

## Opioid Administration Disparities in Level I Trauma Center Adult Patients

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### INTRODUCTION

Poorly controlled acute post-surgical pain increases rates of chronic post-surgical pain syndromes; thus adequately controlling acute pain is vital to preventing long-term opioid use. Black and Latino patients are commonly administered less opioids than White patients for similar chief complaint and diagnosis. In order to improve acute post-surgical pain management, and eliminate prescribing disparities, standardized pain protocols have been developed.

### OBJECTIVES

- Identify opioid prescribing racial disparities among admitted trauma patients
- Determine the impact of a standardized acute pain protocol on prescribing disparities

### METHODS

We retrospectively reviewed all adult trauma admissions between 2015 and 2018. Primary outcome was opioid prescription. Patients were matched for age, gender and injury severity.

### RESULTS

- 7,581 patients met inclusion criteria
- Black patients were significantly less likely to receive opioids when admitted for traumatic injuries compared to White patients.

### CONCLUSION

When providers used a standardized acute pain protocol, the odds of underrepresented minorities being prescribed opioids did not change.

# When managing pain due to traumatic injury, admitted Black patients are less likely to receive opioids compared to admitted White patients.



## Opioid Administration among Admitted Adult Patients by Race

**Pre-Protocol  
(Physician Ordering not Controlled)  
N=5115**

Race	Odds Ratio (95% CI)	P Value
Black	0.64 (0.56, 0.73)	<0.001
Latino/ Asian	0.78 (0.59, 1.03)	NS

**Post-Protocol  
(Physician Ordering Controlled)  
N=2466**

Race	Odds Ratio (95% CI)	P Value
Black	0.61 (0.49, 0.74)	<0.001
Latino/ Asian	0.65 (0.42, 0.98)	NS

### Conclusions

- Controlling for injury severity Black patients were less likely to receive opioids than Caucasian patients.
- Controlling for physician ordering did not improve this disparity.
- Controlling for physician ordering made Asian and Latino patients also significantly less likely to receive opioids.