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# RED FLAGS, SCREENING AND DIAGNOSING OUD IN CHRONIC PAIN PATIENTS

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# OBJECTIVES

- A look at chronic pain and opioid therapy
- Screening for opioid use disorder (OUD) in chronic pain patients
- Red flags
- Tools to help assess high/low risk for opioid misuse or addiction
- Diagnosing OUD
- Patient questions/casual case presentations

# CHRONIC PAIN AND OPIOID USERS

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- Systematic review from 38 studies (26% primary care settings, 53% pain clinics)

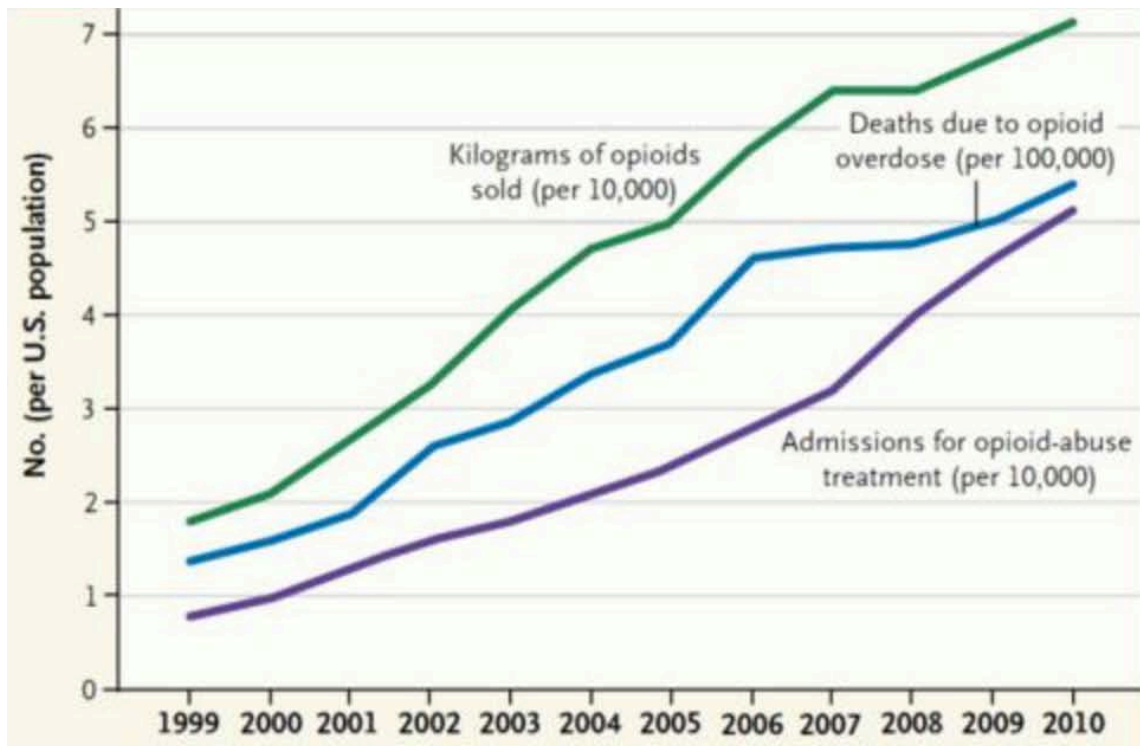
**Misuse** rates: **21% - 29%**

**Misuse:** Opioid use contrary to the directed or prescribed pattern of use, regardless of the presence or absence of harm or adverse effects.

