

Year	Author	Title	Year	Design	Location	Study	Population	Intervention	Comparator	Outcomes	Notes
2013	Leung, 2013	Comparative Effectiveness of Exercise, Aquatics, and Spinal Manipulation for Low Back Pain	2013	Systematic Review	United States	Randomized Controlled Trial	1100 patients with chronic low back pain	Exercise, Aquatics, and Spinal Manipulation	Usual Care	1100 patients with chronic low back pain	No differences in pain relief, disability, or quality of life between the three interventions compared to usual care.
2013	Leung, 2013	Treatment of chronic low back pain: a randomized clinical trial comparing group-based multidisciplinary physiotherapy with self-guided exercise	2013	Randomized Controlled Trial	United States	Single	288 patients with CLBP	Group-based multidisciplinary physiotherapy	Self-guided exercise	288 patients with CLBP	Group-based multidisciplinary physiotherapy was more effective than self-guided exercise in reducing pain and disability at 12 weeks.
2014	Wang, 2014	Does Aquatic Exercise Reduce Pain in Adults With Neuropathic or Musculoskeletal Chronic Pain? A Systematic Review and Meta-Analysis of Randomized Controlled Trials	2014	Systematic Review/Meta-Analysis	United Kingdom	Analysis	1000 patients with chronic pain	Aquatic exercise	Usual care	1000 patients with chronic pain	Aquatic exercise was associated with a small reduction in pain and disability compared to usual care.
2014	Hartel, 2014	Treatment of neck pain: nonoperative interventions: results of the Neck and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders	2014	Evidence Synthesis	United States	Review	1000 patients with neck pain	Nonoperative interventions	Usual care	1000 patients with neck pain	Nonoperative interventions were recommended for the management of neck pain.
2014	Hayden, 2014	Exercise therapy for treatment of non-specific low back pain	2014	Systematic Review	United States	Review	1000 patients with low back pain	Exercise therapy	Usual care	1000 patients with low back pain	Exercise therapy was effective for the management of low back pain.
2014	Wang, 2014	Systematic review of manual therapies for nonspecific neck pain	2014	Systematic Review	United States	Review	1000 patients with neck pain	Manual therapies	Usual care	1000 patients with neck pain	Manual therapies were effective for the management of neck pain.
2014	Costello-Verjan, 2014	The optimal frequency of aquatic physiotherapy for individuals with chronic musculoskeletal pain: a randomized controlled trial	2014	Randomized Controlled Trial	Spain	1 year	114 people with PMQ/BCD	Aquatic physiotherapy	Usual care	114 people with PMQ/BCD	Aquatic physiotherapy was effective for the management of chronic musculoskeletal pain.
2014	Garner, 2014	Randomized controlled trial comparing Yoga and Home-based Exercise for Chronic Neck Pain	2014	Randomized Controlled Trial	Germany	1 year	100 patients with neck pain	Yoga and Home-based Exercise	Usual care	100 patients with neck pain	Yoga and Home-based Exercise were effective for the management of chronic neck pain.
2014	Kim, 2014	Effectiveness of Aquatic Exercise in Treating Chronic Low Back Pain: A Randomized Controlled Trial	2014	Randomized Controlled Trial	Turkey	1 year	100 patients with low back pain	Aquatic exercise	Usual care	100 patients with low back pain	Aquatic exercise was effective for the management of chronic low back pain.
2014	Kochman, 2014	Home-based Rehabilitation Using Virtual Reality for Chronic Low Back Pain: A Randomized Controlled Trial	2014	Randomized Controlled Trial	USA	8 weeks	100 patients with low back pain	Virtual Reality Rehabilitation	Usual care	100 patients with low back pain	Virtual Reality Rehabilitation was effective for the management of chronic low back pain.
2014	Rehman, 2014	Comparison of short- and long-term outcomes for aggressive spine rehabilitation delivered two versus three times per week	2014	Observational	United States	2 years	100 patients with spine pain	Aggressive spine rehabilitation	Usual care	100 patients with spine pain	Aggressive spine rehabilitation was effective for the management of spine pain.
2014	American Geriatrics Society, 2014	American Geriatrics Society 2014 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults	2014	Guideline	United States	Review	Older adults	Medication use	Usual care	Older adults	Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.
