Adherence Monitoring to Reduce Risk with Opioids

Deborah Matteliano, PhD, ANP, FNP, RN-BC
ANCC Certified in Pain Management

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Objectives

- Present the legal and ethical requirement to perform adherence monitoring
- List the range of opioid use and misuse patterns that increase risk
- Define how adherence monitoring standards known as risk assessment and risk stratification are used to reduce risk of opioid misuse throughout the continuum of care
- Explain how to integrate a practical approach for adherence monitoring into each patient interaction to reduce risk

Ethical Tenets

When opioid therapy is initiated, an ethical imperative is created to monitor the patient regarding risk for inappropriate use and response to treatment throughout the trajectory of care

BACKGROUND

Ethical Tenets

"Do No Harm"

Failure to treat pain is "an unethical breach of human rights"(Brennen, Carr, & Cousins, 2007)

Nurses are central to patient care for patients with Pain and SUD

Declaration of Montreal, 2010, recognizes *the intrinsic dignity of all persons, and that withholding of pain treatment is profoundly wrong, leading to unnecessary suffering which is harmful.*"

Definitions

- Iatrogenic opioid addiction
- Aberrant drug related behaviors
- Substance use disorders
- Problematic opioid use

Problematic opioid abuse

- Criteria for problematic opioid use *
- 1) The patient displays an overwhelming focus on opiate issues during pain clinic visits that occupy a significant proportion of the pain clinic
- visit and impedes progress with other issues regarding the patient's pain. This behavior must persist beyond the third clinic treatment
- session.
- (2) The patient has a pattern of early refills (three or more) or escalating drug use in the absence of an acute change in his or her medical
- condition.
- (3) The patient generates multiple telephone calls or visits to the administrative office to request more opiates, early refills or problems
- associated with the opiate prescription. A patient may qualify with less visits if he or she creates a disturbance with the office staff.
- (4) There is a pattern of prescription problems for a variety of reasons that may include lost medications, spilled medications or stolen
- medications.
- (5) The patient has supplemental sources of opiates obtained from multiple providers, emergency rooms or illegal sources.
- **Chabal C, Erjavec MK, Jacobson L, Mariano A, Chanev E. Prescription opiate abuse in chronic pain patients: clinical criteria, incidence and predictors. Clin J Pain 1997;13:150-5.*

Addiction

- Inability to consistently abstain
- Impairment in behavioral control
- Craving
- Diminished recognition of ones behaviors
- Dysfunctional emotional response
  - (ASAM, 2012)

Misconceptions

Example 1: Addiction can accurately be predicted in patients and diagnosed at intake.

- Correction -- Addiction is not an entirely predictable response to reward producing drugs, but may occur in biologically and psychologically susceptible individuals; it is diagnosed over time, based on established criteria.

Therapeutic Tolerance

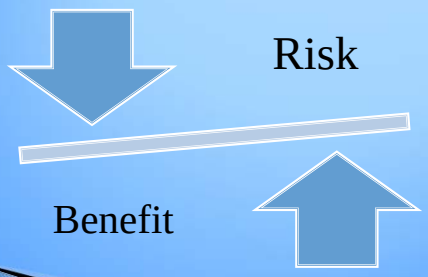
Psuedoaddiction

Misconceptions

Example 2: Substance misuse is the same as substance abuse, dependence, or addiction, and requires stopping all opioids.

- Correction -- Many reasons for substance misuse:
  - varying cultural values
  - lack of education
  - misunderstandings
  - poor judgment
  - These do not meet criteria for a substance use disorder.

Universal Precautions



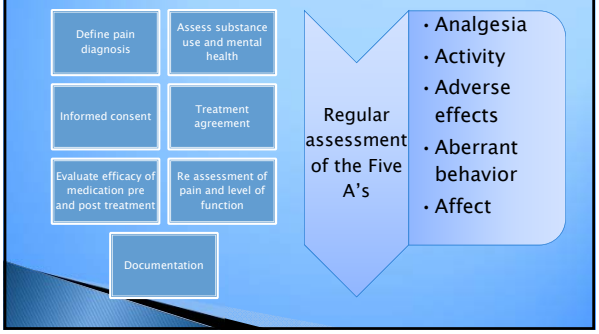
UNIVERSAL PRECAUTIONS

1. **What is it ?**

A 10 step systematic approach to the assessment & management of chronic pain patients

- **What does it offer?**
  - A triage scheme for estimating the risk of SUD/addiction w/ chronic pain patients
- **Why is it needed?**
  - Impossible to reliably determine who will develop SUD
    - Especially on initial encounter
- **What benefits result?**
  - Systematic evaluations
  - Decreased provider fear and reactive responses
  - Early detection & Rx of aberrant behaviors

