

Lynn Webster MD Weighs in on Recent FDA Recommendation

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Lynn Webster MD, offers input on the FDA's recommendation for the reclassification of drugs containing hydrocodone.

SOUTH JORDAN, Utah -- As a highly influential member of the pain community, Lynn Webster MD plays an integral role in the development of safer and more effective methods for administering pain medication. Recently, the FDA recommended that medications containing hydrocodone be rescheduled from a Schedule III to a Schedule II. This would enforce tighter control over commonly prescribed medications such as Vicodin and Lortab. While Dr. Webster neither supports nor opposes the agency's call for reschedule, he does believe that careful attention must be paid to the potential benefits and risks of a reschedule in order to make the best possible decision.

When asked about the potential efficacy of reclassification, Dr. Webster stated, "Moving or rescheduling Hydrocodone from a level three to a level two does not ensure increased safety."

Potential benefits of a schedule change

Rescheduling hydrocodone to a Schedule II could reduce the quantity and duration of prescriptions. This would be due to providers limiting their prescribing for pain conditions that warrant the use of an opioid. Patients formerly treated with short-acting hydrocodone products who are switched to long-acting opioids may also benefit from the stricter monitoring guidelines associated with long-acting agents. A schedule change could also cause a drop in exposures, meaning that fewer people vulnerable to the disease of addiction could come into contact with the substance via legitimate prescription.

Risks associated with a schedule change

While rescheduling could yield the potential benefits above, it also presents a number of risks concerning patient care and the overall cost of pain management. Patients with legitimate medical need may have problems obtaining their medication, leaving grave consequences in pain left untreated. A partial cause of this problem would be increased costs through more co-pays, more clinic visits and the higher price of a Schedule II medication. Another contributing factor would be physicians' reluctance to prescribe the medication and face increased regulatory scrutiny that accompanies Schedule II controlled substances. Costs to private and government payers, including Medicare, may also increase.

Another important risk associated with a reschedule would be the potential for substitution of hydrocodone with less regulated medications. Medications that could be substituted all have risks and side-effect profiles and may not represent the safest, most effective medication of choice. These medications include:

- Codeine
- Tramadol
- Non-steroidal anti-inflammatory drugs
- Benzodiazepines

- Other (including methadone)

What should be done?

Whether the schedule for hydrocodone changes or remains the same, Dr. Webster believes that action is needed to increase the safety and efficacy of opioid prescribing as a whole. As Dr. Webster says “rescheduling hydrocodone should reduce diversion and abuse, but it’s unlikely to have much impact on overdose.” To effectively address the problems of diversion and abuse as well as overdose, Dr. Webster believes that gaps in physician education must be addressed first. To do this, he believes that education for both Schedule II and Schedule III medications should:

- Address Knowledge gaps in acute, subacute and chronic pain
- Start in medical school and continue through the life of the practice
- Emphasize safety
- Encourage comprehensive, multidisciplinary care

About Lynn Webster MD

After obtaining his Doctorate of Medicine from the University of Nebraska Medical Center, Dr. Lynn Webster completed his residency at the prestigious University of Utah Medical Center in the Department of Anesthesiology. He is currently Medical Director at CRI Lifetree, President of the AAPM and a leading researcher in the exploration of the relationship between medications and sleep. His most notable role is as an instrumental member of the medical community for pain and addiction treatment. He has published several works that help fellow pain physicians properly diagnose and treat their patients, including a book titled *Avoiding Opioid Abuse While Managing Pain: A Guide for Practitioners*. For more information on Dr. Lynn Webster’s past work, please visit his Wikipedia page at: http://en.wikipedia.org/wiki/Lynn_Webster

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