DSM-5 Criteria for OUD (Rx opioids)

(2 or more criteria)

DSM-5 Criteria	Example behaviors
Craving or strong desire to use opioids	Describes constantly thinking about opioids
Recurrent use in hazardous situations	Repeatedly driving under the influence
Using more opioids than intended	Repeated requests for early refills
Persistent desire/unable to cut down or control opioid use	Unable to taper opioids despite safety concern or family's concern
Great deal of time spent obtaining, using or recovering from the effects	Spending time going to different doctor's offices and pharmacies to obtain opioids
Continued opioid use despite persistent opioid-related social problems	Marital/family problems or divorce due to concern about opioid use
Continued opioid use despite opioid-related medical/psychological problem	Insistence on continuing opioids despite significant sedation
Failure to fulfill role obligations	Poor job/school performance; declining home/social function
Important activities given up	No longer active in sports/leisure activities

Assessing and monitoring

- **SBIRT**
- **"Universal Precautions"** when prescribing opioids in chronic non-cancer pain (CNCP)
- **ORT** = Opioid Risk Tool
- **PDMB** = Florida's Prescription Drug Monitoring Program

http://www.samhsa.gov/sbirt
http://attcnetwork.org/national-focus-areas/content.aspx?rc=sbirt&content=STCUSTOM3
http://hospitalsbirt.webs.com
http://www.floridahealth.gov/statistics-and-data/e-forcse/

10 steps of "Universal Precautions"

1. Make a diagnosis with appropriate differential.
2. Perform a psychological assessment, including risk of addictive disorders.
3. Obtain informed consent.
4. Use a treatment agreement.
5. Conduct assessments of pain level and function before and after the intervention.
6. Begin an appropriate trial of opioid therapy with or without adjunctive medications and therapies.
7. Reassess pain score and level of function.
8. Regularly assess the "4 As" of pain medication (analgesia, ADLs, adverse events, aberrant drug-related behaviors).
9. Periodically review pain diagnosis and co-occurring conditions, including addictive disorders.
10. Document initial evaluation and follow-up visits.

Adapted from Gourlay et al., 2005. (SAMHSA TIP 54, page 49)