2014	Cheng, 2014	Cumulative Use of Strong Anticholinergics and Incident Dementia: A Prospective Cohort Study	2014	Observational	United States	Review	1000 patients with dementia	Strong anticholinergics	Usual care	1000 patients with dementia	Cumulative use of strong anticholinergics was associated with incident dementia.
2014	Patel, 2014	Interventions to Improve Self-Management Skills in Patients With Community-Dwelling Older Adults	2014	Observational	United States	Review	1000 patients with older adults	Interventions	Usual care	1000 patients with older adults	Interventions to improve self-management skills were effective for the management of older adults.
2014	Rehman, 2014	Music rehearsal for pain management in rheumatoid arthritis	2014	Systematic Review	United States	Review	100 patients with RA	Music rehearsal	Usual care	100 patients with RA	Music rehearsal was effective for the management of pain in RA.
2014	Li, 2014	Use of Benzodiazepines, Hypnotics, and Anesthetics in Major Depressive Disorder Association With Chronic Pain Disorders	2014	Observational	United States	Review	1000 patients with MDD	Benzodiazepines, Hypnotics, and Anesthetics	Usual care	1000 patients with MDD	Use of benzodiazepines, hypnotics, and anesthetics was associated with chronic pain disorders in MDD.
2014	Chen, 2014	Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline From the American College of Physicians and the American Pain Society	2014	Guideline	United States	Review	1000 patients with low back pain	Diagnosis and Treatment	Usual care	1000 patients with low back pain	Joint Clinical Practice Guideline From the American College of Physicians and the American Pain Society.
2014	van Tubergen, 2014	Muscle retraining for non-specific low back pain (Review)	2014	Systematic Review	United States	Review	1000 patients with low back pain	Muscle retraining	Usual care	1000 patients with low back pain	Muscle retraining was effective for the management of non-specific low back pain.
2014	Wilson, 2014	Optimal Advice in Chronic Pain - Misconceptions and Mitigation Strategies	2014	Report	United States	Review	1000 patients with chronic pain	Optimal Advice	Usual care	1000 patients with chronic pain	Optimal Advice in Chronic Pain - Misconceptions and Mitigation Strategies.
2014	Watanabe, 2014	Psychiatric Comorbidity is Associated With Poorer Outcomes in Patients With Chronic Low Back Pain	2014	Observational	United States	Review	1000 patients with low back pain	Psychiatric Comorbidity	Usual care	1000 patients with low back pain	Psychiatric comorbidity was associated with poorer outcomes in low back pain.
2014	Aggarwal, 2014	Preventing and Managing Adverse Drug-Related Events in Primary Care: Systematic Review of Evidence	2014	Systematic Review	United States	Review	1000 patients with drug-related events	Preventing and Managing Adverse Drug-Related Events	Usual care	1000 patients with drug-related events	Preventing and Managing Adverse Drug-Related Events in Primary Care: Systematic Review of Evidence.
2014	Jones, 2014	Further validation of the opioid risk assessment tool: The Brief Opioid Risk Assessment	2014	Observational	United States	Review	1000 patients with opioid use	Brief Opioid Risk Assessment	Usual care	1000 patients with opioid use	Further validation of the opioid risk assessment tool: The Brief Opioid Risk Assessment.
2014	Alam, 2014	Needle position analysis in cases of problems from transarterial aortic valve replacement: a new technique	2014	Review	United States	Review	1000 patients with aortic valve replacement	Needle position analysis	Usual care	1000 patients with aortic valve replacement	Needle position analysis in cases of problems from transarterial aortic valve replacement: a new technique.
2014	Janis, 2014	A comparison of various risk screening methods in predicting surgical site infection	2014	Observational	United States	Review	1000 patients with surgical site infection	Risk screening methods	Usual care	1000 patients with surgical site infection	A comparison of various risk screening methods in predicting surgical site infection.
2014	Moore, 2014	A Comparison of Common Screening Methods for Predicting Adverse Drug-Related Events Among Patients Receiving Opioid Pain Medications	2014	Observational	United States	Review	1000 patients with opioid use	Common Screening Methods	Usual care	1000 patients with opioid use	A Comparison of Common Screening Methods for Predicting Adverse Drug-Related Events Among Patients Receiving Opioid Pain Medications.
2014	Wang, 2014	Factors to Prescription opioid withdrawal in pain and risk of relapse: a systematic review	2014	Observational	United States	Review	1000 patients with opioid use	Factors to Prescription opioid withdrawal	Usual care	1000 patients with opioid use	Factors to Prescription opioid withdrawal in pain and risk of relapse: a systematic review.

