I read with great interest the article of Tharakan and colleagues in a recent issue of the journal. The authors conducted a study on 209 patients who underwent total thyroidectomy, hemithyroidectomy, or parathyroidectomy and concluded that the number of pain pills meeting the opioid needs of 80% of these patients was 10 pills and that older age was associated with lower odds of opioid use. The authors should be applauded for performing a well-designed study in an important topic (eg, acute pain) in patients undergoing elective surgery.2,3 The need to reduce opioid prescription and diversion is currently an important public health issue.4,5

Nonetheless, some critical points need to be clarified by the authors to determine the validity of the findings. First, the authors did not report the use of intraoperative opioids in their analysis as this can directly affect the use of postoperative opioids. Second, the authors included the use of nonopioid analgesics in their statistical model; however, they did not quantify the amount or the type of opioid analgesic consumed by patients as this can also alter the study results. Last, the authors had fewer than 50 events (ie, patients taking more than 10 pills), but they constructed predictive models using more than 10 dependent variables, potentially resulting in substantial model overfitting.

I would welcome some comments by the authors as this would help to further support the findings of this important clinical study.1

Feel G. Kang, MD
Department of Anesthesiology, Rhode Island Hospital, The Warren Alpert Medical School of Brown University, Providence, Rhode Island, USA

Disclosures
Competing interests: None.
Sponsorships: None.
Funding source: None.

References

Response to Confounding Factors on the Prediction of Opioid Usage after Thyroidectomy and Parathyroidectomy Surgery
DOI: 10.1177/0194599819841607

Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article.

We read with interest Dr Kang’s comments on our recent publication.1 We would like to provide our response to the 3 important points outlined by the author.