

Capstone for Impact Submission | GY2019

Project Title: Opioid Prescribing in IBD and IBS patients

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Advisor Names(s): Akbar Waljee

Branch: Systems & Hospital Based Care

Path of Excellence: Health Policy

Handover/Transition:

If this project can be continued by another UMMS student, you may contact them at the following email address/phone number (N/A if project cannot be handed over): **No**

Summary:

Studies have shown that 5 -13% of patients with inflammatory bowel disease (IBD) become heavy opioid users. IBD patients with concomitant functional gastrointestinal disorders, such as irritable bowel syndrome, are even more likely to take chronic narcotics. Even with improving treatments for IBD, there has been no decrease in the amounts of opioids these patients use. Few studies have looked at where patients with IBD and IBS are being prescribed narcotics, and the reasoning behind the prescribing.

For my Capstone for Impact project, I completed a comprehensive literature search to identify gaps in knowledge relating to opioid prescribing in IBD and IBS patients. I then created an online survey to be sent to primary care physicians (PCPs) across the country to gather more information on this topic. The study uses an online survey to better understand why PCPs prescribe opioids to patients with IBD or IBS.

Specifically, our survey assesses how PCPs approach pain in IBD and IBS patients and PCP knowledge of the effects of opioids on IBD and IBS. Additionally, it asks what PCPs main concerns are with regards to prescribing opioids to patients with IBD and IBS and how patients' access to care affects PCP decision-making for opioid prescribing in IBD and IBS patients. The survey has had multiple rounds of revision and will be undergoing further revision in April by a group that specializes in survey development. This survey tool will be sent to PCPs across the country online through the American College of Physicians and data will be analyzed.

Methodology:

My impact project gathers both quantitative and qualitative data through a comprehensive survey. To develop the questionnaire, I analyzed similar questionnaires created by researchers at our institution and developed one with a similar design tailored to my specific research questions. I received feedback on my survey from four different physician researchers. I will also be receiving more feedback on my survey from the Center for

Bioethics and Social Sciences in Medicine (CBSSM) working group in April. The survey will be sent through the American College of Physicians to primary care physicians across the country.

Results/Conclusion:

"I do not have the data from my survey results yet needed to make conclusions. However, in the attached document "Inflammatory Bowel Disease and Opioid Use

Reflection/Lessons Learned:

I have outlined how the opioid epidemic affects patients with IBD, why IBD patients are being prescribed opioids, which IBD patients are more likely to use opioids, the effects of opioids on IBD patients, and data on who is prescribing opioids to IBD patients. I plan to continue to work on this project in the upcoming months and continue to develop this survey instrument, gather data, and prepare a manuscript.