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RE: Concurrent Opioid and Benzodiazepine Prescriptions Among Older Women Diagnosed With Breast Cancer

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The brief communication by Check et al. (1) on concurrent use of opioids and benzodiazepines by older women with breast cancer contributes to understanding appropriate supportive and symptomatic care in people at risk for undertreated pain (2). Three points occurred to us.

First, concurrent use was defined as at least 1 day with overlapping opioid and benzodiazepine supply. As a result, a short course of a benzodiazepine for anxiety related to an outpatient diagnostic scan or procedure in addition to opioids would count as concurrent use, despite expecting short periods of overlap to be associated with low risk of adverse events. Furthermore, it isn't clear if this or other assumptions were varied in sensitivity analyses.

Second, the distribution of the Charlson Comorbidity Index (CCI) is puzzling. More than half of study participants had a CCI score of 0, yet Charlson et al. assigns 2 points for having any tumor, 6 points for metastatic cancer, and 1 point for each decade of age 40 years or more (3, 4). Even if cancer is not included as a comorbidity, everyone in this study would have a CCI score of at least 2 as a function of age alone. Thus, there is little value in using a group in which everyone had a CCI score of at least 2.

Last, the authors excluded people who died or lacked a full year of follow-up, but it is unclear if people were receiving palliative care services during the assessment period. Overlapping chronic use of opioids and benzodiazepines may be more common in individuals with advanced disease.

Notes

Conflicts of interest: The authors have no conflicts of interest to disclose.

Data availability statement

There are no new data associated with this correspondence.

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