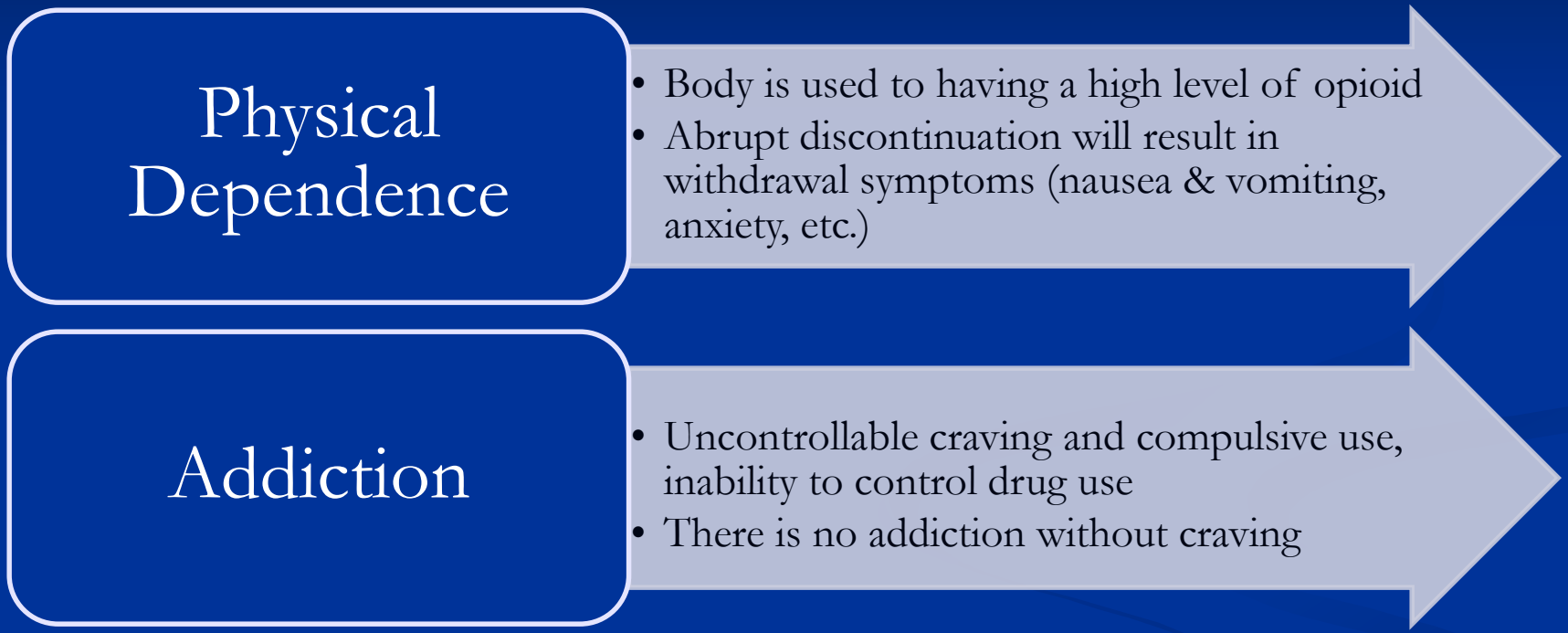
Opioid Risk Tool

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

Mark each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		

https://www.drugabuse.gov/sites/default/files/files/OpioidRiskTool.pdf

Physical dependence vs. addiction



Addiction is a chronic, progressive brain <u>disease</u> due to altered brain structure and function

Kosten, T. R., & George, T. P. (2002). The Neurobiology of Opioid Dependence: Implications for Treatment. *Science & Practice Perspectives*, *1*(1), 13–20.

Addiction

- Definition
  1. Tolerance
  2. Withdrawal
  3. Abuse
  4. Helplessness
  5. Compulsion
  6. Isolation
  7. Vicious circle of devastation
- Dependence
- Hyperalgesia

http://www.medscape.com/viewarticle/562216_4

American Society of Addiction Medicine. (2011). Public Policy Statement: Definition of Addiction. Chevy Chase, MD.

Addiction treatment

- Inpatient
  - Short term
  - Long term
  - Partial hospitalization
- Outpatient
  - Intensive programs
  - Clinics
- Medication-assisted treatment programs

http://www.samhsa.gov/medication-assisted-treatment

MAT

- Component of comprehensive treatment

- Methadone
- Buprenorphine

- Naltrexone/naloxone?

http://store.samhsa.gov/product/Cl inical-Use-of-Extended-ReleaseInjectable-Naltrexone-in-theTreatment-of-Opioid-UseDisorder-A-Brief-Guide/SMA14- 4892R

	Buprenorphine/Naloxone*	Methadone
Treatment setting	Office-based	Specially licensed OTP
MOA	Partial opioid agonist*	Opioid agonist
FDA-approved?	Yes	Yes
Reduces cravings?	Yes	Yes
OUD classification?	Mild—Moderate	Mild/Moderate/Severe
Candidates	None/few failed attempts	Many failed attempts
Recommended for those using ongoing short-acting opioids?	No	Yes
Psychosocial intervention recommendations	Addiction-focused MM	Individual counseling and/or contingency management

http://buprenorphine.samhsa.gov/

http://www.opioidprescribing.com/ naloxone_module_1-landing

http://www.pcssmat.org

https://www.samhsa.gov/medication-assisted-treatment

Withdrawal

- Rhinorrhea
- Diarrhea
- Yawning
- Anxiety
- Mydriasis
- Lacrimation
- Vomiting
- Hyperventilation
- Hostility

Clinical Opiate Withdrawal Scale

https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

Opiate-induced constipation

- Dietary and lifestyle interventions
- OTC medications
  - Stimulant laxatives: bisacodyl, senna
  - Stool softeners: docusate, mineral oil, Mg citrate
  - Enemas
- Prescription medications
  - Lubiprostone (Amitiza)
  - Methylnaltrexone (Relistor)
  - Naloxegol (Movantik)
  - Naldemedine (Symproic)

https://www.uspharmacist.com/article/opioidinduced-constipation-clinical-guidance-and-approved-therapies

- Prescribing emergency opioid antagonists
- Alternatives to controlled substance prescribing
  - Nonpharmacological therapies
- Physician liability for overprescribing controlled substances
- Controlled substance disposal

Toxicity/overdose

- Coma
- Miosis
- Bradypnea/hypoventilation

Overdose treatment

- BLS
- Naloxone
  - Injectable (Narcan)
  - Autoinjectable (Evzio)
  - Nasal spray (Narcan)
- Active monitoring

https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio

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- Pharmacological
  - Antidepressants
  - Anticonvulsants
  - Acetaminophen
  - NSAIDs
  - Anesthetics
  - Corticosteroids
  - Non-BZD muscle relaxers