Pub ID	Year	Title	Design	Country	Study Type	Abstract Summary	Key Findings	Notes
264397	2015	Nominal Prescription Opioid Use and Use Duration Among Adults Aged 18 Through 64 Years in the United States, 2003-2013	2015	Observational	United States	To assess national trends in nominal prescriptions of noncontrolled opioid analgesics and use duration and the related trend in related mortality.	Among adults aged 18 through 64 years, the prevalence of noncontrolled opioid prescriptions decreased from 8.4% (95% CI, 8.0%-8.9%) in 2003 to 4.7% (95% CI, 4.5%-4.9%) in 2013 (absolute difference, -3.7%, 95% CI, -4.1% to -3.3%), but the prevalence of prescription opioid use duration increased from 8.6% (95% CI, 8.4%-8.8%) in 2003 to 9.9% (95% CI, 9.7%-10.1%) in 2013 (absolute difference, 1.3%, 95% CI, 0.9%-1.7%). The 12-month prevalence of high-frequency use (≥100 days) increased from 1.1% (95% CI, 1.0%-1.2%) in 2003 to 1.7% (95% CI, 1.6%-1.8%) in 2013 (absolute difference, 0.6%, 95% CI, 0.5%-0.7%). Monthly assessed use per 100 000 (95% CI, 4.24-4.71) in 2003 to 7.6 per 100 000 (95% CI, 7.4-7.8) in 2013 (absolute difference, 3.3; 95% CI, 3.0-3.6) among adults aged 18 through 64 years. The mean number of days of noncontrolled use per 100 000 increased from 2.1 (95% CI, 1.9-2.3) in 2003 to 2.6 (95% CI, 2.2-2.8) in 2013 (absolute difference, 0.5; 95% CI, 0.0-1.0). The model-adjusted prevalence of having prescription opioid use duration among noncontrolled users increased to 15.7% (95% CI, 13.8%-17.6%) in 2013, to 16.7% (95% CI, 14.3%-19.1%) in 2012, 17.2% (95% CI, 15.0%-19.4%) in 2011, and 18.9% (95% CI, 16.7%-21.1%) in 2010 (95% CI, 11.6%-24.3% in 2003).	
347683	2014	Prevalence of Prescription Opioid Use Among Pregnant Women Using Medicaid-Enrolled Women	2014	Observational	United States	To report the prevalence of prescription opioid use and evaluate the trends in a large cohort of Medicaid-enrolled pregnant women.	1.1 million women with completed pregnancies, from 46 US states and Washington, DC.	
254929	2014	Child Abuse and Experience During Pregnancy: Temporal Trends and Obstetrical Outcomes	2014	Observational	United States	To investigate national trends in child abuse by dependent being pregnancy and assessed the impact of maternal and obstetrical outcomes in the United States.		Child abuse by dependent being pregnancy is associated with obstetrical morbidity and mortality, and is prevalent in obstetrical care in the United States. Identifying preventive strategies and therapeutic interventions in pregnant women who abuse drugs are important topics for clinicians and scholars.
252418	2014	Health Status Associated with Opioid Abuse and Its Impact on Perinatal Mortality, Morbidity, and the Cost of Maternal Care in the United States	2014	Observational	United States	To identify health status associated with opioid abuse and its impact on perinatal mortality, morbidity, and the cost of maternal care in the United States.	Pregnancy-related outcomes from 1998 to 2009 using the linked public-use data from the National Survey of Drug Use and Health.	Opioid use during pregnancy is associated with adverse perinatal outcomes and increased healthcare costs.
248842	2013	Periconceptional Use of Opioids and the Risk of Neural Tube Defects	2013	Observational	United States	To assess whether maternal opioid use in the periconceptional period was associated with the risk of neural tube defects in the offspring.	Maternal use of 505 offspring with neural tube defects were compared to 14,405 offspring in the matched control group.	A higher percentage of mothers of offspring with neural tube defects (15%) reported using opioid medications during pregnancy in the periconceptional period compared to mothers of offspring in the matched control group (2.6%; adjusted OR 2.2 [95% CI 1.4-3.5]), respectively. When offspring were restricted to those with spina bifida, the adjusted ORs were 2.0 (95% CI 1.4-3.0) and 2.2 (95% CI 1.4-3.5), respectively.
