

# Assessing and Screening for Addiction in Chronic Pain Patients

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# Disclosure

Dr. Karen Miotto reports no disclosures.

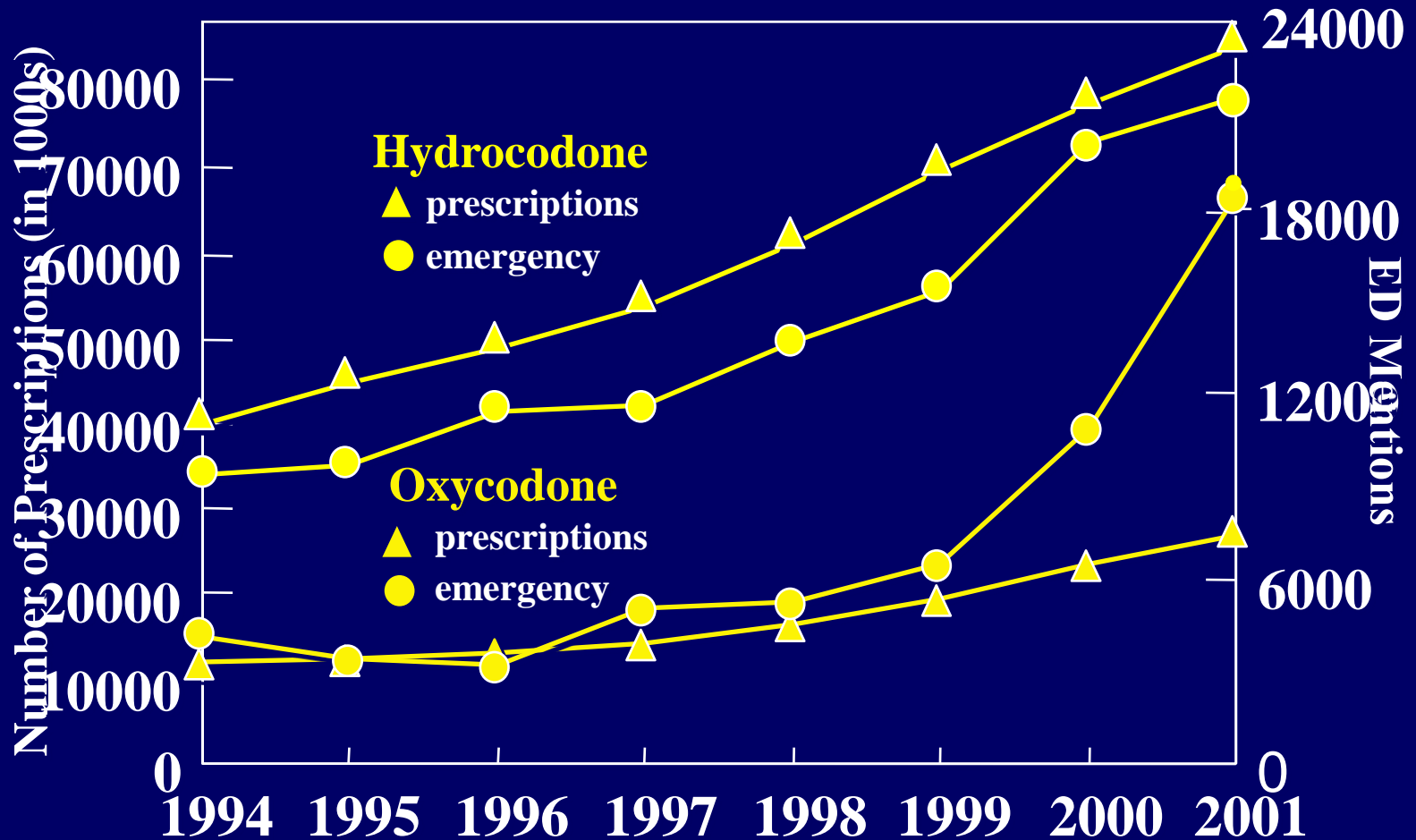
# Assessing and Screening for Addiction in Chronic Pain Patients Outline