**Addiction** rates: **8% - 12%**

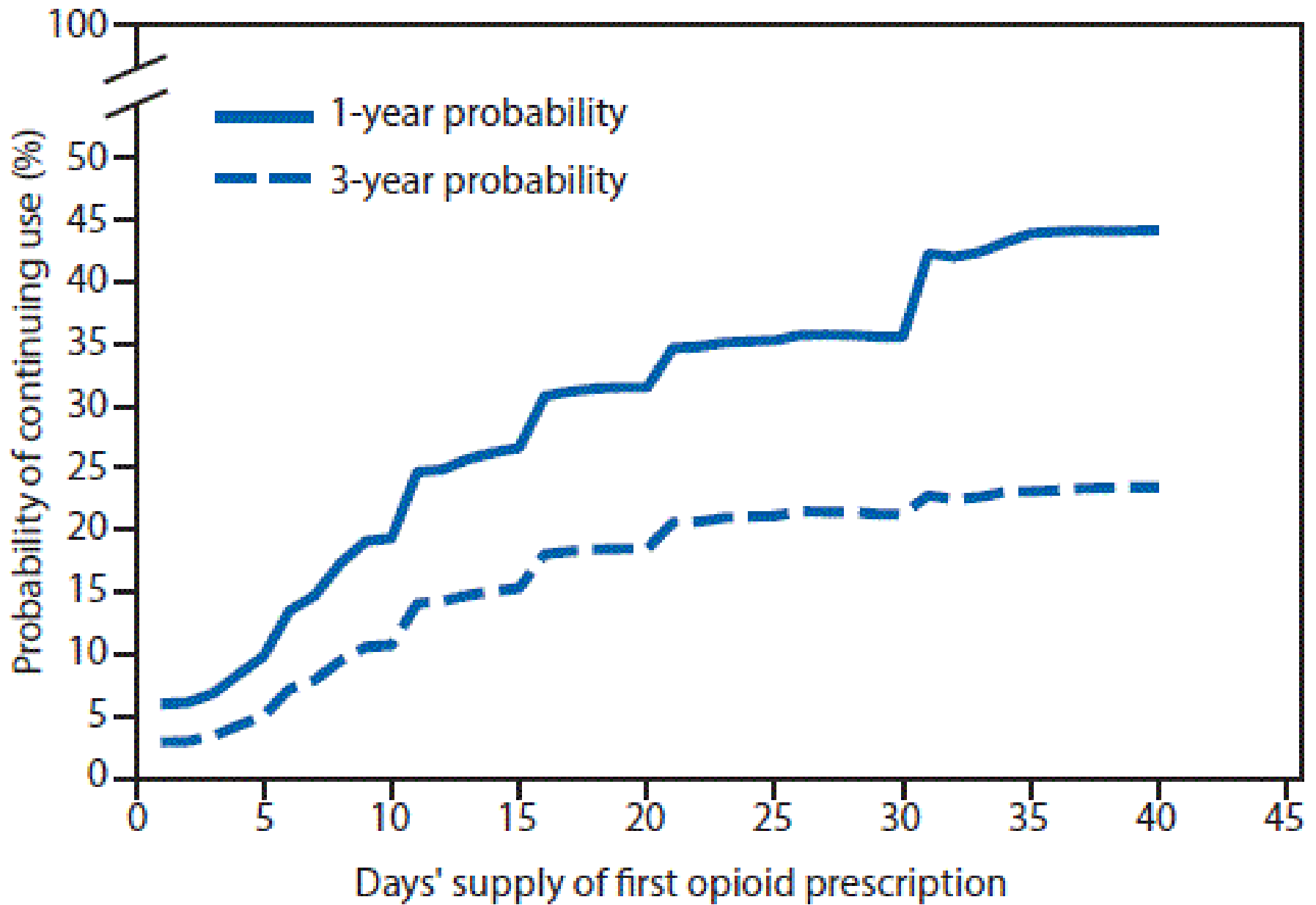
**Addiction:** Pattern of continued use with experience of, or demonstrated potential for, harm (eg, “impaired control over drug use, compulsive use, continued use despite harm, and craving”).

