



# The effects of mandatory drug monitoring on opioid use during oropharynx cancer radiotherapy

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Upon examining the article “Impact of mandated drug monitoring on opioid use during highly conformal radiotherapy for oropharynx cancer” written by Gracie *et al*. (1), we praise the authors for their contribution to this field. One of the main tools in the fight against the overprescription, diversion, and abuse of opioids and other regulated prescription medications is the implementation of prescription drug monitoring programs (PDMPs). To aid in identifying abnormal prescribing and utilization, PDMPs gather, examine, and report data on patient and practitioner prescription behaviour (2). The authors conducted a significant study to evaluate the effect of PDMPs on patient-reported pain levels and acute opioid analgesic use in patients receiving radiation therapy for oropharyngeal cancer. Some shortcomings need to be addressed.

More background information on the opioid epidemic and its disproportionate effects on cancer patients, however, would improve the introduction. Moreover, for a thorough understanding of the research environment, it is crucial to assess the impact of workflow effectiveness, the quality of data, and possible prejudices in medication prescribing due to the absence of cohesion between the PDMP system and the electronic health record. Emphasizing the difficulties cancer patients encounter in controlling their pain and the significance of having access to opioid analgesics for improving their quality of life is crucial. More information about actual prescription patterns, modifications made throughout therapy, and patient-specific differences in pain

management techniques would help illuminate how opioid prescriptions are customized in this context.

Enhancing the research by delving into the possible long-term effects of opioid usage, such as opioid dependency and its influence on the quality of life, might yield important information on the relative prevalence of opioid use in this patient group. A patient who are more likely to develop opioid dependence for them guidelines have been created to help and identify them. As compared to patients who were not taking serotonin reuptake inhibitors (SRIs), patients who were taking SRIs had high levels of pain and used more opioids after surgery according to recent research. This reinforces previous findings that connect mental health issues like anxiety and depression with post-surgery opioid use and chronic pain, emphasizing the need for better and safer treatment options tailored to these patients (3).

The article did not mention several risk factors for opioid overdose in patients. Recently, it has been found that when patients prescribed opioids also take benzodiazepines, the risk of accidental overdose increases. Similarly, if the patient drinks alcohol and uses cocaine at the same time, this can also cause an overdose (4). Examining the relevance of restricted opioid usage after 3 months of therapy is crucial, particularly about tonsillar primary sites and baseline alcohol consumption, as this will guide doctors in managing opioid use in this patient population. It would also be helpful to provide clinicians with practical suggestions based on the study’s findings, such as responsible opioid

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prescribing procedures, and close observation of opioid use during active therapy with highly conformal radiotherapy. In light of the growing opioid epidemic, it is imperative to emphasize the delicate balance that needs to be struck between providing appropriate pain management and reducing opioid addiction.

By addressing these factors, research and clinical techniques in pain management for patients enduring chemotherapy and radiation will be better advanced, and findings will be easier to comprehend. Overall, the excellent work of the writers provides a strong basis, and our recommendations seek to increase its breadth and influence within the area.

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