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

# Efforts to Improve Pain Treatment Resulted in:

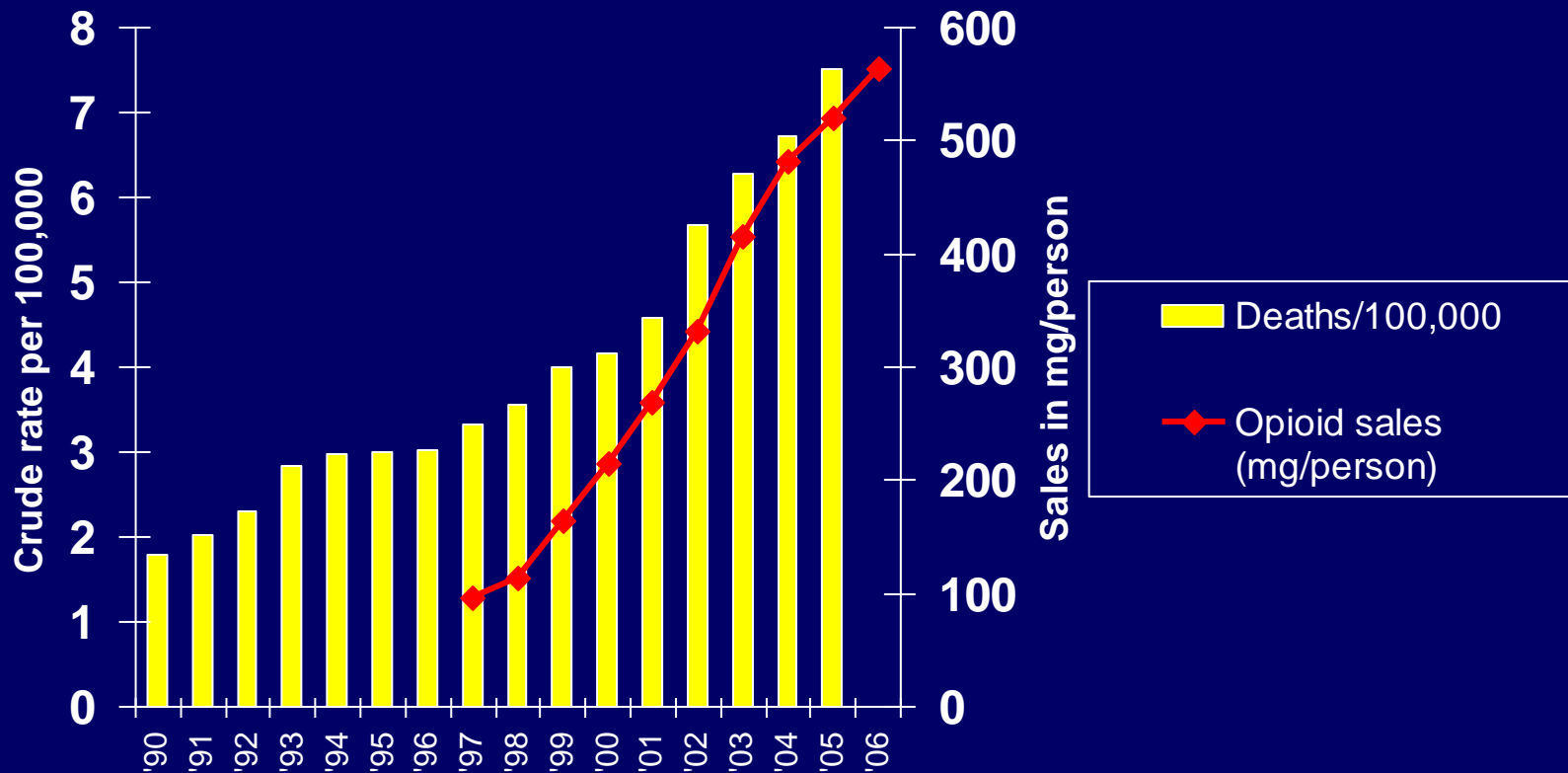
- Increasing availability of opioid analgesics
- Increased production and distribution
- Increase in the number of prescriptions filed
- Increased internet availability
- Increase in prescription opioid use, misuse, abuse and addiction
- Increase sharing and diversion of opioids

# 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



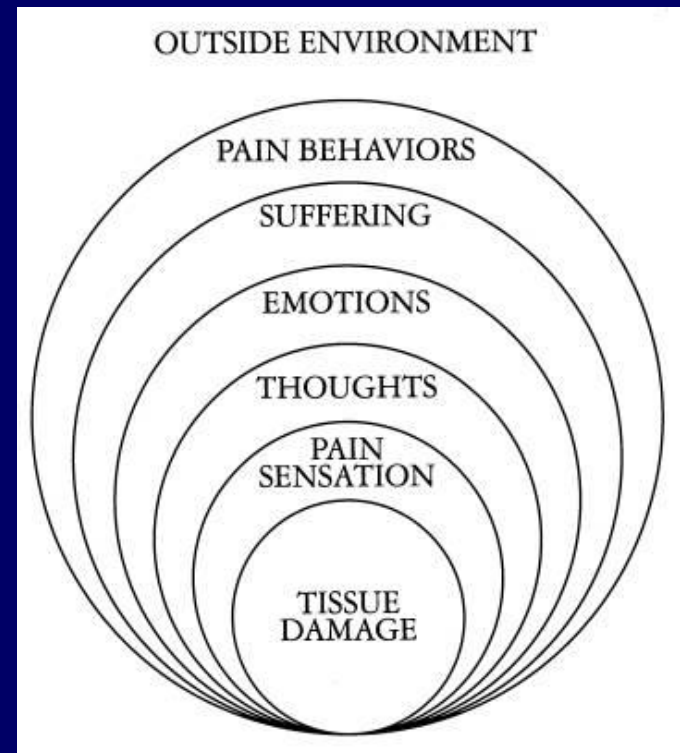
# Chronic Pain: What Is It?

