

Consideration for Prescribing Opioids



Monitoring, Monitoring, Monitoring... “Universal Precautions”

- Contracts/Agreement form
- Drug screening
- Prescribe small quantities
- Frequent visits
- Single pharmacy
- Pill counts

FSMB Guidelines, 2004

(http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.pdf);

Gourlay DL, Heit HA. Pain Med, 2005.

Contracts/Agreements/Informed Consent

PURPOSE:

- Educational and informational, articulate rationale and risks of treatment
- Articulate monitoring (pill counts, etc.) and action plans for aberrant medication-taking behavior
- Take “pressure” off provider to make individual decisions (Our clinic policy is...)
- Prototype: <http://www.painedu.org>

LIMITATIONS:

- Efficacy not well established (although no evidence of a *negative* impact on patient outcomes)
- No standard or validated form

Informed Consent

PURPOSE: A process of communication between a patient and physician that provides patients with the opportunity to ask questions to elicit a better understanding of the treatment or procedure, so that he or she can make an informed decision to proceed or to refuse a particular course of medical intervention.

Informed Consent

SPECIFIC RISKS OF THE TREATMENT (long-term opioid use):

- Side effects (short and long term)
- Physical dependence, tolerance
- Risk of drug interactions or combinations (respiratory depression)
- Risk of unintentional or intentional misuse (abuse, addiction, death)
- Legal responsibilities (disposing, sharing, selling)

Monitoring: Pill (and Used Patch) Counts



Monitoring: Urine Drug Tests

Purpose

- Evidence of therapeutic adherence
- Evidence of non-use of illicit drugs

Results of study from pain medicine practice (n=122)

- 22% of patients had aberrant medication taking behaviors
- 21% of patients had NO aberrant behaviors BUT had an abnormal urine drug test

Therefore, aberrant behavior and urine drug test monitoring are both important.

– Katz et al. Clinical J of Pain, 2002.

Monitoring: Urine Drug Tests

- Implementation Considerations
 - Know limitations of test and your lab
 - Be careful of false negatives and positives
 - Talk with the patient: “If I check your urine right now, will I find anything in it?”
 - Random versus scheduled
 - Supervised, temperature strips, check Cr
 - Chain-of-custody procedures

Gourlay DL, Heit HA, Caplan YH. Urine drug testing in primary care: Dispelling myths and designing strategies monograph (www.familydocs.org/files/UDTmonograph.pdf).