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Abstract

Results indicated that patients with lower SES were more likely to initiate new chronic opioid use post-surgery compared to those with higher SES. Factors such as preoperative pain levels, psychiatric comorbidities, and opioid prescribing patterns were considered as potential confounders. These findings underscore the socioeconomic disparities in opioid use following gastric bypass surgery and highlight the need for targeted interventions to mitigate risks associated with new chronic opioid use in vulnerable populations. Further research is warranted to elucidate the

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status (SES) on new chronic opioid use following gastric bypass surgery, highlighting disparities that warrant attention in clinical practice and policy-making. Key findings reveal that patients with lower SES indicators, such as lower income, lower education attainment, and public insurance status, are more likely to initiate new chronic opioid use post-surgery compared to those with higher SES. These disparities underscore challenges in access to comprehensive pain management strategies and may contribute to higher rates of opioid dependence and misuse in vulnerable populations. The observed associations between SES and opioid use emphasize the need for targeted interventions and tailored approaches to pain management in patients undergoing gastric bypass surgery. Strategies to enhance patient education, optimize non-opioid pain management modalities, and improve access to multidisciplinary care are crucial steps in mitigating these disparities. Clinical implications include the importance of proactive screening for socioeconomic factors during preoperative assessments and ongoing monitoring post-surgery. By identifying patients at higher risk for new chronic opioid use based on SES indicators, healthcare providers can implement personalized pain management plans and enhance support systems to promote safer opioid prescribing practices.

Furthermore, our findings underscore the broader societal impact of SES disparities on healthcare outcomes and highlight the need for systemic changes to address social determinants of health. Policy interventions aimed at improving access to healthcare resources, enhancing socioeconomic support systems, and promoting equity in pain management are essential to reduce disparities and improve outcomes for all patients undergoing bariatric surgery. Limitations of the study include its retrospective design, reliance on electronic health records, and potential for residual confounding despite statistical adjustments. Future research should explore longitudinal outcomes and evaluate the effectiveness of targeted interventions aimed at reducing new chronic opioid use in socioeconomically disadvantaged populations. In conclusion, addressing SES-related disparities in opioid use following gastric bypass surgery is crucial for optimizing patient care and reducing opioid-related risks. By integrating socioeconomic considerations into clinical practice guidelines and healthcare policies, we can work towards achieving more equitable and effective pain management strategies for all patients undergoing bariatric surgery.

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Conflicts of Interest

None

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