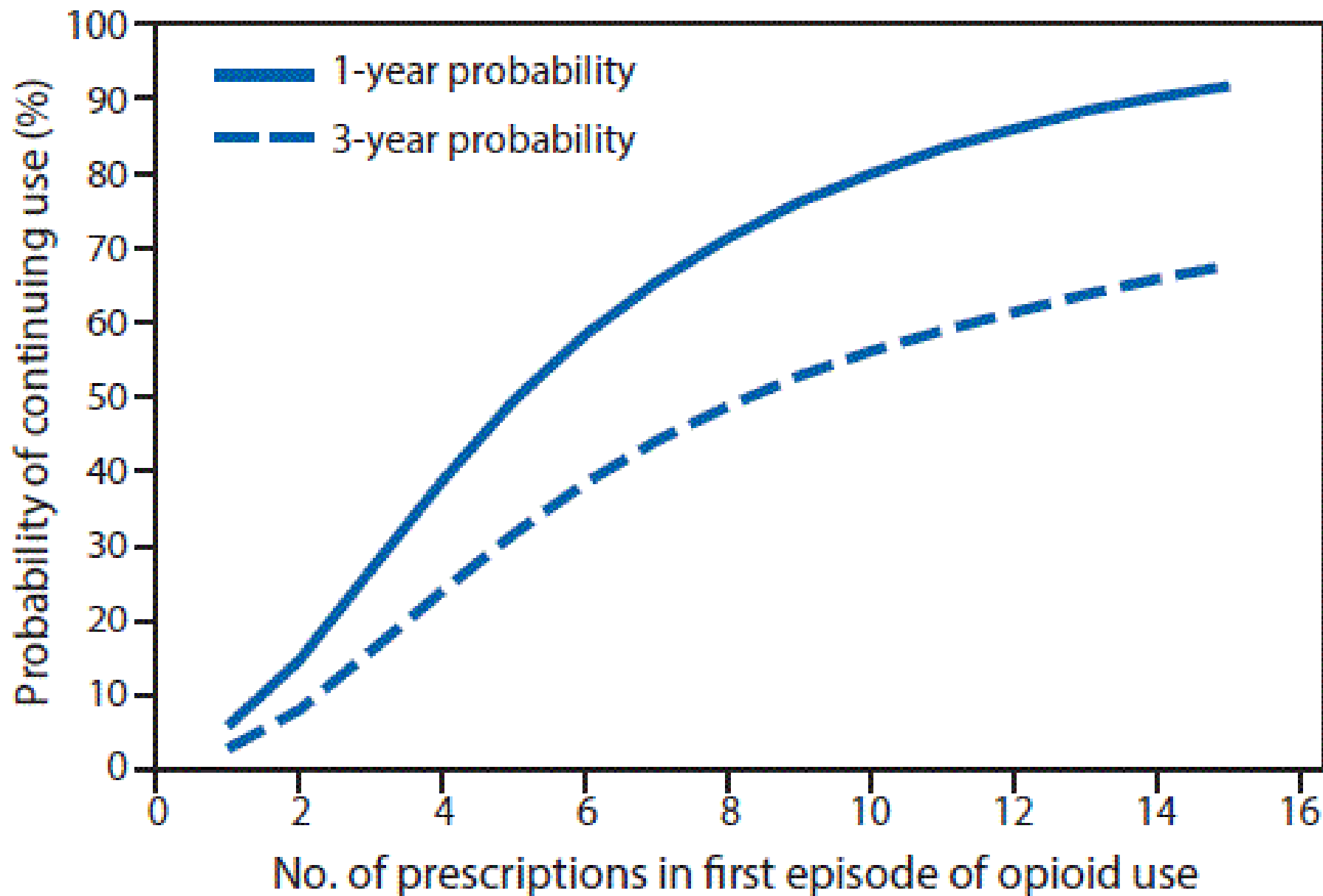
- About 4-6% of people abusing prescription opioids transition to heroin
- 80% of heroin users started out with Rx opioids



