2022 SOAR Medications for Opioid Use Disorder (MOUD) Treatment Boot Camp

How To Get Started and Safely Manage Patients

Recognition of Opioid Use Disorder (OUD)

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Disclosures

- Neither Kurt DeVine nor Heather Bell have any disclosures.

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Recognition of Opioid Use Disorder (OUD)

Objectives

- Improve the recognition of opioid use disorder (OUD).
- Understand who to screen for OUD.
- Be able to utilize screening tools for the diagnosis of OUD.

Koob Definition of Addiction

"Addiction is a chronic relapsing syndrome that moves from an impulse control disorder involving positive reinforcement to a compulsive disorder involving negative reinforcement."

George F. Koob

Addiction

- The morbidity of the disease of addiction involves the **intrapersonal** sense of self (unlike other diseases)
  - Self-image
  - Self-respect
  - Self-concept
  - Sense of self-efficacy

Addiction

- Further morbidity on **interpersonal** relationships
  - Family
  - Close friends
  - Social relationships
- AND…. Damage to:
  - Finances
  - Legal standing
  - Employment performance
  - School/Grades

Aberrant Behavior

Aberrant Behavior

- Aberrant Behavior is behavior that suggests prescription misuse, abuse or addiction. (SAMHSA TIP 54)

Aberrant Behavior cont.

- Prevalence:
  - 17 studies of 2,466 chronic pain patients
    - 11.5% aberrant behavior
    - Without a history of SUD: 0.59%
  - 5 studies (15,542 patients) by UDAS:
    - 20.4% had none of their prescription opioid OR had a different opioid in their urine
    - 14.5% (1,965 patients) had illicit substances

Fleming Study

- Fleming et al study: 2008
  - Data obtained from 2002-2004
  - 235 PCP clinics in 8 Wisconsin counties
  - 1009 in final sample chronic pain patients receiving opioid therapy
    - 801 receiving daily opioid therapy
    - 115 intermittent opioid therapy (≤ 20 days per month)
    - 93 not currently taking opioids
  - 904 for analysis limited to patients taking daily or intermittent opioids in previous 6 months

Fleming Study cont.

- No significant differences on background characteristics of patients in the study
- Questionnaire (next slide) developed based on clinical literature
- OUD diagnosis by DSM-IV criteria

Fleming Study cont.

12 aberrant opioid use behavior items:

Fleming, MF, Davis, J, Passik, SD. Reported lifetime aberrant drug-taking behaviors are predictive of current substance use and mental health problems in primary care. Pain Med. 2008 Nov;9(8):1098-1106.

Table 1:

Table 1

12 aberrant drug behavior questions used for study

Q1. How often have you purposely over-sedated yourself with your narcotic pain medication?
Q2. Have you ever felt intoxicated from your narcotic pain medication?
Q3. Have you been involved in a motor vehicle or other accident while you were on your narcotic pain medication?
Q4. How often have you requested early renewals of your narcotic pain medication?
Q5. How often have you increased the dose of your narcotic pain medication without doctor authorization?
Q6. How often have you lost or had your narcotic pain medication prescription stolen?
Q7. Have you tried to get narcotic pain medication from more than one doctor at a time?
Q8. How often have you been successful in your efforts to get narcotic pain medication from more than one doctor at a time?
Q9. How many times have you used your narcotic pain medication for purposes other than prescribed (e.g. to help sleep)?
Q10. How often have you had a drink of alcohol to relieve your pain?
Q11. How often did you miss an appointment with your physician for your pain condition this year?
Q12. Have you ever hoarded narcotic pain medication?

For all twelve questions, subjects were presented with the following response options: never, once, twice, three times, four or more times. During the analysis, these responses were assigned numeric values of 0, 1, 2, 3, and 4 respectively.

Fleming Study cont.

- What was learned in this study:
  - No difference in behavior based on gender
  - Those >50 had less aberrant behaviors reported
  - Persons aged 31-50 were more likely to report >4 behaviors

Fleming Study cont.