214843	2011	Maternal Treatment with Opioid Analgesics and Risk for Birth Defects	2011	Observational	United States	To examine whether maternal opioid treatment between 1 month before pregnancy and the first trimester was associated with birth defects.	The National Birth Defects Prevention Study (1997 through 2005), an ongoing population-based case-control study.	Prescription opioid use was reported by 2.6% of 17,499 case mothers and 2.0% of 2071 control mothers. Treatment was statistically significantly associated with congenital septal defects (OR 2.7 [95% CI, 1.1-6.3]), antenatal septal defects (OR 2.2 [95% CI, 1.2-3.8]), hypospadias (OR 1.9 [95% CI, 1.0-3.4]), and 1.4-fold increase in the risk of gastroschisis (OR 1.4 [95% CI, 1.0-1.9]).
251726	2014	Management of Persistent Pain in the Older Patient: A Clinical Review	2014	Review	United States	To describe barriers to the management of persistent pain among older adults, summarize current management approaches, including pharmacologic and nonpharmacologic modalities, present educational opportunities, and highlight aspects of the patient-physician relationship that can help to improve treatment outcomes.		Of the 12 controlled studies, 10 evaluated pharmacologic interventions, whereas 2 examined nonpharmacologic modalities, the majority (n=8) focused on opioids with acetaminophen. This evidence base suggests a patient-physician relationship that can help to improve treatment outcomes. Of the 12 controlled studies, 10 evaluated pharmacologic interventions, whereas 2 examined nonpharmacologic modalities, the majority (n=8) focused on opioids with acetaminophen. This evidence base suggests a patient-physician relationship that can help to improve treatment outcomes.
2135120	2014	Analysis Reveals Large Increase in Hospitalizations in Health Care Associated with Opioid Abuse and Its Impact on Perinatal Mortality, Morbidity, and the Cost of Maternal Care in the United States	2014	Report	United States	To evaluate the changes in types of medications prescribed for pain and associated with the risk of neural tube defects in the offspring.	13,344 patients, aged 65-84, with a diagnosis of osteoarthritis (OA).	The incidence of falls/fractures was examined in relation to the use of analgesics. The risk ratio of osteoarthritis-related falls/fractures was higher in patients prescribed narcotic analgesics than those prescribed a COX-2 inhibitor (3.3, 2.5-4.3) or NSAID (4.1, 3.1-4.5).
200456	2010	Relationship of Opioid Use and Fracture Risks in Fractures in Older Chronic Pain Patients	2010	Observational	United States	To assess whether risk of fracture increases with opioid dose among older patients utilizing assisted use of opioids for chronic low-back pain.	Members of an integrated health care plan (n=74,341) age 60 years and older who received ≥3 opioid prescriptions within a 90-day period for chronic, non-cancer pain between 2002 and 2006.	Wide-ranging measures of opioid use and average daily doses in morphine equivalents were calculated from automated data. Fractures were identified from automated data and then validated through medical record review.
2114794	2010	The Comparative Safety of Opioids for Noninvasive Pain in Older Adults	2010	Observational	United States	To compare the safety of opioids commonly used for noninvasive pain.	6,295 subjects.	The risk of cardiovascular events was compared across opioid groups 90 days after the start of opioid therapy but was elevated for codeine (OR, 1.52 [95% CI, 1.27-1.80]) after 180 days. Compared with hydrocodone, the risk of opioid-related events was significantly increased for tramadol (OR, 2.1 [95% CI, 1.5-2.9]), buprenorphine (OR, 2.4 [95% CI, 1.6-3.6]), and oxycodone (OR, 2.4 [95% CI, 1.7-3.4]). Oxycodone was elevated after 90 days for oxycodone (OR, 2.4 [95% CI, 1.7-3.4]) and codeine (OR, 1.52 [95% CI, 1.27-1.80]).
1754123	2007	Risk Factors Associated with the Occurrence of Fractures in U.S. Nursing Homes: Resident and Facility Characteristics and Prescription Medications	2007	Observational	United States	To determine whether resident and facility characteristics and prescription medications influence the occurrence of fractures in nursing homes (NHs).	Resident aged 65 and older who were in sample NHs on January 1, 1998.	The NHs indicate that fractures are associated with resident and facility characteristics and prescribing practices. It suggests the importance of medication review and other interventions to reduce the risk of fractures.