**In US, ~5-8 million on chronic opioid Rx for chronic pain**

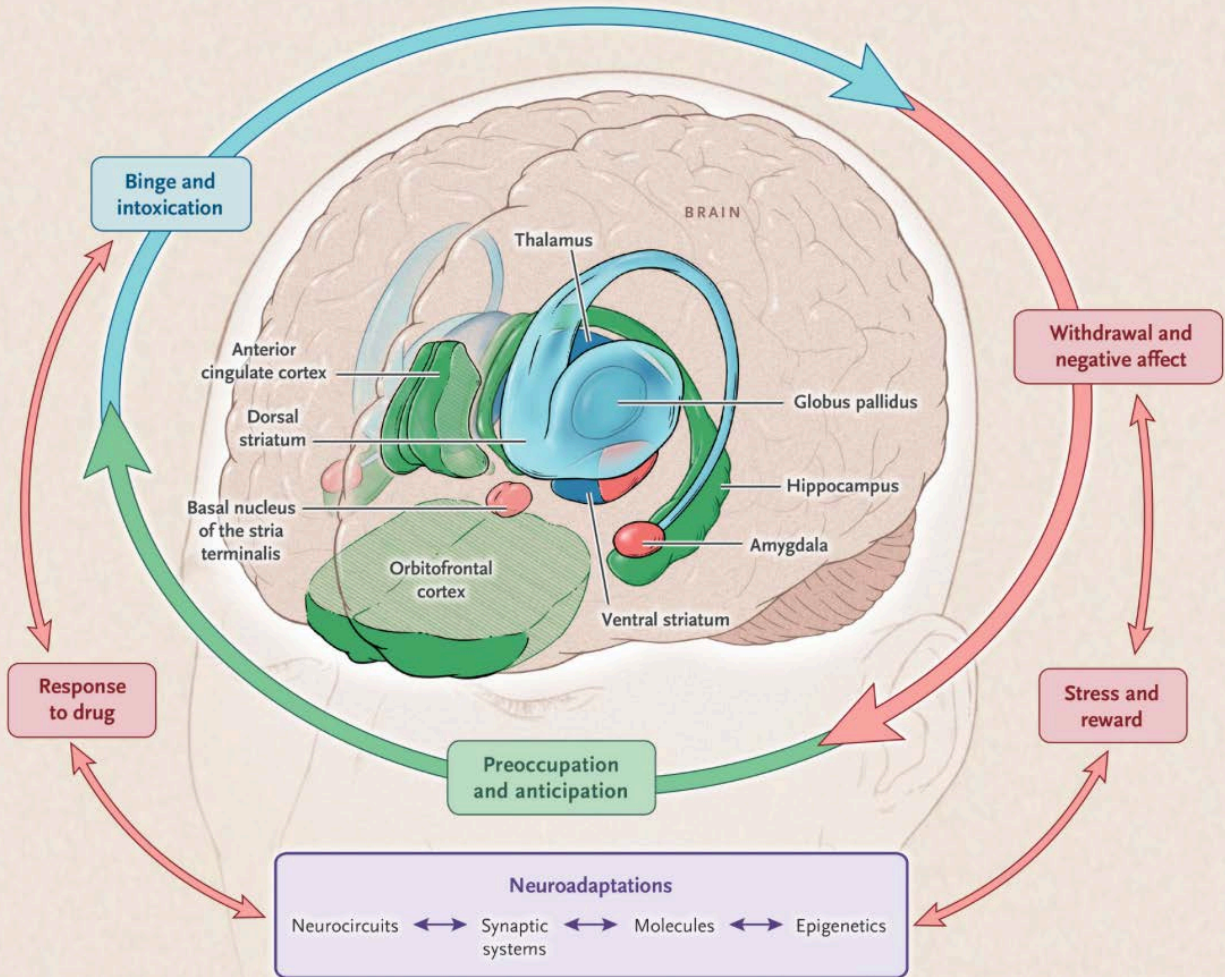
Volkow ND et al. *N Engl J Med.* 2014





# CHRONIC OPIOID THERAPY

- Analgesic response:
  - Turn on descending inhibitory systems, inhibit ascending pain transmission signals, inhibit terminal C fibers in spinal cord, inhibit peripheral nociceptive receptors. **Variable response**
- Activates the reward pathway:



Stage of Addiction	Shifting Drivers Resulting from Neuroadaptations		
Binge and intoxication	Feeling euphoric	Feeling good	Escaping dysphoria
Withdrawal and negative affect	Feeling reduced energy	Feeling reduced excitement	Feeling depressed, anxious, restless
Preoccupation and anticipation	Looking forward	Desiring drug	Obsessing and planning to get drug

Behavioral Changes		
<b>Voluntary action</b> Abstinence Constrained drug taking	Sometimes taking when not intending Sometimes having trouble stopping Sometimes taking more than intended	<b>Impulsive action</b> Relapse Compulsive consumption