- Other findings:
  - Those with >4 aberrant behaviors had at least 24% prevalence of SUD
  - Those patients who met criteria for an OUD endorsed:
    - Early refills 77.4% of the time
    - Increasing dose without provider consent 87% of the time

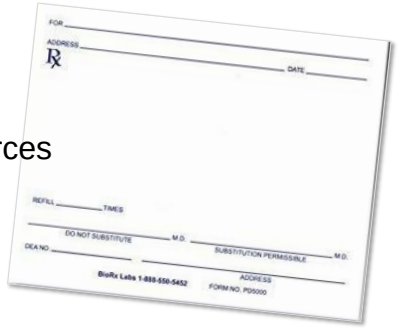
Fleming Study cont.

- Other findings:
  - Not one subject who failed to endorse any of the aberrant behaviors met criteria for an OUD

Patient Behaviors

More Predictive of Long-Term Use/OUD

- Selling prescription drugs
- Prescription forgery
- Stealing or “borrowing” drugs from another patient
- Injecting oral formulations
- Obtaining prescription drugs from non-medical sources
- Concurrent abuse of related illicit drugs
- Multiple, unsanctioned dose escalations
- Repeated episodes of lost prescriptions



Portenoy 1996

Patient Behaviors cont.

Less Predictive of Long-Term Use/OUD

- Aggressive complaining about the need for higher doses
- Drug hoarding during periods of reduced symptoms
- Requesting specific drugs
- Prescriptions from other physicians
- Unsanctioned dose escalation
- Unapproved use of a drug
- Reporting psychic effects not intended by the physician

Portenoy 1996

Addiction- Risks

- Who is at highest risk of substance use disorder:
  - Younger
  - Male
  - History of incarceration
  - Current cigarette smoker
  - Previous history of substance use disorder
  - Childhood trauma
  - Earlier onset of substance use

History

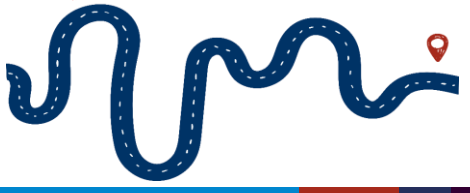
- What "predicts" addiction?
  - Personal history of drug abuse
  - Family history of drug abuse
  - Current addiction to alcohol or cigarettes
  - History of problems with prescriptions
  - Co-morbid psychiatric disorders

Addiction – Signs

- Concerning signs of addiction
  - Early refills
  - Used more than prescribed
  - Runs out early
  - Bought or “borrowed” medication
  - Multiple prescribers
  - Hoards medication

Addiction – Signs cont.

- Concerning signs of addiction continued:
  - Rejects non-opioid therapies or does not follow through with recommendations
  - Wants specific medication (“others don’t work”)
  - “Allergies” for all non-narcotics
  - Won’t allow previous providers’ records (won’t sign a release)
  - The unexpected urine
  - Won’t allow witnessed urine
  - Travelling a long distance (anecdotal)



Addiction – Signs cont.

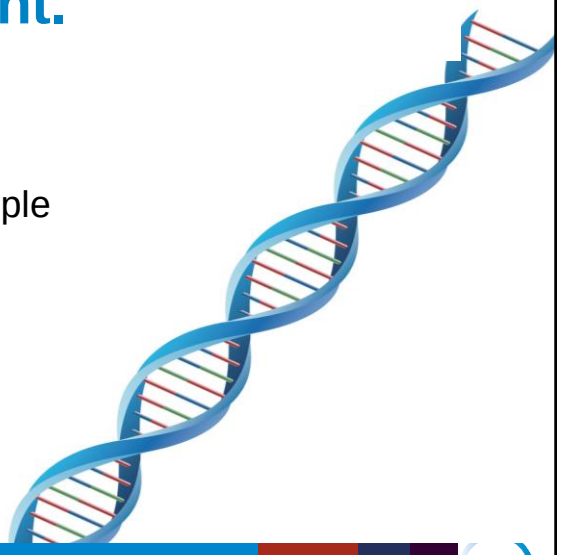
- Physical signs of addiction at visit:
  - Slurred speech
  - Pinpoint pupils
  - Gastroenteritis in the “ER”
  - Demanding/threatening
  - “Fading out”
  - Weight loss
  - Injection sites
  - Sniffing
  - Others based on substance used

Addiction – History

- Other history/clues to consider OUD:
  - Previous history of another SUD
  - Legal issues
    - DUI etc.
    - Child protection services
  - Sex trafficking: “STIs”
  - Chronic pain
  - High-risk occupations
    - Construction worker
    - Anesthesia
    - Tree-trimming

Addiction – History cont.

