

April 2019 Update from the Field: Opioids and Management

A Scoping Review of Opioid Misuse in the Rural United States. (2018). Palombi LC, St Hill CA, Lipsky MS, Swanoski MT, & Lutfiyya MN. *Annals of Epidemiology*, 28, 641-652.

Introduction: This study is a scoping review of the original research literature on the misuse of opioids in the rural United States (US) and maps the literature of interest to address the question: What does the original research evidence reveal about the misuse of opioids in rural US communities? **Methods:** This study used a modified preferred reporting items for systematic reviews and meta-analyses (PRISMA) approach which is organized by five distinct elements or steps: beginning with a clearly formulated question, using the question to develop clear inclusion criteria to identify relevant studies, using an approach to appraise the studies or a subset of the studies, summarizing the evidence using an explicit methodology, and interpreting the findings of the review. **Results:** The initial search yielded 119 peer reviewed articles and after coding, 41 papers met the inclusion criteria. Researcher generated surveys constituted the most frequent source of data. Most studies had a significant quantitative dimension to them. All the studies were observational or cross-sectional by design. **Conclusions:** This analysis found an emerging research literature that has generated evidence supporting the claim that rural US residents and communities suffer a disproportionate burden from the misuse of opioids compared to their urban or metropolitan counterparts.

Pain Self-Management: Easier Said than Done? Factors Associated with Early Dropout from Pain Self-Management in a Rural Primary Care Population. (2019). Hardman R, Lawn S, & Tsourtos G. *Pain Medicine*, 20(2), 267-277.

Objective: To explore whether psychosocial or demographic factors are associated with early dropout from pain self management in a rural, low–socioeconomic status population. **Design:** Secondary analysis of retrospective data. **Setting:** Multidisciplinary pain clinic located in an outer regional area of Australia. **Subjects:** One hundred eighty-six people attending a public community health center with chronic noncancer pain (mean age 54.9 years; 58.1% women; 81.7% in receipt of government benefit as their primary source of income). **Methods:** Bivariate analysis and logistic regression, with early dropout as the dependent variable and a range of demographic and psychological independent variables. **Results:** Following bivariate analysis, early dropout was significantly associated ($P < 0.05$) with male gender, younger age, history of substance use, being a past victim of assault/abuse, receiving unemployment or disability benefit, having literacy difficulties, higher pain catastrophizing score, higher daily opioid dose, and not holding a multifactorial belief about the cause of pain. Logistic regression analysis resulted in three significant predictors of dropout: substance use history ($P = 0.002$), past victim of assault or abuse ($P = 0.029$), high pain catastrophizing score ($P = 0.048$); and one of engagement: holding a multifactorial belief about pain cause ($P = 0.005$). **Conclusions:** In a rural, low–socioeconomic status population, addressing social stressors related to lifetime adversity may be important to increasing engagement in pain self-management. Lack of attention to these factors may increase health inequity among those most disabled by chronic pain. Further research into dropout and engagement, especially among disadvantaged populations, is recommended.

Overcoming Barriers to Prescribing Buprenorphine for the Treatment of Opioid Use Disorder: Recommendations from Rural Physicians. (2019). Andrilla C, Moore TE, & Patterson DG. *The*

Journal of Rural Health, 35, 113-121.

Purpose: The United States is in the midst of a severe opioid use disorder epidemic. Buprenorphine is an effective office-based treatment that can be prescribed by physicians, nurse practitioners, and physician assistants with a Drug Enforcement Administration (DEA) waiver. However, many providers report barriers that keep them from either getting a DEA waiver or fully using it. The study team interviewed rural physicians successfully prescribing buprenorphine to identify strategies for overcoming commonly cited barriers for providing this service. **Methods:** Interview candidates were randomly selected from a list of rurally located physicians with a DEA waiver to prescribe buprenorphine who reported treating high numbers of patients on a 2016 survey. Forty-three rural physicians, who were prescribing buprenorphine to a high number of patients, were interviewed about how they overcame prescribing barriers previously identified in that survey. **Findings:** Interviewed physicians reported numerous ways to overcome common barriers to providing buprenorphine treatment in rural areas. Key recommendations included ways to (1) get started and maintain medication-assisted treatment, (2) minimize DEA intrusion and medication diversion, and (3) address the lack of mental health providers and stigma surrounding opioid use disorder (OUD). Overall, physicians found providing this service to be very rewarding. **Conclusions:** Despite known barriers, rural physicians around the country have been successful in adding buprenorphine treatment to their practices. Nonprescribing providers can learn from the strategies used by successful prescribers to add this service.