

Assessing and Screening for Addiction in Chronic Pain Patients

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Disclosure

Dr. Karen Miotto reports no disclosures.

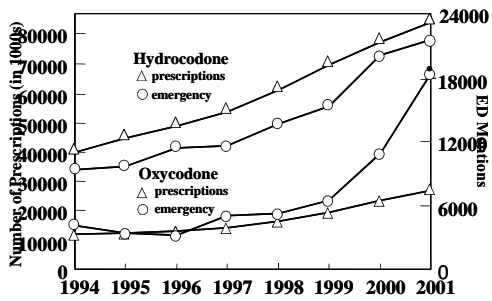
Assessing and Screening for Addiction in Chronic Pain Patients Outline

1. Overview and history
2. Assessment strategies
3. Collateral information
 - Prescription monitoring programs
4. Summary

Efforts to Improve Pain Treatment Resulted in:

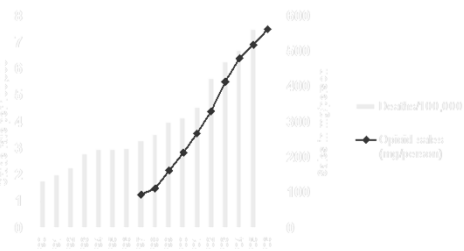
- Increasing availability of opioid analgesics
- Increased production and distribution
- Increase in the number of prescriptions filed
- Increased internet availability
- Increase in prescription opioid use, misuse, abuse and addiction
- Increase sharing and diversion of opioids

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



Paulozzi, L.J. Congressional Testimony. CDC. 2007.

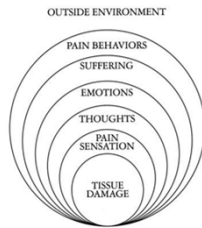
Chronic Pain: What Is It?

- 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

Butler et al. Pain. 2007

Daniel Alford, MD

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**

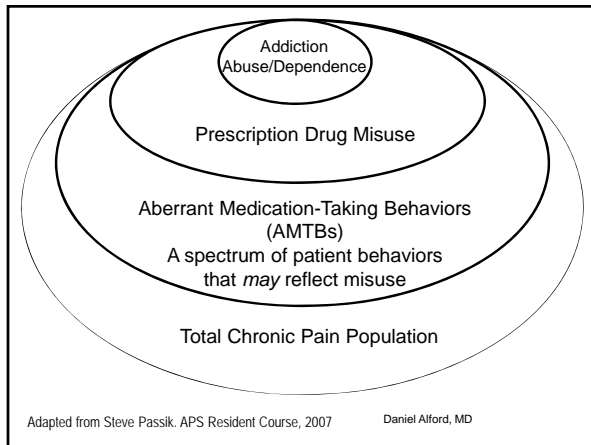
American Psychiatric Association DSM IV – TR 2000

Daniel Alford, MD

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





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
 - Doubled 1980-2000, doubled again 2000-2010
 - Now 2-3% of the US adult population, 10 million are treated with opioids

Verhaak PF, Kerssens JJ, Dekker J, Sorbi MJ, Bensing JM. Prevalence of chronic benign pain disorder among adults: a review of the literature. Pain. 1998 Sep;77(3):231-9. Review.
Gureje O, Von Korff M, Simon GE, Gater R. Persistent pain and well-being: a World Health Organization Study in Primary Care. JAMA. 1998 Jul 8;280(2):147-51. Erratum in: JAMA. 1998 Oct 7;280(13):1142.

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

Edlund MJ, Martin BC, Fan MY, Braden JB, Devries A, Sullivan MD. An analysis of heavy utilizers of opioids for chronic noncancer pain in the TROUP study. *J Pain Symptom Manage*. 2010 Aug;40(2):279-86.

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”



Edlund MJ, Martin BC, Devries A, Fan MY, Braden JB, Sullivan MD. Trends in use of opioids for chronic noncancer pain among individuals with mental health and substance use disorders: the TROUP study. *Clin J Pain*. 2010 Jan;26(1):1-8.

Principle Risk Factors

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



Eldred DJ, Martin BC, DeVries A, Fan MY, Braden JB, Sullivan MD. Trends in use of opioids for noncancer pain among US physicians and substance use disorders: the TROSP study. Clin J Pain. 2010; Jan;28(1):1-8.

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 et al. JPSM 2004 ⁴ Akbik H et al. JPSM 2006 Daniel Alford, MD

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

Miotto, KA, Kaufman, A, Kong, A, Jun, G, Schwartz, J. Managing Co-Occurring Substance Use and Pain Disorders. Psychiatr Clin N Am. In press. 2012

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

Motto, KA. Adapted from UCLA/Matix Addiction Medicine Service Powerpoint: Diagnosing Addiction in Chronic Pain Patients. Accessed on April 2 2012

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

PSYCHOSOCIAL FACTORS IN
 PAIN, Gatchel and Turk, Eds

**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*)

NIAAA. Clinicians Guide to Helping Patients Who Drink Too Much, 2007.
 Smith PC, et al. Alcohol Clin Exp Res 2007; 22(Suppl 1):108.
 Daniel Alford, MD

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%

Hejlskov J, Sjogren P. Addiction to opioids in chronic pain patients: a literature review. Eur J Pain. 2007 Jul;11(5):490-518. Epub 2006 Oct 27. Review.

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 2003; 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

Eccher, David J. Adapted from Maine.gov Powerpoint: Maine's Prescription Monitoring Program: Preventing Prescription Drug Misuse. Accessed on April 2 2012.

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
- Højsted J, Sjøgren P. *Addiction to opioids in chronic pain patients: a literature review.* Eur J Pain. 2007 Jul;11(5):490-518

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