Universal Precautions for Level of Risk



Barriers to identifying risk

- Stigma
- Misconceptions
- Limited access to providers familiar with identifying substance use disorders or other risks

Barriers

- Misunderstanding of indicators that could point to risk
- Lack of understanding of toxicology screening
- Lack of understanding of how to implement a systemized approach to adherence monitoring

Screening

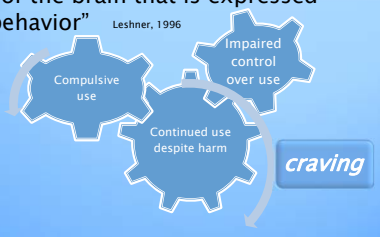
- Risk Prediction Instruments
  - SOAPP,ORT,COMM
  - PDUQ, ABC
- Other assessments
  - Urine Drug Testing
  - Pill Counts, Prescription Drug Monitoring Programs

Urinary Drug screening (UDT)

- Order UDT with patient consent to answer a clinical question
- know what you are looking "for"
- Seek guidance from experts at the laboratory
- Understand limitations of UDT; design was never intended for use as screening test for chronic pain patients
- Do not base clinical decisions solely on results from UDT

Identifying Problematic behavior

- "Addiction is not simply a lot of drug use; it is a disease of the brain that is expressed through behavior" Leshner, 1996



Examples of Risk Factors for Abuse of Pain Medications

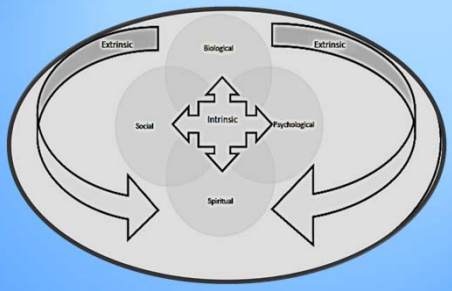
- Family and personal history of substance abuse
- Cigarette dependency (particularly if smoking occurs first
- thing in the morning)
- History of preadolescent sex or sexual abuse
- Psychologic stress
- Patterns of impulsive behaviors
- Victimization by others in household such as an abusive
- Spouse, physical abuse

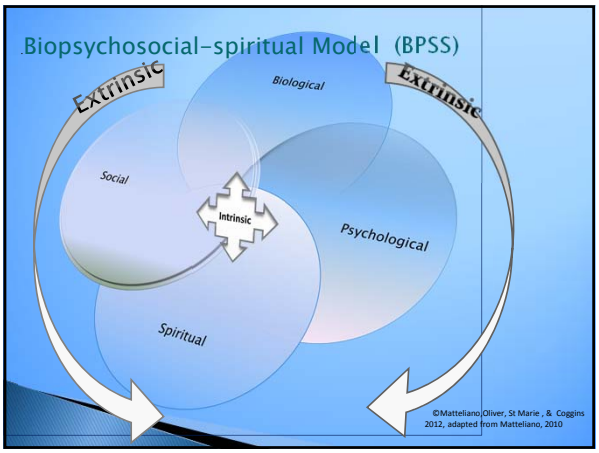
Adapted from Webster and Webster (2005)

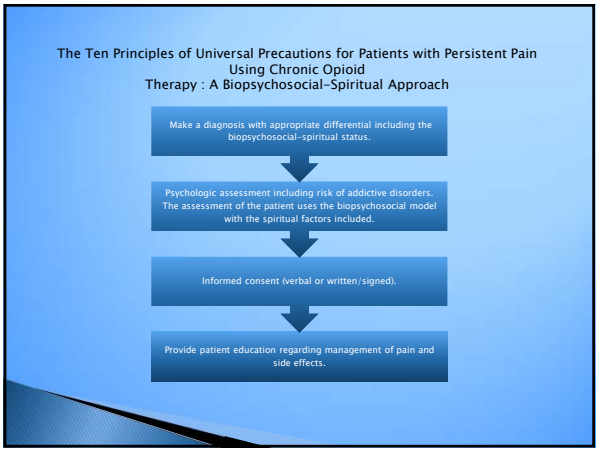
Examples of Risk Factors for Abuse of Pain Medications (cont.)