1878982	2006	Fracture Risk Associated with the Use of Morphine and Opioids	2006	Observational	Denmark	To study the effect of morphine and opioids on fracture risk.	Cases were all subjects with any fracture sustained during the year 2000 (n=11,704,625). For each case, three controls (n=35,121) matched on age and gender were randomly drawn from the background population.	An increased fracture risk is seen in cases of morphine and other opioids. This relation may be related to the risk of falls due to central nervous system effects such as dizziness.
3614127	2016	Evidence and Risk Factors for Progression From Short-term to Long-term Opioid Prescribing: A Population-Based Study	2016	Observational	United States	To determine what proportion of a geographically defined population who receive new opioid prescriptions progress to episodic or long-term patterns of opioid prescribing and to explore the clinical and demographic characteristics associated with patterns of prescribing.	Medical records were reviewed for a random sample of 260 patients for the population of Chester County between January and December 31, 2008, who were consented using the National Longitudinal Cohort Study (NLCS) medical record linkage system (NHLCS-2008).	Patterns of opioid prescribing categorized as short-term, episodic, or long-term.
2004760	2016	National Highway Traffic Safety Administration Drug and Human Performance Data Shows Negative and Positive Impacts on Safety	2016	Full Brief	United States	To determine what proportion of a geographically defined population who receive new opioid prescriptions progress to episodic or long-term patterns of opioid prescribing and to explore the clinical and demographic characteristics associated with patterns of prescribing.	Population-based drug prescription records for the population of Chester County between January and December 31, 2008, who were consented using the National Longitudinal Cohort Study (NLCS) medical record linkage system (NHLCS-2008).	Knowledge of the clinical characteristics associated with the progression of short-term to episodic or long-term opioid prescribing pattern may be useful in the identification of at-risk patients and provide the basis for developing targeted case-management.
2016760	2016	Center for Disease Control and Prevention: Opioid Use in Chronic Pain - United States, 2016	2016	Surveillance	United States	To determine what proportion of a geographically defined population who receive new opioid prescriptions progress to episodic or long-term patterns of opioid prescribing and to explore the clinical and demographic characteristics associated with patterns of prescribing.	Population-based drug prescription records for the population of Chester County between January and December 31, 2008, who were consented using the National Longitudinal Cohort Study (NLCS) medical record linkage system (NHLCS-2008).	Knowledge of the clinical characteristics associated with the progression of short-term to episodic or long-term opioid prescribing pattern may be useful in the identification of at-risk patients and provide the basis for developing targeted case-management.
21148293	2016	Adult Use of Prescription Opioid Pain Medications - United States, 2008	2016	Surveillance	United States	To determine what proportion of a geographically defined population who receive new opioid prescriptions progress to episodic or long-term patterns of opioid prescribing and to explore the clinical and demographic characteristics associated with patterns of prescribing.	Population-based drug prescription records for the population of Chester County between January and December 31, 2008, who were consented using the National Longitudinal Cohort Study (NLCS) medical record linkage system (NHLCS-2008).	Knowledge of the clinical characteristics associated with the progression of short-term to episodic or long-term opioid prescribing pattern may be useful in the identification of at-risk patients and provide the basis for developing targeted case-management.
21153114	2016	Impact of Abuse-Deterrent Oxycodone on Prescription Opioid Utilization	2016	Observational	United States	To quantify the degree to which the August 2010 reformulation of abuse-deterrent Oxycodone affected use, as well as the use of alternative extended-release and immediate-release formulations.	MS 16288 National Prescription Audit, a nationally representative source of prescription activity in the USA, to assess the impact of the reformulation of Oxycodone on the use of Oxycodone and other opioids.	The market share of abuse-deterrent Oxycodone was associated with declines in its use after accounting for the simultaneous availability of generic extended-release oxycodone formulations. Future research will assess the relative contribution of medication use and health outcomes to vital given their popularity in opioid drug development.
3413376	2014	Changes in Prescription Opioid Abuse After Introduction of an Abuse-Deterrent Opioid Formulation	2014	Observational	United States	To determine whether the introduction of abuse-deterrent Oxycodone affected use, as well as the use of alternative extended-release and immediate-release formulations.	Two hundred forty-five thousand and eight hundred seventy-four adults aged 18 years and older were included in January 1, 2008 through December 31, 2011.	Replacement of a widely prescribed opioid formulation known to be abuse potential abuse may have had little impact on overall rates of prescription opioids as a class. However, changes in abuse levels of certain opioids coinciding with ADF introduction suggest possible shifting of abuse among the study sample to other opioids. Future research will assess the relative contribution of medication use and health outcomes to vital given their popularity in opioid drug development.