**Table 3. Factors Associated with the Risk of Opioid Overdose or Addiction.**

<b>Factor</b>	<b>Risk</b>
Medication-related	
Daily dose >100 MME*	Overdose, <sup>8</sup> addiction <sup>8</sup>
Long-acting or extended-release formulation (e.g., methadone, fentanyl patch)	Overdose <sup>14,41</sup>
Combination of opioids with benzodiazepines	Overdose <sup>42</sup>
Long-term opioid use (>3 mo)†	Overdose, <sup>43</sup> addiction <sup>44</sup>
Period shortly after initiation of long-acting or extended-release formulation (<2 wk)	Overdose <sup>45</sup>
Patient-related	
Age >65 yr	Overdose <sup>46</sup>
Sleep-disordered breathing‡	Overdose <sup>47</sup>
Renal or hepatic impairment§	Overdose <sup>48</sup>
Depression	Overdose, addiction <sup>49</sup>
Substance-use disorder (including alcohol)	Overdose, <sup>50</sup> addiction <sup>49</sup>
History of overdose	Overdose <sup>51</sup>
Adolescence	Addiction <sup>52</sup>

Volkow, ND et al. N Eng Joun Med 2016

## SCREENING AND DIAGNOSIS

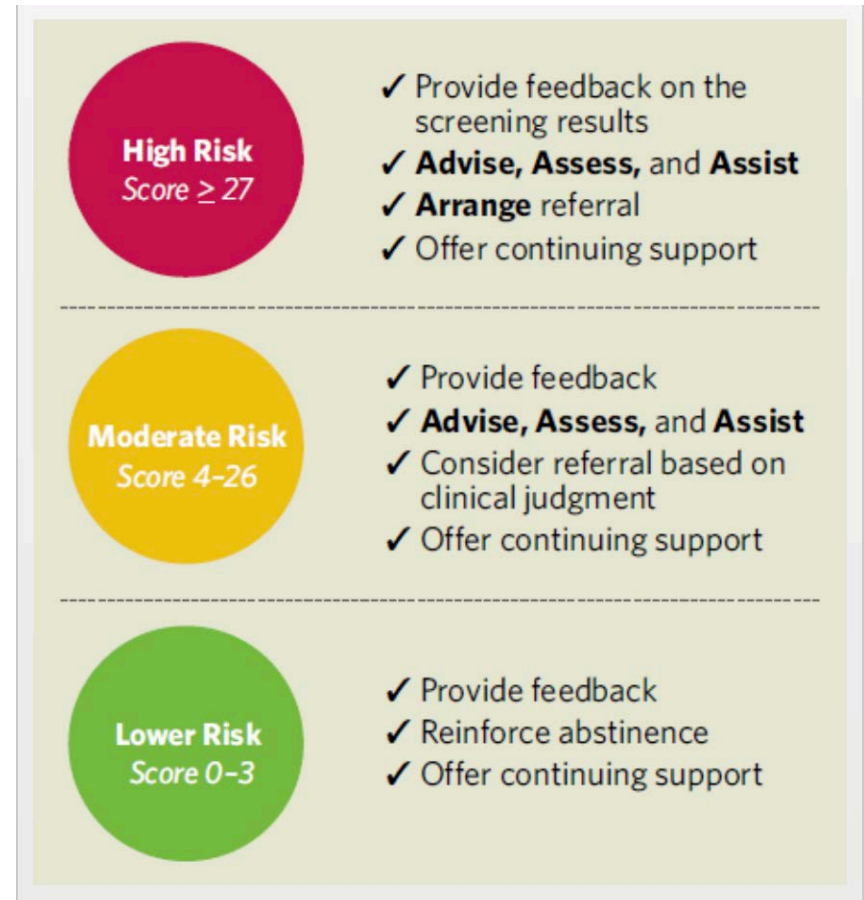
- Screening can identify opioid misuse in patients who would not otherwise discuss it or connect it with the negative consequences they are experiencing
  - Which tools?
  - When?
  - How?