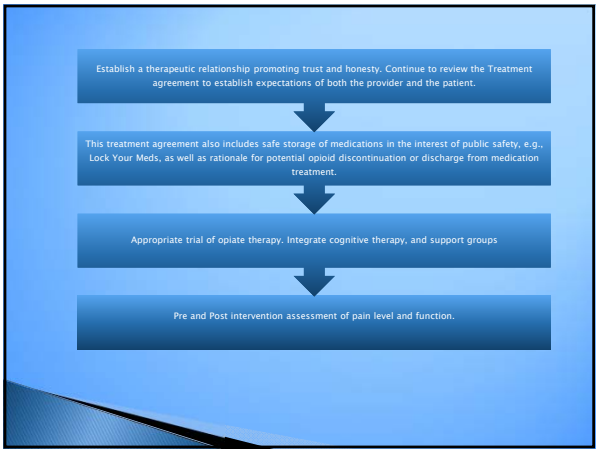
- History of repeated drug/alcohol rehabilitation
- Unwilling to try any other modality for pain relief
- Mental health disorder (particularly if unknown to the
- prescribing clinician)
- Young age
- Social patterns of drug use, or polysubstance abuse
- Failure to participate in drug or alcohol program for
- Persons with substance use disorder
- Poor social support, chaotic lifestyle
- Unclear cause of pain, exaggeration of pain
- Declining functional status
- Large focus exclusively on opioids

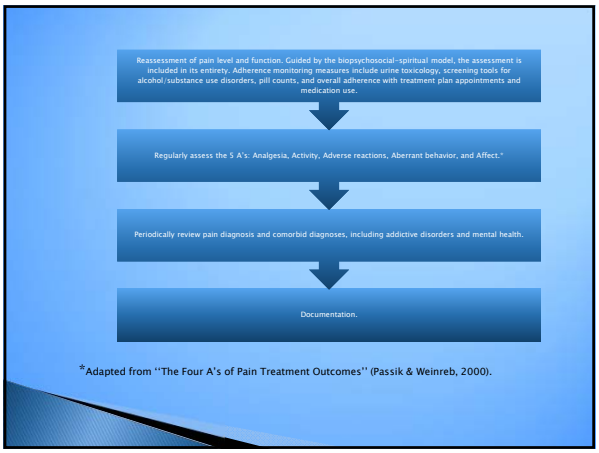
Biopsychosocial-Spiritual Assessment

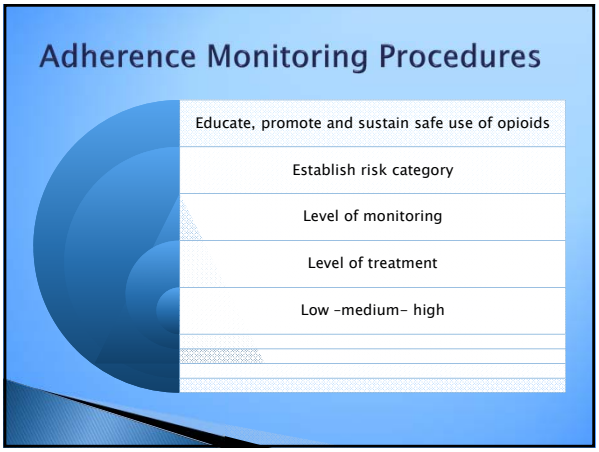


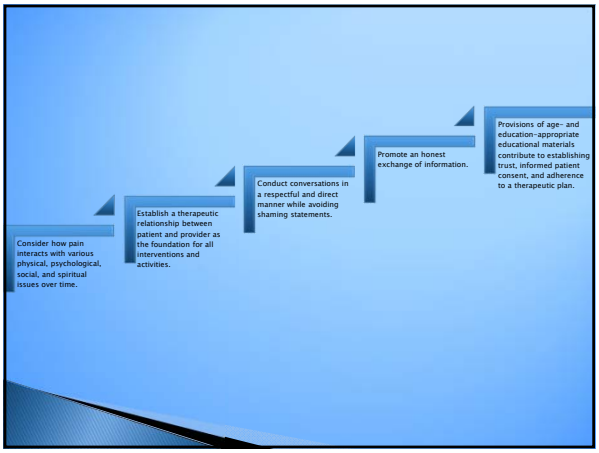

Biopsychosocial-spiritual Model (BPSS)
Extrinsic
Biological
Extrinsic
Social
Intrinsic
Psychological
Spiritual
©Matteliano,Oliver, St Marie , & Coggins 2012, adapted from Matteliano, 2010


The Ten Principles of Universal Precautions for Patients with Persistent Pain Using Chronic Opioid Therapy : A Biopsychosocial-Spiritual Approach
Make a diagnosis with appropriate differential including the biopsychosocial-spiritual status.
Psychologic assessment including risk of addictive disorders. The assessment of the patient uses the biopsychosocial model with the spiritual factors included.
Informed consent (verbal or written/signed).
Provide patient education regarding management of pain and side effects.


Establish a therapeutic relationship promoting trust and honesty. Continue to review the Treatment agreement to establish expectations of both the provider and the patient.
This treatment agreement also includes safe storage of medications in the interest of public safety, e.g., Lock Your Meds, as well as rationale for potential opioid discontinuation or discharge from medication treatment.
Appropriate trial of opiate therapy. Integrate cognitive therapy, and support groups
Pre and Post intervention assessment of pain level and function.


