

## INTRODUCTION

- NAFLD is a disease entity of global concern due to the large economic impact on the healthcare system.
- However, studies are limited regarding the prevalence of pain and associated opioid use in this population.
- Opiate use in patients with NAFLD is growing in recent years.
- Furthermore, prescribing rates of opioids have also increased.
- We aimed to investigate the outcomes of patients who have NAFLD with and without concomitant opiate use.

## METHODS

- All patients aged 18 years and above with a diagnosis of NAFLD with and without opiate use from 2015-to 2019 were identified from the US Nationwide Inpatient Sample (NIS), a large publicly available all-payer inpatient care database.
- ICD-10 codes were utilized.
- The primary outcome was inpatient mortality. Secondary outcomes were hospital length of stay (LOS) and total hospital charges (TOTHC).
- Statistical analysis was performed using STATA.

## RESULTS

- We identified 210,818 patients who had NAFLD, out of that we found 4,496 patients who had a concomitant diagnosis of opiate use.
- After propensity score matching, patients with opiate disorder and NAFLD had:

**-- decreased mortality (OR 0.48,  $p < 0.05$ , CI: 0.38-0.58)**

**-- but increased LOS (1.71 days,  $p < 0.05$ , CI: 1.52-1.89)**

**-- TOTHC (\$5,015,  $p < 0.04$ , CI: \$2,526-\$7,504)**

compared to patients with NAFLD without opiate use disorder.

## DISCUSSION

- Patients with NAFLD are increasingly being prescribed opiates instead of nonsteroidal anti-inflammatory drugs due to the risk of hepatorenal toxicity associated with the latter.
- Thus, over the past few years, rates of opiate use have increased.
- This study investigated in-hospital outcomes of patients with NAFLD and opiate use and interestingly revealed that this patient population had lower mortality which is contrary to current literature.
- However, in comparison to NAFLD patients without opiate use disorder, patients who used opiates have a higher LOS and TOTHC which demonstrates that there is an increased economic burden on the national healthcare system.
- Additional prospective studies are necessary to clearly define these associations.

DISCLOSURES: NONE