## SCREENING TOOLS

- **ASK:** screen for alcohol, tobacco or drug use (NIDA modified ASSIST)- how many times in the past 3 months have you used...
- **Advise:** brief intervention or reinforcement for low or moderate risk
- **Assess:** readiness for change
- **Assist:** help change for moderate and high risk
- **Arrange:** treatment and referral

# SBIRT

- ASK
  - Quick Screen / ASSIST
  - S2BI
- ADVISE
- ASSESS
- ASSIST
- ARRANGE



# NIDA QUICK SCREEN

- Quick Screen V.10

**Instructions:** For each substance, mark in the appropriate column. For example, if the patient has used cocaine monthly in the past year, put a mark in the “Monthly” column in the “illegal drug” row.

## NIDA Quick Screen Question:

In the past year, how often have you used the following?

Never      Once or Twice      Monthly      Weekly      Daily or Almost Daily

### Alcohol

- For men, 5 or more drinks a day
- For women, 4 or more drinks a day

### Tobacco Products

### Prescription Drugs for Non-Medical Reasons

### Illegal Drugs

## OTHER SCREENING TOOLS

- <https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools>
- **SOAPP-R**
- **ORT**

## SOAPP-R

- 1. How often do you have mood swings?
- 2. How often have you felt a need for higher doses of medication to treat your pain?
- 3. How often have you felt impatient with your doctors?
- 4. How often have you felt that things are just too overwhelming that you can't handle them?
- 5. How often is there tension in the home?
- 6. How often have you counted pain pills to see how many are remaining?
- 7. How often have you been concerned that people will judge you for taking pain medication?
- 8. How often do you feel bored?
- 9. How often have you taken more pain medication than you were supposed to?
- 10. How often have you worried about being left alone?
- 11. How often have you felt a craving for medication?
- 12. How often have others expressed concern over your use of medication?

## SOAPP-R

- 13. How often have any of your close friends had a problem with alcohol or drugs?
- 14. How often have others told you that you had a bad temper?
- 15. How often have you felt consumed by the need to get pain medication?
- 16. How often have you run out of pain medication early?
- 17. How often have others kept you from getting what you deserve?
- 18. How often, in your lifetime, have you had legal problems or been arrested?
- 19. How often have you attended an AA or NA meeting?
- 20. How often have you been in an argument that was so out of control that someone got hurt?
- 21. How often have you been sexually abused?
- 22. How often have others suggested that you have a drug or alcohol problem?
- 23. How often have you had to borrow pain medications from your family or friends?
- 24. How often have you been treated for an alcohol or drug problem?



# Opioid Risk Tool

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

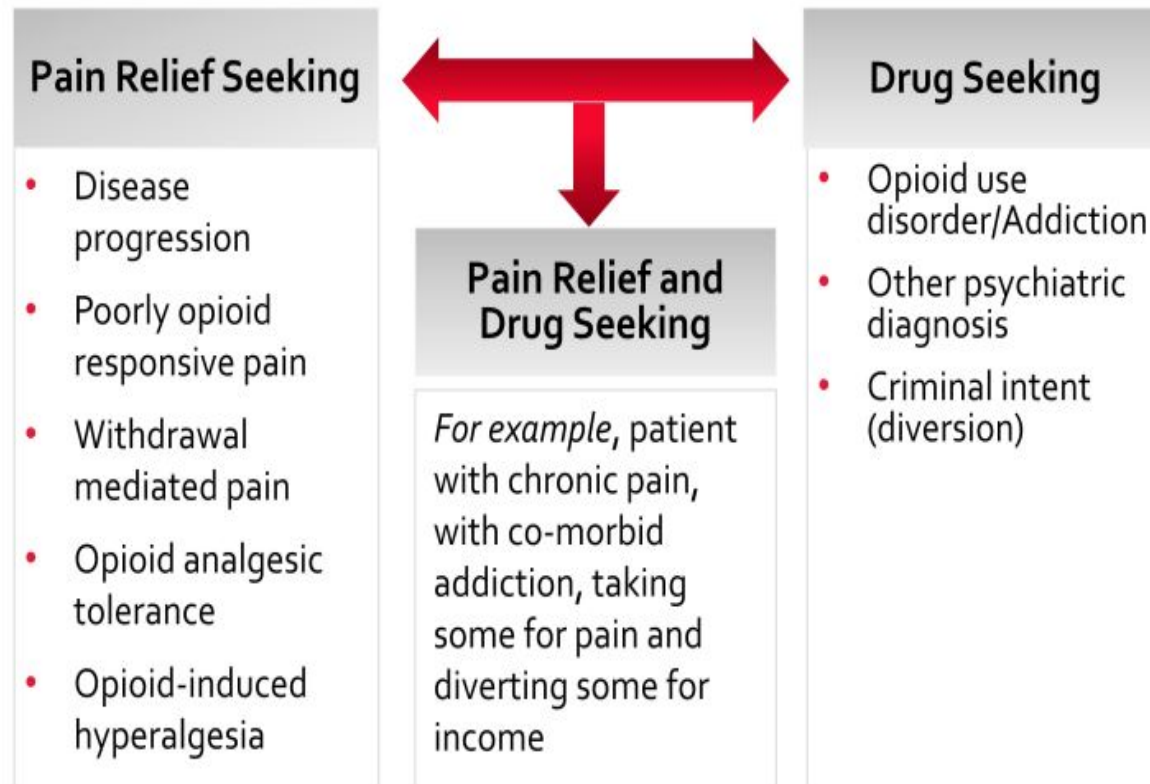
Mark each box that applies	Female	Male
<b>Family history of substance abuse</b>		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
<b>Personal history of substance abuse</b>		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
<b>Age between 16—45 years</b>	1	1
<b>History of preadolescent sexual abuse</b>	3	0
<b>Psychological disease</b>		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
<b>Scoring totals</b>		