- Family history of SUD
  - 50% genetic
  - It is not uncommon to have multiple members of a family



Addiction – Men vs. Women

- Women:
  - Initiate substance use later in life but have accelerated course (telescoping)
  - More impairment
  - Less likely to seek help

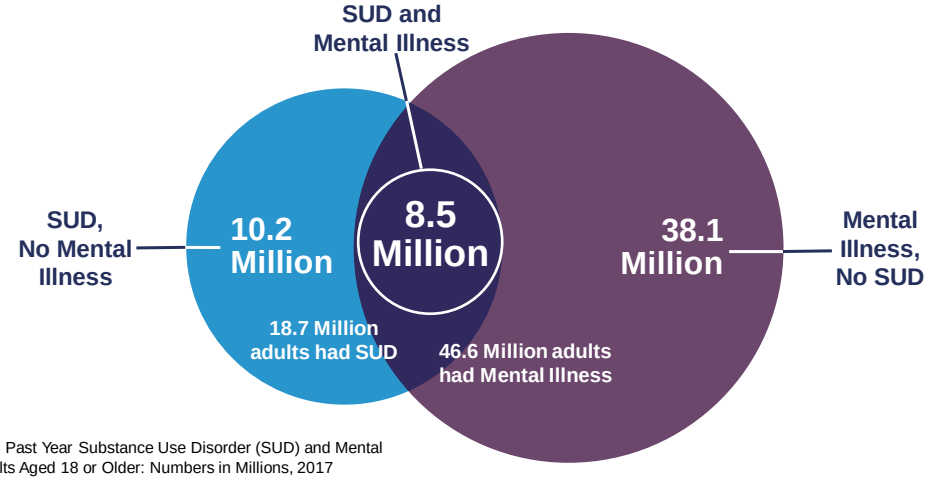
Addiction – Mental Health

- Mental health diagnosis can be a clue
  - Schizophrenia-> 5X rate of SUD compared to general population
  - Bipolar women-> 7X higher chance of addiction than non-bipolar women

Addiction – Mental Health cont.

- SUD risk in mental illness
  - High comorbidity likely reflects overlapping environmental, genetic, and neurobiological factors that influence drug use and mental illness
- 30% of people with psychiatric disorders have an SUD
  - Alcohol 25%
  - Tobacco 40%
  - Other drugs 15%

Substance Use Disorder (SUD) and Mental Illness



Source: SAMHSA, Past Year Substance Use Disorder (SUD) and Mental Illness among Adults Aged 18 or Older: Numbers in Millions, 2017

Addiction – Mental Health cont.

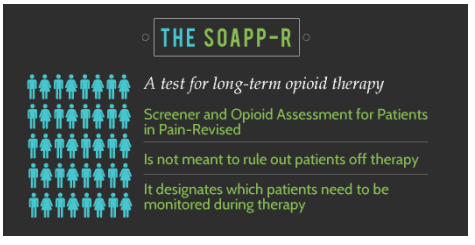
- DON'T FORGET!
- Ask about use disorders whether there are signs or not

ASK

Risk Assessment Tools

Risk Assessment Tools

- SOAPP-R:
  - 24-item patient reported:
    - Mood symptoms
    - Family history
    - Legal history
  - Designed to predict which patients require more monitoring
  - Has associated monitoring/treatment recommendations
  - Sensitivity: 81%, specificity: 68%, PPV: 57%, NPV: 87%
  - Cutoff score: 18