Reassessment of pain level and function. Guided by the biopsychosocial-spiritual model, the assessment is included in its entirety. Adherence monitoring measures include urine toxicology, screening tools for alcohol/substance use disorders, pill counts, and overall adherence with treatment plan appointments and medication use.
Regularly assess the 5 A's: Analgesia, Activity, Adverse reactions, Aberrant behavior, and Affect.*
Periodically review pain diagnosis and comorbid diagnoses, including addictive disorders and mental health.
Documentation.
*Adapted from "The Four A's of Pain Treatment Outcomes" (Passik & Weinreb, 2000).


Adherence Monitoring Procedures
Educate, promote and sustain safe use of opioids
Establish risk category
Level of monitoring
Level of treatment
Low -medium- high


Consider how pain interacts with various physical, psychological, social, and spiritual issues over time.
Establish a therapeutic relationship between patient and provider as the foundation for all interventions and activities.
Conduct conversations in a respectful and direct manner while avoiding shaming statements.
Promote an honest exchange of information.
Provisions of age- and education-appropriate educational materials contribute to establishing trust, informed patient consent, and adherence to a therapeutic plan.

Discuss and obtain an informed written treatment agreement. The treatment agreement provides information for expected behaviors of the prescriber and the patient. It also serves as an educational tool. This agreement should be reviewed periodically to clarify expectations.

Do not terminate the patient from your practice. Through clear boundaries of care and expectations, the patient may choose to leave your practice if they can not adhere to your care within the established boundaries. If nonadherence continues despite intervention, weaning off opioids and referral to other forms of pain treatment are indicated.

Referral to addiction care may be necessary. Careful documentation to referral sources reduces risk of perpetuating an abuse problem.

Matteliano Pain Management Rehab Protocol

NEW PATIENT: PRE SCREEN for Substance abuse$_1$, Alcohol History$_2$, Quantitative Urine Drug Test (UDT)$_3$. Continuing patient: at least annual documentation of low risk strategies.

1ST visit with Nurse
- Review results of Questionnaires and UDT,
- Psychosocial and smoking history
- Evaluate all medications, pill count if necessary
- Evaluate risk for sleep apnea or other potential risks with COT
- Review patient treatment agreement
- Develop patient goals, document
- Risk stratification as below

Subsequent visits 5 A's document at each visit: Aberrant behavior, Analgesia, Activity, Affect, Adverse side effects. Random UDT

Low risk : *no drug ETOH hx., stable biopsychosocial profile*
- Annual UDT Substance abuse and Alcohol screen
- Annual pill count review of meds
- Regular evaluation for continuation or modification of opioids, review of treatment agreement

Moderate Risk: *active biopsychosocial problems, not following through with referrals for adjuvant pain treatments, Unstable pain, Ambiguous or failed UDT, self report Alcohol/Drug abuse or minor aberrant medication use/behaviors*
- Monthly –Bi-annual tox/Substance abuse and Alcohol Screen
- Support referrals for pain pump, epidural or other modalities
- Frequent med review
- Psychotherapy
- Support group

High risk: *active addiction or evidence of illegal criminal or dangerous behaviors*
- Shorten dosage interval
- weekly UDT, Substance abuse/ Alcohol screen,
- Refer to or co- manage with addiction care.
- Discontinuation of opioids if interventions are not effective,or evidence of illegal/ dangerous behavior

Ethical Obligations of Nurses

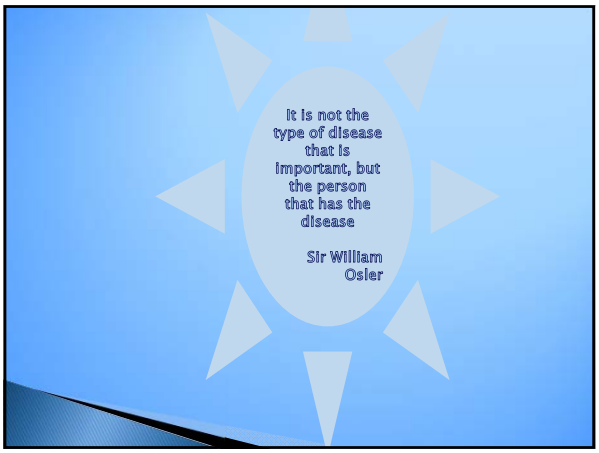
evaluate and treat problems associated with unrelieved pain

evaluate and treat problems associated with actual or potential risk of a substance use disorder or addiction

practice without stigmatizing patients

correct misconceptions in practice

advocate for holistic treatment of patients with pain and substance use disorders


It is not the type of disease that is important, but the person that has the disease
Sir William Osler