## RED FLAGS FOR ABERRANT BEHAVIOR

- Repeated increase dose requests
- Requests for specific opioids, name brand
- Non-adherence to other therapies (PT, psychotherapy)
- Early RFs
- Multiple providers/prescribers
- Lost or stolen Rx
- Non-adherence with CS monitoring (UDS, pill counts)
- Deterioration in functioning
- Continued use in spite of adverse effects
- Illegal activity (forged Rx, diversion)

# Aberrant Medication-Taking Behaviors

## Differential Diagnosis (DDx)



Alford DP. *JAMA*. 2013

# Does My Patient Have an Opioid Use Disorder?

- ✓ **\*Tolerance**
- ✓ **\*Withdrawal**
- ✓ **Use in larger amounts or duration than intended**
- ✓ **Persistent desire to cut down**
- ✓ Giving up interests to use opioids
- ✓ **Great deal of time spent obtaining, using, or recovering from opioids**
- ✓ Craving or strong desire to use opioids
- ✓ Recurrent use resulting in failure to fulfill major role obligations
- ✓ **Recurrent use in hazardous situations**
- ✓ Continued use despite social or interpersonal problems caused or exacerbated by opioids
- ✓ **Continued use despite physical or psychological problems**

\*This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision

Mild OUD: 2-3 Criteria  
Moderate OUD: 4-5 Criteria  
Severe OUD:  $\geq 6$  Criteria

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.)

# WHAT IS ADDICTION?

“Addiction is a **primary chronic** disease of brain reward, motivation, memory and related circuitry...is characterized by an **inability** to consistently **abstain, impairment** in behavioral **control, craving**, diminished recognition of significant problems with one’s behaviors and interpersonal relationships”. (ASAM short definition)

- The **3 C’s**
- lack of **Control**
  - **Craving**
- use despite **Consequences**

## SUMMARY

- Chronic pain/opioid users: 21-29% misuse their opioids; 8-12% have OUD
- Screening may identify patients at risk- use SBIRT
- For patients starting opioids use the ORT, for those on chronic opioids use the SOAPP-R
- Use the DSM-V to diagnose OUD

## REFERENCES

- PCSS: Management of Chronic Pain: A core curriculum for primary care providers
- Volkow, N D, McClellan Thomas D. Opioid Abuse in Chronic Pain- Misconceptions and Mitigation Strategies. N Eng Journ Med. March 31, 2016; 374:1254-1263
- Management of Chronic Pain and Opioid Misuse: A Position Paper from the AAFP. American Family Physician. 2017: 95(7). 458-459
- ASAM National Practice Guideline
- CDC Opioid Prescribing Guidelines for Chronic Pain. March 2016
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- Pain and Addiction. August 2017
- NIDA. <https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools>