Assessing and Screening for Addiction in Chronic Pain Patients

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Assessing and Screening for Addiction in Chronic Pain Patients

Outline

1. Overview and history
2. Assessment strategies
3. Collateral information
   - Prescription monitoring programs
4. Summary
Efforts to Improve Pain Treatment Resulted in:

- Increasing availability of opioid analgesics
- Increased production and distribution
- Increase in the number of prescriptions filed
- Increased internet availability
- Increase in prescription opioid use, misuse, abuse and addiction
- Increase sharing and diversion of opioids
As Prescriptions Increase, Emergency Room Reports Have Increased at the Same or Faster rate

Source: IMS Health for Prescriptions and SAMHSA (DAWN) for Emergency Department Mentions
Unintentional Drug Overdose Death Rates and Total Sale of Opioids

Chronic Pain: What Is It?

- Usually the result of some chronic disease or condition
  - May have no obvious cause
- Associated with or exacerbated by insomnia, depression, stressful life circumstances or grief and loss
- Pain unpleasant sensory and emotion experience
  - (ISAP definition)
Psychosocial Factors Associated with Pain

- Pain is unavoidable, misery is optional
- Intensifiers of pain: fear, anger, guilt, loneliness, helplessness
- Repeated victimization
- Catastrophic thinking
- Limited coping skills
Opioids for Chronic Pain: The Two Faces of Janus

- Relieves pain
- Relieves suffering
- Relieves misery
- Makes you feel better
- Makes you feel good
- Makes you “high”

Dr Walter Ling
Continuum of Problematic Opioid Use

Mild indiscretion ➔ Repeated misuse ➔ Opioid abuse ➔ Opioid addiction
Aberrant Medication-Taking Behavior

A spectrum of patient behaviors that may reflect misuse:

- Health care use patterns (e.g., inconsistent appointment patterns)
- Signs/symptoms of drug misuse (e.g., intoxication)
- Emotional problems/psychiatric issues
- Lying and illicit drug use
- Problematic medication behavior (e.g., noncompliance)

Implications

- Concern comes from the “pattern” or the “severity”
- Differential diagnosis

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Butler et al. Pain. 2007
Opioid Dependence vs Chronic Pain Managed with Opioids?

The diagnosis of Opioid Dependence requires 3 or more criteria occurring over 12 months

1. Tolerance – YES
2. Withdrawal/physical dependence – YES
3. Taken in larger amounts or over longer period – MAYBE
4. Unsuccessful efforts to cut down or control – MAYBE
5. Great deal of time spent to obtain substance – MAYBE
6. Important activities given up or reduced – MAYBE
7. Continued use despite harm – MAYBE

American Psychiatric Association DSM IV – TR 2000

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Complexity of Addiction and Pain

- Painful craving
- Conditioned withdrawal
- Rebound pain associated with subclinical withdrawal
- Tolerance or hyperalgesia
- Medical procedures and the pursuit of drugs
- Multiple controlled medication
Total Chronic Pain Population

Aberrant Medication-Taking Behaviors (AMTBs)
A spectrum of patient behaviors that *may* reflect misuse

Prescription Drug Misuse

Addiction
Abuse/Dependence

Adapted from Steve Passik. APS Resident Course, 2007
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Chronic Pain & Opioid Statistics

• Twenty percent of the general population are significantly affected by chronic non cancer pain (CNCP)

• Chronic Opioid Therapy (COT) for CNCP
  – Now 2-3% of the US adult population, 10 million are treated with opioids


Concentration of Opioid Use Among Patients with Chronic Pain

- Yearly total opioid use is highly concentrated
- Edlund study reveals in HealthCore cohort, 5% of CNCP patients used 70% of total opioids (in mg, Morphine Equivalent Dosing)
- No other types of prescription medications show this degree of concentration among users

Which Individuals are Most Likely to Receive Opioids

• Those with greater number of pain diagnoses
• Those with mental health and substance abuse disorders
• Adverse selection – recipients of chronic opioid therapy are also most likely to abuse
Why does Adverse Selection Occur?

- Providers want to help patients in pain and have few tools other than Rx pad.
- Patients with MH and SA disorders and multiple pain problems are more distressed (pain and psychological symptoms) and more persistent in demanding opioid invitation and dose increases.
- Providers write opioid prescriptions as a “ticket out of the exam room”.

Principle Risk Factors

- Lower age
- Previous alcohol or drug diagnosis
- Back pain, headache
- High dose chronic opioid dose
  > 120 mg morphine equivalents/day

What is the Addiction Risk?

• Published rates of abuse and/or addiction in chronic pain populations are 3-19%

• Suggests that known risk factors for abuse or addiction in the general population would be good predictors for problematic prescription opioid use
  – Past cocaine use, h/o alcohol or cannabis use¹
  – Lifetime history of substance use disorder²
  – Family history of substance abuse, a history of legal problems and drug and alcohol abuse³
  – Heavy tobacco use⁴
  – History of severe depression or anxiety⁴

¹ Ives T et al. BMC Health Services Research 2006
² Reid MC et al JGIM 2002
³ Michna E el al. JPSM 2004
⁴ Akbik H et al. JPSM 2006

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Addiction Consultation: The Interview

- Normalize the process
- Inquire about the patient’s pain
- Determine the patient’s understanding of why the consultation was requested
- Appreciate the fear and stigma associated with an addiction consultation for many pain patients
- Risk-benefit ratio judge the treatment not the patient
Appropriate Testing: Evaluating Chronic Pain

- Diagnostic tests should be obtained to evaluate the underlying painful condition to insure:
  - Confirmation of diagnosis
  - Presence or absence of contributing factors
    - Other causes of pain
    - Progress or deterioration of the pain
  - Appropriate treatment
    - Decision making for opioid utility vs. other non-opioid medications

Adapted from painedu.org powerpoint: Opioid Risk Stratification and Patient Selection in Clinical Practice. Accessed on April 2 2012
Interview Questions

Evaluation of Pain Syndrome

• Description of the Pain Syndrome
• Effect of pain on ability to fulfill activities of daily living
• Sustaining Factors
  • Medical and surgical history
  • Litigation involvement
  • Psychosocial stressors
  • Psychological factors
• Cooperation with treatment plan/use of pain minimizing behaviors
• Relationship to pain and pain care providers
Interview Questions

- Pain source
  - Single or multiple sources of pain
- Chronic pain syndrome
- Relationship with healthcare providers
  - Have doctors terminated care or refused to prescribed
  - Number of providers
Interview Questions

Opioid Use Patterns

• Prescription use and efficacy
• Self-medication behaviors
• Loss of control over drug use
  • Willing to bring in all bottles for verification?
  • Ever called in a prescription or forged a prescription
• Drug-seeking behaviors
  • Frequent reports of losing medication
  • Preference for certain analgesics or routes of administration
  • Frequent emergency visits? If so, for what symptoms?
  • Ever acquire medication from nonmedical source?
Interview Questions

Social/Family Factors

• Are family members concerned that patient is addicted?
  • Does analgesic use sustain negative or positive family functioning/dynamics?
  • Does analgesic use enable family/social role fulfillment or protect from having to fulfill roles?
• Family involvement in obtaining/providing medication
  • Friend or family member ever provided medication?
  • Family history of substance abuse
Interview Questions Drug Use

• Patients with a remote history of substance abuse
• Patients with a history of opiate on methadone maintenance
• Patients currently abusing drugs
• Substance use patterns of friends or spouse
Psychiatric Interview
Psychosocial factors that predict poor outcome for treatment of back pain

- Motivation for self-care
- Depression
- Job satisfaction
- Job stress
- Support of significant other/marital stress
- Maladaptive thinking and coping styles
- History of physical or sexual abuse
- Multiple somatic complaints
- Secondary gain
Screening Instruments for Addiction Risk

• Specific instruments for a current or past addiction
• Probing for analgesic abuse in chronic pain patients (interview domain)
• Instruments for primary care settings to be used on an ongoing basis as part of monitoring
Screening for Substance Abuse Disorders Using ‘Single’ Questions

• “Do you sometimes drink beer wine or other alcoholic beverages? How many times in the past year have you had 5 (4 for women) or more drinks in a day?” (+ answer: > 0)

• “How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?” (+ answer: > 0)

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Screening Tool for Addiction Risk (STAR)

- Consists of 14 True/False questions
- Validated by literature, specialists in pain and addiction medicine
- Corresponds to DSM IV Criteria
- Interview format
- Significant Predictor:
  - Have you ever been treated in a drug or alcohol rehabilitation facility?
    - Had positive predictive value of 93%
    - Negative predictive value of 5.8%

Opioid Risk Tool

• 5-item initial risk assessment
• Stratifies risk into low (6%), moderate (28%) and high (91%)
  – Family History
  – Personal History
  – Age
  – Preadolescent sexual abuse
  – Past or current psychological disease

• www.emergingsolutionsinpain.com

Daniel Alford, MD  Webster, Webster. Pain Med. 2005
Screener and Opioid Assessment for Pain Patients (SOAPP)

• Paper and pencil questionnaire
• 4 Version are available for use
  – 5 item (or short-form) version SOAPP
  – 14 item version SOAPP
  – SOAPP 1.0, 24 item version (original)
  – SOAPP-R, 24 item version (revised)
• Based on 5-point Likert-like scale

Adapted from painedu.org powerpoint: Opioid Risk Management: The Screener and Opioid Assessment for Patients with Pain (SOAPP) in Clinical Practice. Accessed on April 2 2012
SOAPP Cont.

