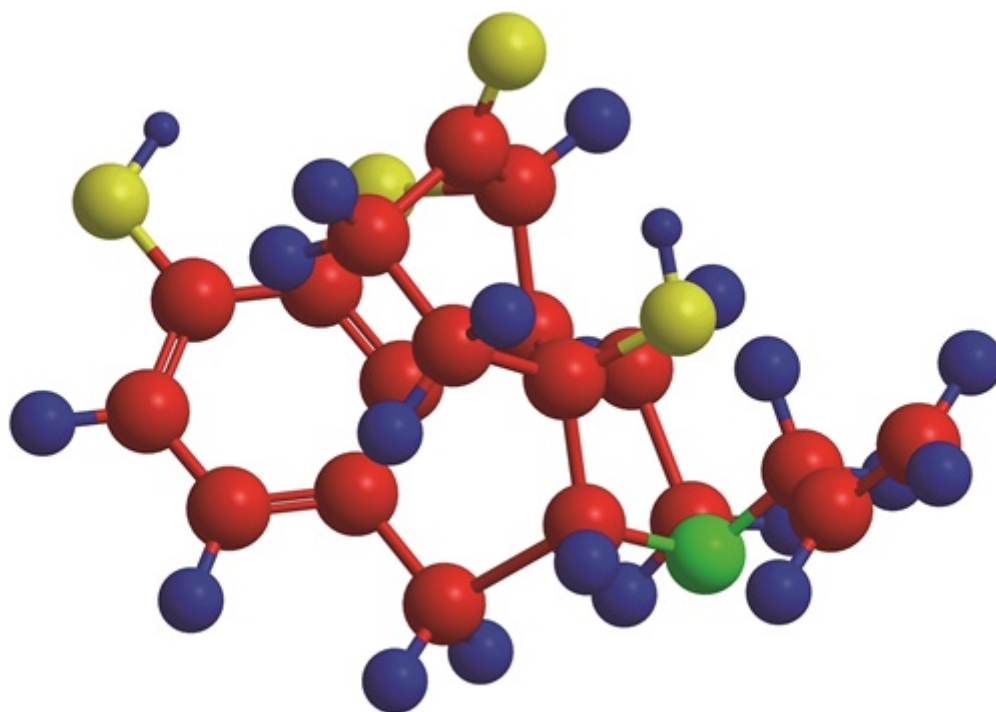


Prescribing

Primary care naloxone and opioid co-prescribing reduces emergency visits

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Study shows that co-prescribing naloxone in primary care to patients taking opioids for pain reduces emergency department visits by 47% within six months.



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Naloxone blocks the effect of opioids in case of overdose and reduced emergency department visits

Research has suggested that prescribing the opioid antagonist naloxone to patients with opioid prescriptions could reduce the risk of opioid-related adverse events.

To assess the feasibility of co-prescribing naloxone in primary care, researchers undertook a non-randomised study across six clinics in San Francisco, California. They trained staff in naloxone prescribing and encouraged them to offer it to all patients on long-term opioids for pain.

Over two years, 759 (38%) out of 1,985 patients received naloxone. These patients had 47% fewer opioid-related emergency department visits in the six months after prescription and 63% fewer visits at one year compared with patients who were not given naloxone.

Reporting in the *Annals of Internal Medicine* (online, 28 June 2016)^[1], the researchers say the results show that naloxone can be successfully co-prescribed in primary care settings and may reduce the risk of opioid-related adverse events.

References:

^[1]Coffin PO, Behar E, Rowe C *et al.* Non-randomized intervention study of naloxone co-prescription for primary care patients receiving long-term opioid therapy for pain. *Annals of Internal Medicine* 2016. doi: [10.7326/M15-2771](https://doi.org/10.7326/M15-2771)

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