Safe Prescribing of Opioids for Pain and Reduction of Opioid Misuse E-blast Series

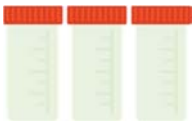
E-blast 3: Approaching Someone at Risk of Opioid Misuse

E-blasts 1 and 2 addressed the problem of opioid misuse, aberrant opioid use behaviors, and the role of medical professionals in determining whether a patient is misusing opioid. This e-blast focuses on monitoring the use of prescription opioids and approaching a patient regarding opioid misuse.

Regular Patient Visits and Drug Use Monitoring

Meticulous documentation by medical professionals providing chronic opioid therapy is essential. Patients on long-term opioid therapy meet with clinicians frequently, typically monthly. However, patients who also have a history of substance use disorder (SUD) may require more frequent, even weekly visits, and patients who are in stable recovery may be seen less often. Other factors that affect the frequency of visits include the complexity of the pain diagnosis, the status of the pain management, and the medications being prescribed (Substance Abuse and Mental Health Services Administration [SAMHSA], 2012).

Patient Visits: During patient visits, medical professionals who prescribe opioids monitor use of the medications including whether the patient is using medication as prescribed, identify the need for changes in dosage, and determine whether to stop or change the treatment if misuse is identified. As described in e-blast 2, certain patient behaviors may indicate the possibility of aberrant opioid use or opioid misuse, such as complaints about needing more medication, drug hoarding, taking more medication than was prescribed, and unapproved use of the medication to treat other symptoms. Other red flag behaviors that may signal misuse and abuse include reports of multiple "lost" or "stolen" prescriptions, deterioration in functioning at work or socially, repeatedly needing early refills, use of multiple physicians and pharmacies, and statements of fears and complaints ("I need it for my nerves") (Isaacson, Hopper, Alford, & Parran, 2005; National Association of Chain Drug Stores, 2015; Passik, 2009).



Urine Drug Testing: UDT can detect the presence of some prescribed and non-prescribed substances and, therefore, can be a useful tool for improving patient care. As when using other tools, medical professionals must understand the limitations of UDT and interpret results in light of other clinical findings. Discussing UDT results requires sensitivity to the possibility of false positives and false negatives and potential for misinterpretation of results (Standridge, Adams, & Zotos, 2010; Moeller, Lee, & Kissack, 2008). The presence of non-prescribed or illicit substances does not negate a patient's pain, but it may suggest misuse or addiction. UDT results that are negative for prescribed medications do not necessarily mean that the patient is selling or purposefully diverting medication; the patient may be "sharing" medication with a family member or

friend who has an SUD, at the cost of his or her own pain. In all cases, repeated unexpected test results suggest the need for assessment by an addiction specialist.

Engaging the Patient With Aberrant Opioid Use Behaviors or Opioid Misuse

A positive, supportive relationship between the patient and the medical professional provides a context in which aberrant behaviors can be discussed in an open and honest manner. Empathy and rapport can be established during the initial visit as medical and other history is taken in a nonjudgmental manner. During the frequent follow-up visits, techniques such as active listening—that is, the restating of a patient's report to make sure it has been understood, using clarification statements ("It sounds as if the pain is worse than usual for you"), and acknowledging the effort required to cope with pain daily—enhance an established relationship (SAMHSA, 2012). Once a positive, supportive relationship has been established, compassion and active listening can facilitate the conversations that are needed to clarify the nature and source of the problem behaviors.

Patient education and a treatment agreement are helpful in ensuring the patient understands practice policies, such as obtaining medications from only one physician and one pharmacy; taking medications only as prescribed; not sharing, selling, or otherwise diverting medications; and safeguarding medications and storing them securely and away from children. However, if clinicians identify behaviors of concern, they should:

- Clarify or restate the instructions that were given regarding the medication (Butler et al., 2007; Passik, 2009; SAMHSA, 2012).
- Consider the patient's gender, age, and cultural, ethnic, and racial diversity when selecting or designing educational materials and communicating information.
- Explore concerns or difficulties the patient may be experiencing.
- Identify and address complicating factors (e.g., simplify regimen, avoid look-alike drugs, have patients bring their medication to the office).
- Involve family members and caregivers.

When opioid misuse or opioid use disorder is suspected, it is important for clinicians to weigh the risks of continuing opioid therapy and to discuss these concerns and risks with their patients. They should ask patients whether they have any concerns about their use and engage them in a motivational process. To do so, the clinician should:

- Express specific concerns about of the patient's well-being ("I know that you have a problem with pain, but I believe you also have a problem with how you are using your medication. These are the things I've noticed that worry me…. Do you agree that this is a problem for you?")
- Weigh the risks of continuing therapy with opioids.
- Restructure a treatment agreement as needed.
- Provide a referral for addiction assessment and treatment, such as medication-assisted treatment (inpatient and outpatient), and maintain contact for continuing medical care.

When the patient has been unwilling or unable to comply with safe opioid use, it is necessary to:

- Express concerns about the patient's well-being.
- State that the particular medication is no longer safe or indicated and additional prescriptions will not be written (the patient may need to be tapered or referred to an addiction specialist).
- Explore other therapeutic options.
- Assess for withdrawal risk.
- Refer for addiction assessment and treatment, such as inpatient or outpatient medication-assisted treatment.

References

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