• Validated by concept mapping
• Designed to reflect consensus of experts regarding predictive value of aberrant drug related behaviors
• Criteria gauged with Aberrant Drug Behavior Index indicates cut off score of 7 or higher
• Can be categorized into 3 distinct groups with results
  – High risk patients
  – Moderate risk patients
  – Low risk patients

Adapted from painedu.org powerpoint: Opioid Risk Management: The Screener and Opioid Assessment for Patients with Pain (SOAPP) in Clinical Practice. Accessed on April 2 2012
Current Opioid Misuse Measure (COMM™)

- 17 item self report for ongoing risk assessment
- Questions based on 6 primary concepts underlying medication misuse
- Helps to identify patients at high risk for current aberrant medication-taking behavior
- A high score raises concern for PDA, but is NOT diagnostic

Daniel Alford, MD

Butler et al. Pain. 2007
Monitoring, Monitoring, Monitoring…

“Universal Precautions”

- Contracts/Agreement form
- Drug screening
- Prescribe small quantities
- Frequent visits
- Single pharmacy
- Pill counts

FSMB Guidelines 2004 www.fsmb.org
Gourlay DL, Heit HA. Pain Medicine 2005
Daniel Alford, MD
Collateral Information

• Family or friends
• Other healthcare providers
  – Emergency department visits
• Prescription Monitoring Programs
• Body fluid, or urine drug of abuse testing
Prescription Monitoring Programs

• Collects prescription data for Schedule II through Schedule V drugs and inputs into central database

• Data base available online

• Important tool for coordination between various health care providers

Management of Opioid Therapy

• Assess and document benefits and risks

• To continue opioids:
  – There must be actual functional benefit
    • functional restoration

• Power to the provider
  – You do not have to prove addiction or diversion, only assess risk-benefit ratio

Source: Christina Nicolaidis, MD, MPH, Oregon Health & Science University. SGIM 2008 precourse
Daniel Alford, MD
Inadequate Analgesia or Lack of Functional Restoration

• Reassess factors affecting pain
• Assess and treat underlying disease and co-morbidities
• Combined pain treatment strategies
• No effect = no benefit, hence benefit cannot outweigh risks – so STOP opioids (Ok to taper and reassess)

Source: Christina Nicolaidis, MD, MPH, Oregon Health & Science University. SGIM 2008 precourse Daniel Alford, MD
Red Flags to Stop Opioid Treatment

• Review reasons for aberrant medication – taking behavior, then match action to cause:
  – Unrelieved pain – Change of dosage or medications
  – Treatment of conditions other than pain
  – Addiction – Referral to addiction treatment
  – Diversion – STOP medication

Source: Christina Nicolaidis, MD, MPH, Oregon Health & Science University. SGIM 2008 precourse Daniel Alford, MD
Conclusion

• The use of opioid treatment requires careful assessment and tailored monitoring approaches.

• Diagnosing addiction during pain management is difficult and requires careful monitoring and a team approach is beneficial.

• Typical substance abuse risk factors probably apply to prescription opioid abuse:
  – High risk groups include young individuals, cigarette smokers with comorbidity psychiatric conditions and high dose opioid analgesic treatment.

• Manage addiction referring to substance abuse treatment.
Resources

• American Pain Foundation
  http://www.painfoundation.org/

• National Guideline Clearinghouse
  http://www.guideline.gov

• Emerging Solutions in Pain
  http://www.emergingsolutionsinpain.com/

• International Association for the Study of Pain Definition
  http://www.iasp-pain.org/terms-p.html
Screening Instruments Available

• Pain Edu
• http://www.painedu.org
  – Download SOAPP and COMM
• Following paper highlights all screening tools – Can be found on PubMed
References

- Adapted from painedu.org powerpoint: *The Pathophysiology of Pain*. Accessed on April 2 2012
- Adapted from painedu.org powerpoint: *Opioid Risk Stratification and Patient Selection in Clinical Practice*. Accessed on April 2 2012
References