- 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



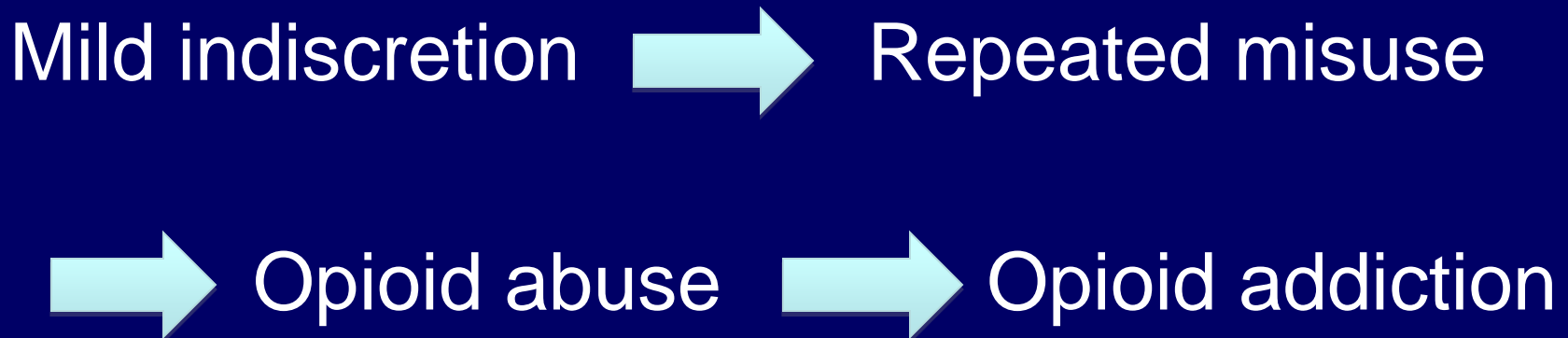


# Opioids for Chronic Pain: The Two Faces of Janus



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

# Continuum of Problematic Opioid Use



# 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

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

# 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



Addiction  
Abuse/Dependence

Prescription Drug Misuse

Aberrant Medication-Taking Behaviors  
(AMTBs)

A spectrum of patient behaviors  
that *may* reflect misuse

Total Chronic Pain Population

# 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



# 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 use<sup>1</sup>
  - Lifetime history of substance use disorder<sup>2</sup>
  - Family history of substance abuse, a history of legal problems and drug and alcohol abuse<sup>3</sup>
  - Heavy tobacco use<sup>4</sup>
  - History of severe depression or anxiety<sup>4</sup>

<sup>1</sup> Ives T et al. BMC Health Services Research 2006      <sup>2</sup> Reid MC et al JGIM 2002

<sup>3</sup> Michna E et al. JPSM 2004      <sup>4</sup> Akbik H et al. JPSM 2006

# 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

# 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 prescribe
  - 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*)

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

# 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](http://www.emergingsolutionsinpain.com)



# Screenener 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

# 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

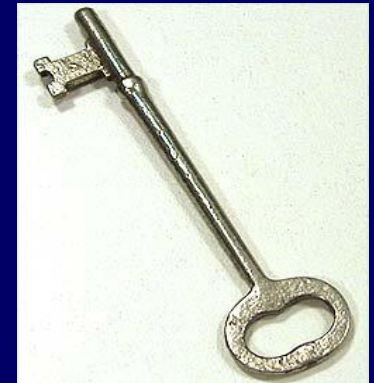
# Current Opioid Misuse Measure (COMM™)

- 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

# Monitoring, Monitoring, Monitoring...

## “Universal Precautions”

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



# 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

# 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)



# Red Flags to Stop Opioid Treatment

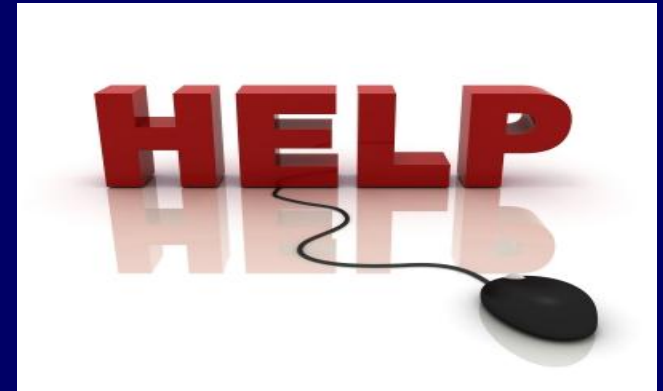
- **Review reasons for aberrant medication – taking behavior, then match action to cause:**
  - Unrelieved pain – Change of dosage or medications
  - Treatment of conditions other than pain
  - Addiction – Referral to addiction treatment
  - Diversion – STOP medication

# 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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