# Risk Stratification and Opioid Prescribing

The resource gives guidance on how primaray care practices can vary care for patients using long-term opioid therapy based on the patient's risk of adverse outcomes. Assessing risk is best performed using professionally developed and clinically recommended risk assessment tools to assign patients to a high-, medium-, or low-risk category. The risk categories and care variance is based on the Washington State opioid prescribing rules.

## Risk categories

- **High risk**: This includes patients at high risk of opioid-induced morbidity or mortality, based on factors and combinations of factors such as medical and behavioral comorbidities, polypharmacy, current substance use disorder or abuse, aberrant behavior, dose of opioids, or the use of any concurrent sedatives. Any patient using >90 MED per day is considered high risk.
- **Moderate risk**: This includes patients at moderate risk of opioid-induced morbidity or mortality, based on factors and combinations of factors such as medical and behavioral comorbidities, polypharmacy, history of substance use disorder or abuse, and aberrant behavior. In addition, any patient using 50-90 MED per day without other factors that increase their risk level is considered moderate risk.
- **Low risk:** This includes patients at low risk of opioid-induced morbidity or mortality, based on factors and combinations of factors such as medical and behavioral comorbidities, polypharmacy. Patients must use <50 MED per day to qualify as low risk. However, some patients using <50 MED per day may be at moderate or high risk, based on other risk factors.

It is the responsibility of the medical provider prescribing opioid medication to identify the risk level of each patient and vary their care based on risk.

## How to vary care based on risk

| Risk Category | Frequency of monitoring (visits, UDTs, PDMP checks) | Additional recommendations |
|---|---|---|
| High risk | Every 3 months | Consider referring to a pain specialist for additional evaluation and treatment needed to achieve treatment objectives. Confirm or provide a current prescription for naloxone when opioids are prescribed. |
| Moderate risk | Twice a year | Increase monitoring if any evidence of aberrant behavior. Confirm or provide a current prescription for naloxone when opioids are prescribed. |
| Low risk | Once a year | Increase monitoring if any evidence of aberrant behavior. |

# How to measure risk

*Below are suggested approaches to measuring different types of risks along with links to the tools.*

Risk factors for **opioid-induced morbidity or mortality** include medical and behavioral comorbidities, polypharmacy, current substance use disorder or abuse, aberrant behavior, dose of opioids, or the use of any concurrent sedatives. Any patient using >90 MED per day is considered high risk.

Risk factors for **overdose** include history of overdose, substance use disorder or abuse, sleep apnea, chronic lung disease, and use of any concurrent sedatives.

## Medical comorbidities

- Sleep apnea, which can be screened for with **STOPBang** – an 8-item screener for sleep apnea.
- Chronic obstructive pulmonary disease (COPD)
- Fall risk
- Cognitive status
- Pregnancy
- Age 65+

## Behavioral comorbidities

- Substance use misuse, disorder, or abuse (see tools below)
- Moderately severe or severe depression, which can be screened for initially with PHQ-4, then PHQ-9.
- Moderately severe or severe anxiety, which can be screened for initially with PHQ-4, then GAD-7.
- Post-traumatic stress disorder (PTSD), which can be screened for with the 4-item **PC-PTSD**: Primary Care PTSD Screen.
- Suicide ideation
- History of prior overdoses

## Substance/opioid misuse, abuse, or disorder

Each of the following tools has pros and cons. Select the tool/s that works best for you as a clinician.

- **ORT**: Opioid Risk Tool – a 10-item screening tool for predicting opioid misuse in patients using opioid therapy.
- **SOAPP-r**: Screener and Opioid Assessment for Patients with Pain – a 14-item screening tool for predicting risk for developing problems among patients using long-term opioid therapy.
- **COMM**: Current Opioid Misuse Measure – a 17-item screening tool to help clinicians identify if a patient is exhibiting aberrant behaviors associated with misuse of opioid medications.
- **DAST-10**: The Drug Abuse Screening Test – a 10-item brief screening tool commonly used to assess for substance use, not including alcohol or tobacco in the past 12 months.
- **TAPS**: The Tobacco, Alcohol, Prescription medications, and other Substance Tool – a 4-item screening tool to assess tobacco, alcohol, illicit drugs, and non-medical use of prescription medications.
- DSM-5: DSM-5 may be used to diagnose opioid use disorder, but be thoughtful in its use with patients on long-term opioid therapy. See the CDC for more details.

## Aberrant behaviors

- Resistance to changing opioid medications despite deterioration in function or significant negative effects
- Use of illegal drugs or controlled substances that are not prescribed for the patient (self-report or **urine drug test**)
- Behaviors suggesting loss of control over substance use or diversion, such as recurrent episodes of:

  o Prescription loss or theft

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- o Obtaining opioids from other providers in violation of treatment agreement (identified through review of **State Prescription Drug Monitoring Database Programs**)
- o Increases in dosing without provider's instruction (self-report)
- o Running short with medication supply and requests for early refills

## Medications taken/dose

- **Morphine Equivalent Dose (MED) calculator**
- **State Prescription Drug Monitoring Database Programs**

## Use of any concurrent sedatives

- **Sedatives list**: A list of sedatives to use in identifying patients on concurrent sedatives and opioids.

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