Counting the cost of over-the-counter codeine misuse:
A retrospective review of hospital admissions

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Should low-dose codeine analgesics be available over-the-counter?

- Questionable efficacy vs. documented harm secondary to codeine dependence
- Advisory Committee on Medicines Scheduling recommended up-scheduling to prescription only Oct 2015
- One argument made against the change – increased cost to health care system due to increased GP visits to obtain these analgesics

1) Identify & describe hospital admissions resulting from misuse of over-the-counter combination analgesics containing codeine

2) Evaluate the economic costs to the health care system associated with these admissions
Data collection

Conducted search of discharge diagnoses from tertiary teaching hospital from Jun 2010 - Jun 2015

Search included diagnoses related to known sequelae of codeine, paracetamol &/or non-steroidal anti-inflammatory drug overuse

Discharge diagnosis code search hits + referred by Drug & Alcohol Services
Admissions = 1193 + 25
Excluded Admissions = 1056
Remain to be reviewed Admissions = 109

Review of electronic discharge summaries
Admissions = 53 (30 patients)

Review & extraction of data from medical records
Admissions = 99

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Relevant admission costing data extracted from costing database by costing analyst

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Codeine-related admission characteristics

Mean length of stay 5.9 days

Patients consumed a mean of 28 tabs/day

Mean duration of codeine use 606 days

66% of admissions due to codeine and ibuprofen-related gastrointestinal pathology

83% of patients were female.
Average age was 36 yrs

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Costs

- Total cost for 99 admissions = $1,008,082
- Mean cost per admission = $10,183
- Likely underestimate
- Preventable, funds better spent elsewhere

Conclusions

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The outcomes of over-the-counter low-dose codeine-containing combination analgesic misuse are serious & come at a significant cost to the Australian health care system.