

Questionnaire Helps Screen Patients at Risk for Opioid Abuse

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New clinical evidence shows that a patient's probability of opioid abuse is tied to certain risk factors such as personal and family history of substance abuse, history of preadolescent sexual abuse and certain mental diseases. Knowing whether a patient exhibits these risk factors before initiation of treatment can help clinicians set the appropriate level of monitoring and help prevent abuse.

All clinicians who treat pain must assess for potential abuse or addiction. What is needed is a new generation of assessment tools that are predictive, brief, easy to administer and interpret, and geared to opioid abuse rather than to abuse of alcohol or other substances.

One such assessment strategy is the Opioid Risk Tool (ORT), developed during the course of my clinical practice to address the specific needs of patients treated with chronic opioid therapy. In initial trials, the tool was shown to accurately predict which patients were at highest and lowest risk for displaying aberrant, drug-related behaviors associated with abuse or addiction.^{1,2} Examples of these behaviors include using more opioids than prescribed, selling prescriptions, losing prescriptions or reporting them stolen, canceling clinic visits and forging prescriptions.

The ORT is a five-question, self-administered assessment that takes less than five minutes to complete (Figure). Designed for a patient's initial visit, it assesses for personal and family history of prescription, alcohol and illegal drug abuse, age, history of preadolescent sexual abuse and the presence of depression, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder and schizophrenia. A review of the scientific literature showed these risk factors to be most predictive of the later development of a substance-abuse disorder.

In a newly published study, 185 new patients being treated with opioids for chronic pain took the ORT on their initial visits (*Pain Medicine*, in press). Based on their scores, patients were grouped into categories of high, moderate or low risk and then monitored for 12 months. Of the low-risk patients, 17 out of 18 (94.4%) did not display an aberrant behavior. Of the high-risk patients, 40 out of 44 (90.9%) did display an aberrant behavior.

The presence of aberrant behaviors does not, in itself, indicate addiction or a major abuse problem. It is important to watch for a pattern of drug-related behaviors as well as reduced function and quality of life.

With the use of this method of assessment, the level of risk determines the level of monitoring. All patients deserve treatment for pain, but higher-risk patients require more vigilance. In the absence of an x-ray or laboratory test to pinpoint addiction, observing a patient's behavior is the best

tool for preventing abuse.

A Case Study

For example, take Patty, a 43-year-old patient with chronic fatigue, fibromyalgia and back pain. Patty's score on the ORT placed her in the high-risk category. Sexually molested at age 5, she had been diagnosed with bipolar disorder. Her father was a habitual cocaine user, so she grew up seeing substances abused in her childhood home. When she reached adulthood, her social life revolved around parties with beer drinking and illicit drug use, including the recreational use of prescription painkillers. Patty began exhibiting aberrant behaviors almost immediately after being prescribed opioids for pain—calling the clinic frequently for unauthorized refills, missing appointments and showing the presence of illicit drugs in her urine drug screens.

Item	Mark each box that applies	Item score if female	Item score if male
1. Family history of substance abuse:			
Alcohol	<input type="checkbox"/>	1	3
Illegal drugs	<input type="checkbox"/>	2	3
Prescription drugs	<input type="checkbox"/>	4	4
2. Personal history of substance abuse:			
Alcohol	<input type="checkbox"/>	3	3
Illegal drugs	<input type="checkbox"/>	4	4
Prescription drugs	<input type="checkbox"/>	5	5
3. Age (mark box if 16-45)	<input type="checkbox"/>	1	1
4. History of preadolescent sexual abuse	<input type="checkbox"/>	3	0
5. Psychological disease			
Attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, schizophrenia	<input type="checkbox"/>	2	2
Depression	<input type="checkbox"/>	1	1
Total		—	—
Total Score Risk Category:			
Low Risk: 0 to 3			
Moderate Risk: 4 to 7			
High Risk: 8 and above			

FIGURE. Opioid Risk Tool.

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A patient such as Patty would require the very highest level of monitoring, including frequent visits and urine drug screens, a referral for substance-abuse treatment, the use of a third party to monitor prescriptions and a possible switch to a medication less prone to abuse.

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References

1. Webster LR. Addiction Liability Assessment. Abstract presented at: 4th International Conference of Pain & Chemical Dependency; December 7-9, 2000; Washington, DC.
2. Webster LR. Predicting Aberrant Drug Related Behavior in Chronic Pain Patients. Presented at: 5th International Conference on Pain & Chemical Dependency; June 6, 2002; New York, NY.