mostly CIPN [57%]), 11 (7%) patients with fibromyalgia, and 5 (3%) patients with central neuropathic pain. Time from pain initiation to visiting the center was 1,5 (4.9) years. Most patients received anticonvulsants (82%) and opiate analgesics (81%); antidepressants (13%), and local anesthetics (12%). Finally, 14% of patients received interventional techniques.

**Conclusions** Given the extended burden associated with chronic pain, further research should be performed to better understand the long-term outcomes of managing patients with NP in Greece.