## Mortality associated with long-term opioid use after lung cancer surgery: an infographic

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## SUMMARY

In a large retrospective cohort study using the South Korean National Health Insurance Database, Oh and colleagues<sup>1</sup> found that previously opioid-naïve patients who were still taking opioids 6 months postoperatively after lung cancer surgery had a 40% (HR=1.40; 95% CI 1.29 to 1.52; p<0.001) greater risk of 2-year all-cause mortality. The authors divided patients into potent and less potent opioid users based on the specific

drugs they were taking at 6 months, with codeine, dihydrocodeine, and tramadol being less potent opioids and fentanyl, morphine, oxycodone, hydromorphone, and methadone being potent opioids. Users of potent opioids had a 92% (HR=1.92; 95% CI 1.67 to 2.21; p<0.001) greater risk of 2-year all-cause mortality, while users of less potent opioids had a 22% (HR=1.22; 95% CI 1.10 to 1.36; p<0.001) greater risk. Characteristics associated with new long-term opioid

use included older age, male sex, wider surgical extent, open thoracotomy, increased Charlson Comorbidity Index score, neoadjuvant or adjuvant chemotherapy, preoperative anxiety disorder, and insomnia disorder.

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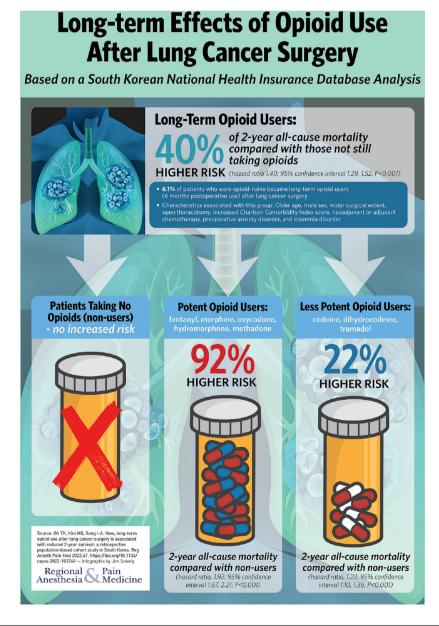
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## REFERENCE

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