NAEMSP Research Abstract Notification

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Tue 10/6/2020 12:32 PM

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External Email - Use Caution

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October 6, 2020

John Thompson
Via Email: thompsjt@med.umich.edu

Dear John:

Congratulations! Your abstract, **Safety, efficacy, and cost of 0.4 mg versus 2.0 mg intranasal naloxone for treatment of prehospital opioid overdose,** has been selected for Oral Presentation at the National Association of EMS Physicians® 2021 Annual Meeting: Specialty Workshops, Scientific Assembly and Trade Show scheduled for January 11-16 which will be presented virtually. Your presentation is scheduled for a moderated 8-minute presentation with a two-minute question and answer period.

Tentative Date and Time of Presentation: Friday, January 15, 2021, 10:30 a.m. - 11:30 a.m. Central Time

WHAT WE NEED RIGHT NOW (no later than October 23):
The presenting author on this abstract needs to complete NAEMSP's ***Presentation Summary and Financial Disclosure/Attestation by October 23.*** Please complete this online survey by **Friday, October 23 (choose "speaker").** We request a condensed abstract of the research (brief description) as well as specifics of your professional experience, which will be used to support the requisite expertise for CME and CAPCE approval. Please be concise but thorough!

- ***If you aren't the presenting author, forward this information to the presenter to ensure they complete the necessary information by the deadline.***
- It is critical that the presenting author complete the survey by **Friday, October 23, 2020** so NAEMSP® does not incur steep penalty fees for late submission of our CME and CAPCE applications.

Additional information regarding your oral presentation, including a PowerPoint presentation template, will follow in the next few weeks.

Thank you very much for your submission. We appreciate the amount of time, energy, and effort that go into a project such as yours and are delighted to offer you the opportunity to present your work.

Any questions you have that are not answered by this email may be directed to Christie Ross, NAEMSP®'s Education Program Coordinator, at cbross@kellencompany.com.

Jason McMullan, MD, MS, FAEMS
NAEMSP® Research Committee Chair

Print

Date/Time: 9/8/2020 2:17:35 PM

Abstract Submission

Submission Title: Safety, efficacy, and cost of 0.4 mg versus 2.0 mg intranasal naloxone for treatment of prehospital opioid overdose
Reference ID: 1101-003186

Status: Incomplete

Ethical Review

Please read the statements below and select ONE of the following options:

Option 1: The protocol for the research described in my abstract submission was reviewed by my institution's Institutional Review Board/Ethical Review Board (IRB/ERB). My protocol was either: 1) approved by the IRB/ERB; or 2) determined exempt and no official approval issued by my IRB/ERB after review. I confirm that if requested, I can provide proof of my IRB/ERB's decision.

Option 2: My abstract submission is a systematic review or meta-analysis.

Option 3: The protocol for the research described in my abstract submission was NOT reviewed by my institution's IRB/ERB. See #3 under Important Information on the previous page. This option is rarely applicable.

If your research does not fit one of these categories, please email the Research Committee Chair, Jason McMullan, at jason.mcmullan@uc.edu for additional guidance.

Ethical Review	Option 1

Primary Author/Submitter

Primary Author	True
Abstract Submitter	
Disclosure of Information	True
Responsible for Fees	True
Not Serve as Registration	True
Ready for Print	True
Contact Person	True
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Abstract Information

Title Safety, efficacy, and cost of 0.4 mg versus 2.0 mg intranasal naloxone for treatment of prehospital opioid overdose

Awards Category Student, Resident, Fellow

These categories will be used as determining category-related awards.

Note: To qualify for the EMS Professional Award, the first author or presenter must be an EMT, paramedic, physician assistant, or registered nurse who is providing direct patient care at least once a month.

Topic Category

Medical

Abstract / Educational Content Description

Background: Intranasal naloxone is commonly used by emergency medical services personnel to treat prehospital opioid overdose. However, the optimal dose is unclear and currently no study exists comparing the clinical effect of intranasal naloxone at different doses. **Objective:** The goal of this investigation was to compare the safety, efficacy, and cost of 0.4 mg versus 2.0 mg intranasal naloxone for prehospital treatment of presumed opioid overdose. **Methods:** A retrospective, cross-sectional study was performed of two hundred eighteen (218) consecutive adult patients receiving intranasal naloxone in either of two neighbouring counties in Southeast Michigan, USA: one that uses a 0.4 mg protocol and one that uses a 2.0 mg protocol. The primary outcomes were response to initial dose, requirement of additional dosing, and incidence of adverse effects. Unpooled, two-tailed, two-sample t-tests and chi-squared tests for homogeneity were performed with statistical significance defined as $p < 0.05$. **Results:** There was no statistically significant difference between the two populations in age, mass, gender, or proportion of known exposures identified as heroin. There was no statistically significant difference in response to initial dose, requirement of redosing, or total number of doses by any route. The overall rate of adverse effects was 2.1% under the lower dose protocol and 29.0% under the higher dose protocol ($p < 0.001$). The lower dose protocol was 79% less costly. **Conclusion:** This study cannot conclude whether the observed difference in rate of adverse effects was due to the difference in initial dose or to a confounding factor such as differences in reporting. However, the observation that higher total doses of naloxone carry greater risk of adverse effects is supported by previous investigations. In this study, treatment of prehospital opioid overdose using intranasal naloxone at an initial dose of 0.4 mg was equally effective during the prehospital period as treatment at an initial dose of 2.0 mg, was associated with a lower rate of adverse effects, and represented a substantial cost savings.

Key Words

Patient Safety

Study Type

Quantitative Study