3471614	2014	The Impact of a Reformulation of Extended-Release Oxycodone on Abuse Potential: Results from a Sample of Prescription Opioid Abusers	2014	Observational	United States	To determine whether the introduction of abuse-deterrent Oxycodone affected use, as well as the use of alternative extended-release and immediate-release formulations.	189 individuals.	Replacement of a widely prescribed opioid formulation known to be abuse potential abuse may have had little impact on overall rates of prescription opioids as a class. However, changes in abuse levels of certain opioids coinciding with ADF introduction suggest possible shifting of abuse among the study sample to other opioids. Future research will assess the relative contribution of medication use and health outcomes to vital given their popularity in opioid drug development.
2492486	2014	Reduction in Hospital Admissions Following the Introduction of Abuse-Deterrent Oxycodone (Oxycodone) with an Abuse-Deterrent Formulation	2014	Observational	United States	To determine whether the introduction of abuse-deterrent Oxycodone affected use, as well as the use of alternative extended-release and immediate-release formulations.	140,898 individuals assessed for substance abuse treatment at 137 US centers between June 1, 2008, and March 31, 2012.	These findings, which considered the context of previously published studies using other surveillance systems, suggest that the abuse-deterrent characteristics of reformulated ERD have decreased the burden associated with its misuse.
3117293	2013	Abuse Rates and Modes of Administration of Reformulated Extended-Release Oxycodone: Initial Findings from a National Surveillance System of Individuals Seeking a Substance Abuse Treatment	2013	Observational	United States	To determine whether the introduction of abuse-deterrent Oxycodone affected use, as well as the use of alternative extended-release and immediate-release formulations.	140,898 individuals assessed for substance abuse treatment at 137 US centers between June 1, 2008, and March 31, 2012.	These findings, which considered the context of previously published studies using other surveillance systems, suggest that the abuse-deterrent characteristics of reformulated ERD have decreased the burden associated with its misuse.
3411344	2013	Changes in Oxycodone and Morphine Exposure in the National Prescription Drug Data System after Introduction of Abuse-Deterrent Oxycodone	2013	Observational	United States	To determine whether the introduction of abuse-deterrent Oxycodone affected use, as well as the use of alternative extended-release and immediate-release formulations.	140,898 individuals assessed for substance abuse treatment at 137 US centers between June 1, 2008, and March 31, 2012.	These findings, which considered the context of previously published studies using other surveillance systems, suggest that the abuse-deterrent characteristics of reformulated ERD have decreased the burden associated with its misuse.
2381049	2013	Reduced Abuse, Therapeutic Errors, and Diversion Following Reformulation of Extended-Release Oxycodone in 2010	2013	Observational	United States	To determine whether the introduction of abuse-deterrent Oxycodone affected use, as well as the use of alternative extended-release and immediate-release formulations.	140,898 individuals assessed for substance abuse treatment at 137 US centers between June 1, 2008, and March 31, 2012.	These findings, which considered the context of previously published studies using other surveillance systems, suggest that the abuse-deterrent characteristics of reformulated ERD have decreased the burden associated with its misuse.
2778646	2012	American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part 1—evidence assessment	2012	Guideline	United States	To determine whether the introduction of abuse-deterrent Oxycodone affected use, as well as the use of alternative extended-release and immediate-release formulations.	140,898 individuals assessed for substance abuse treatment at 137 US centers between June 1, 2008, and March 31, 2012.	These findings, which considered the context of previously published studies using other surveillance systems, suggest that the abuse-deterrent characteristics of reformulated ERD have decreased the burden associated with its misuse.
265018	2012	Differences in Rates of Abuse Following Reformulation of Extended-Release Oxycodone Using Data From the RAACARDS System Patient-Centered Program	2012	Observational	United States	To determine whether the introduction of abuse-deterrent Oxycodone affected use, as well as the use of alternative extended-release and immediate-release formulations.	140,898 individuals assessed for substance abuse treatment at 137 US centers between June 1, 2008, and March 31, 2012.	These findings, which considered the context of previously published studies using other surveillance systems, suggest that the abuse-deterrent characteristics of reformulated ERD have decreased the burden associated with its misuse.

