Opioid Use Disorders

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Opioid Use Disorders

- Importance of opioid use disorders
- Screening and DSM-5 definition of substance use disorder
- Assessment and monitoring in patients prescribed opioids
- Opioid use disorder treatment with methadone and buprenorphine
Importance of Opioid Use Disorder

- Common risk factor for HIV infection
- Youth epidemic of prescription opioid use leading to heroin – rural and urban
- Rising rates of opioid overdose death nationally
- Complicates management of chronic pain
- Requires medication-assisted treatment
Screening

• Screening for drug use not as well developed as for alcohol
• “How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?”
• A positive response is anything but never
• 100% sensitive, 74% specific for a drug use disorder
DSM-5 Substance Use Disorder

- 11 Criteria – new features in red:
  - Tolerance (excludes prescribed medication taken as directed)
  - Withdrawal (excludes prescribed medication taken as directed)
  - Persistent desire to cut down or quit
  - Spends lots of time taking, obtaining, recovering
  - Takes more than intended
  - Gives up important activities due to substance
  - Use in spite of physical or psychological problems caused by substance
  - Failure to fulfill major role obligations due to substance
  - Recurrent use in physically hazardous situations
  - Continues use in spite of social or interpersonal problems
  - Craving (such as strong urge that could not think of anything else)
## Assessing Risk: The Opioid Risk Tool

<table>
<thead>
<tr>
<th>Mark each box that applies</th>
<th>Female</th>
<th>Male</th>
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</thead>
<tbody>
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<td>Family history of substance abuse</td>
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<td>- Alcohol</td>
<td>[ ] 1</td>
<td>[ ] 3</td>
</tr>
<tr>
<td>- Illegal drugs</td>
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<td>[ ] 3</td>
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<tr>
<td>- Prescription drugs</td>
<td>[ ] 4</td>
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<tr>
<td>Personal history of substance abuse</td>
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<tr>
<td>- Prescription drugs</td>
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<td>Age 16-45</td>
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<td>History of preadolescent sexual abuse</td>
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<td>[ ] 3</td>
<td>[ ] 0</td>
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<td>Psychological disease</td>
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<tr>
<td>- Depression</td>
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<tr>
<td>Low (0-3) Moderate (4-7) High (≥8)</td>
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<tr>
<td>Scoring totals</td>
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Getting an Addiction History

- Establish rapport – listen to the pain story
- Start addiction history by asking about use in the distant past – less threatening
- Assess past problems and treatment efforts
- Demonstrate support for past efforts to quit
- Look for a “recovery story” – if problems were severe, there should be one!
- Past problems + current use = increased risk
Monitoring Patients Prescribed Opioids for Chronic Pain

- “Universal precautions” for all patients
- Includes urine and PMP checks based on risk
- SUD history and high doses are higher risk
- Aberrant behaviors can indicate safety issues and require further assessment
- Do not “fire” patient, but do make a diagnosis
- Some patients, especially with high opioid doses, may require addiction treatment
Treating Opioid Use Disorders

- Patients with Opioid Use Disorder need specialized treatment
- Methadone maintenance is most effective
- Patients initially treated with supervised daily doses, counseling, and urine testing
- Stable patients can get take-home doses
- Longer duration, higher dose treatment best
- Maintenance is superior to supported detox
Methadone Maintenance Pearls

- Ask patients about recent urine test results, take home status, dose trajectory
- Advise staying in treatment until social, medical, psychiatric, legal and family issues are stable
- Discuss possibility of extended take home doses as an alternative to tapering off
- Methadone Maintenance programs may resist accepting pain patients
Buprenorphine for Opioid Use Disorder

- Federal legislation (DATA 2000) made office based treatment of addiction legal
- Physicians must complete 8-hour training and obtain a federal waiver
- Understanding opioid addiction treatment improves chronic pain treatment skills
- Highly gratifying form of treatment
Full Agonist vs Partial Agonist

Activity

Log Dose of Opioid

Full Agonist

Partial Agonist

Antagonist
Buprenorphine

- Superior to psychosocial treatment alone
- Longer treatment duration is more effective
- Drug use outcomes similar to methadone maintenance treatment, but not as good at retaining patients
- Some physicians restrict prescribing to patients in their own practice, others accept referrals more widely
Overdose Prevention

• Overdose education and naloxone is an emerging harm reduction strategy
• Naloxone reverses opioid overdose
• For those at high risk of overdose and their friends or family
• Populations: needle exchange, exit from jail, in drug treatment, high risk prescribed opioids
• Stopoverdose.org
Opioid Use Disorders

• Important in HIV management
• Screening and diagnosis is a key goal
• Can complicate management of chronic pain
• “Universal precautions” is key concept in opioid prescribing for chronic pain
• Effective treatment is available