- Nonpharmacological
  - Heat/cold
  - Osteopathic manipulation
  - Physical therapy
  - Chiropractic
  - Acupuncture
  - TENS?
  - Biofeedback
  - Cognitive behavioral therapy
  - Exercise

Timing is everything

- Low back pain
  - 40%-60% less likely to use opioids over 2 years if PT seen within 2 weeks of onset
    - Childs et al 2015; Fritz et al 2013
- Neck pain
  - 41% less likely to receive opioid therapy for neck pain in the next 12 months
    - Horn et al, 2018
- Knee pain
  - 33% less likely over 12 months
    - Stevans et al 2017

- Prescribing emergency opioid antagonists
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- Minimum penalty for 1st violation
  - 6mo license suspension, probation + $10,000 fine
- Minimum penalty for 2nd violation
  - 1yr license suspension, probation + $10,000 fine
- Maximum penalty for either offense
  - License revocation + $10,000 fine

- Failure to check the PDMP
  - 1st offense
    - Non-disciplinary citation from DOH
  - 2nd + offense
    - Subject to discipline from respective Board

- Prescribing emergency opioid antagonists
- Alternatives to controlled substance prescribing
  - Nonpharmacological therapies
- Physician liability for overprescribing controlled substances
- Controlled substance disposal

Controlled substance disposal

- Small amounts
- Secure safely
- Safe disposal options
  - Veterans Health Administration
  - Return to pharmacist or prescriber?

Medication disposal

- Take-back programs
  - https://www.deadiversion.usdoj.gov/drug_disposal/takeback/
- DEA-authorized collectors
  - https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1
  - DEA Office of Diversion Control's Registration Call Center: 1-800-882-9539
- Household trash (***not for controlled substances***)
- Flushing: https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm588196.pdf

Khan, et al. Risks associated with the environmental release of pharmaceuticals on the U.S. Food and Drug Administration "flush list". Sci Total Environ 2017 Dec 31;609:1023-1040.
https://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186188.htm

The opioid epidemic

Opioid epidemic strategy

- Improving access to prevention, treatment, and recovery services, including the full range of medication-assisted treatments
- Targeting availability and distribution of overdose-reversing drugs
- Strengthening our understanding of the crisis through better public health data and reporting
- Providing support for cutting edge research on pain and addiction
- Advancing better practices for pain management

https://www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/secretary-price-announces-hhs-strategy-for-fighting-opioid-crisis/index.html

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- Medication Assisted Treatment http://www.samhsa.gov/medication-assisted-treatment, http://pcssmat.org/
- National Institute on Drug Abuse (NIDA) https://www.drugabuse.gov/
- Schuckit MA. Treatment of Opioid Use Disorders. *NEJM* (07/28/16) Vol. 375, No. 4, P. 357 http://www.nejm.org/doi/full/10.1056/NEJMra1604339#t=article
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- Drug disposal: https://www.deadiversion.usdoj.gov/drug_disposal/index.html
- National Academy of Medicine: https://nam.edu/wp-content/uploads/2017/09/First-Do-No-Harm-Marshaling-Clinician-Leadership-to-Counter-the-Opioid-Epidemic.pdf

Thank you

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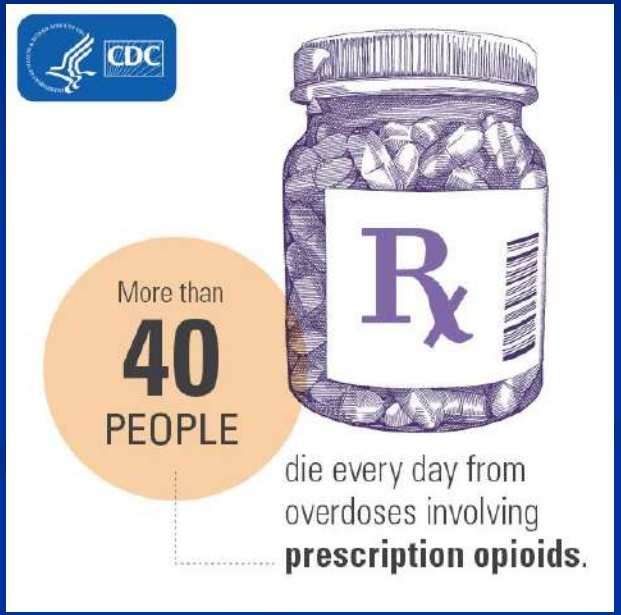

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