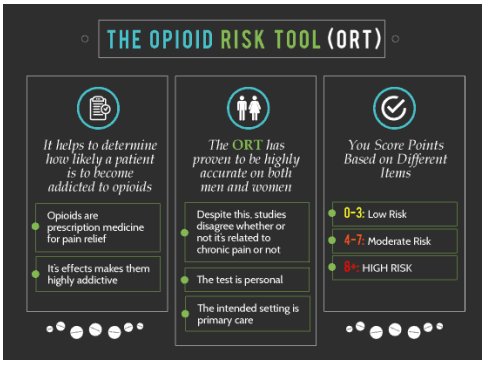


Risk Assessment Tools

- DAST:
  - 28-item patient report on:
    - Prescription use
    - Substance use behaviors
- DIRE:
  - Clinician-rated assessment of 4 domains:
    - Diagnosis
    - Intractability
    - Risk
    - Efficacy

Risk Assessment Tools

- ORT:
  - Patient reported personal and family history of:
    - Substance abuse: + age
    - Psychiatric diagnosis: + age
    - History of sexual abuse
  - Stratifies into:
    - Low risk
    - Moderate risk
    - High risk



Risk Assessment Tools

- COMM:
  - 17 item patient self-reported medication use behaviors over the previous 30 days
  - Score of 9 or above
    - Positive likelihood ratio (LR): 3.48 for medication misuse
    - Negative LR: 0.08 for medication misuse

Risk Assessment Tools

According to a recent (2019) systematic review:

"Most screening tools are from low-quality studies and… no screening tool was particularly useful for identifying patients for whom opioids can be safely prescribed" (including opioid risk tools)

Diagnosis

Diagnosis DSM-V

1. Opioids are often taken in larger amounts or over a longer period than intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire to use opioids.
5. Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational or recreational activities are given up or reduced because of opioid use

Diagnosis DSM-V cont.

8. Recurrent opioid use in situations in which it is physically hazardous.
9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.
10. Tolerance, as defined by either of the following:
    a) A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
    b) Markedly diminished effect with continued use of the same amount of an opioid.
11. Withdrawal, as manifested by either of the following:
    a) The characteristic opioid withdrawal syndrome.
    b) The same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms.

Diagnosis

- If they meet 2-3/11 then they have OUD, Mild.
  - Many people meet this
  - Unclear the significance of this diagnosis
- 4-5/11 OUD, Moderate
- 6 or more – OUD, severe

Diagnosis Example 1

If a patient purchases illicit opioids on the street, then:

a. Numbers 1, 3, 6, and 8 are met (typically)*
    a. Opioids are often taken in larger amounts or over a longer period than intended.
    b. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
    c. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
    d. Recurrent opioid use in situations in which it is physically hazardous.

*These four alone are Moderate Use Disorder

Diagnosis Example 1 cont.

If they need more or have withdrawal, then 10 and 11 are met.*

a. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
    b. Markedly diminished effect with continued use of the same amount of an opioid.
b. Withdrawal, as manifested by either of the following:
    a. The characteristic opioid withdrawal syndrome.
    b. The same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms.

*Previous 4 + these 2 = 6 - Severe Use Disorder

Diagnosis Example 2

If a patient lies to you about their use to get more opioids, then they meet 1, 3, 4, and 9...*

a. Opioids are often taken in larger amounts or over a longer period than intended
b. A great deal of time is spent in activities to obtain the opioid, use the opioid, or recover from its effects.
c. Craving, or a strong desire to use opioids
d. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.

*Meet 4 Criteria= Moderate Use Disorder

Diagnosis Example 2 cont.

And potentially 10 and 11 as well…*

a. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect
    b. Markedly diminished effect with continued use of the same amount of an opioid
b. Withdrawal, as manifested by either of the following:
    a. The characteristic opioid withdrawal syndrome
    b. The same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms

*Previous 4 + these 2 = 6 - Severe Use Disorder

Questions?

For questions regarding content from this boot camp or for TA:

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Podcast: The Addiction Connection