



OHSU

# Opioid Treatment Failure

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DATE: February 21, 2018 PRESENTED BY: Jonathan Robbins, OHSU Internal Medicine

## Agenda

1. Employ universal precautions in opioid prescribing.
2. Define opioid success in primary care.
3. Detect opioid failure in primary care.
4. Screen for fibromyalgia in patients on opioids.
5. Use a risk-benefit ratio for opioid prescribing.



**HPI:** 45 year-old woman new to my practice

**Past medical:** DM2 (last A1C 9.2), HTN, tobacco use


**Psych:** PTSD from abuse during first marriage

**Pain generators:** Diabetic neuropathy, chronic low back pain



**Medications:** oxycodone 5 mg 10/day, nortriptyline 10 mg QHS, statin, ASA, glargine insulin, metformin

**MEDD:** 75










**Social:** not working, one teenage boy, husband (2<sup>nd</sup>) owner-operator of tractor trailer, no EtOH or other drugs



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UNIVERSAL PRECAUTIONS


BLOODBORNE PATHOGENS CAN BE DEADLY-BE ALERT AND CAUTIOUS AT ALL TIMES!  
TREAT ALL BODY SUBSTANCES AS INFECTIOUS  
BODY SUBSTANCES INCLUDE BLOOD, ORAL SECRETIONS,  
FECES, URINE, WOUND DRAINAGE, EMESIS, ETC.  
USE POSITIVE PROTECTION METHODS AGAINST HIV, HBV, BLOODBORNE PATHOGENS AND INFECTIOUS WASTE

 <b>WASH HANDS.</b>	 <b>WEAR GLOVES.</b>	 <b>WEAR PROTECTIVE CLOTHING.</b>	 <b>WEAR MASK/EYE PROTECTION.</b>	 <b>DO NOT RECAP</b> <small>PLACE INTACT NEEDLE/SYRINGE UNITS AND SHARPS IN DESIGNATED DISPOSAL CONTAINER. DO NOT BREAK OR BEND NEEDLES.</small>
 <small>DISPOSE OF WASTE IN PROPERLY MARKED CONTAINERS.</small>	 <small>CLEAN UP SPILLS USE DESIGNATED PROCEDURES AS REQUIRED.</small>	 <small>USE REQUIRED DAILY HOUSEKEEPING PROCEDURES.</small>	 <small>WEAR GOGGLES OR CLEAR CONTACT LENSES TO PROTECT ALL NECESSARY SAFETY PROCEDURES.</small>	

SAFETY SIGN CO. 303-881-1111

<https://safety-signco.com/products/universal-precautions-sign>



## “Universal Precautions”

(not evidence-based but has become “standard” of care)

### Misuse risk assessment

- ORT - Opioid Risk Tool
- SOAPP - Screener and Opioid Assessment for Patients with Pain

### Patient Provider Agreements (PPA)

- Informed consent (risks and benefits)
- Plan of care including medication management

### Frequent face-to-face visits

- Assess and document risks and benefits

### Monitor for adherence, addiction and diversion

- Urine drug monitoring and pill counts
- Prescription Drug Monitoring Program (PDMP) data

Gourlay DL et al. *Pain Med* 2005, slide courtesy Dan Alford.



# Opioid Safety and Risks

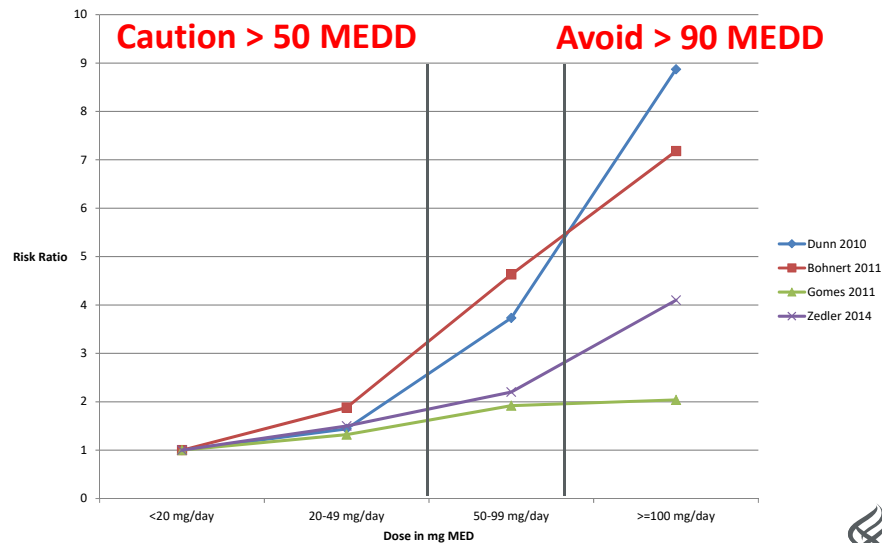
- **Allergies** are rare
- **Side effects** are common
  - Nausea, sedation, constipation, urinary retention, sweating
  - Respiratory depression – sleep apnea
- **Organ toxicities** are rare
  - Suppression of hypothalamic-pituitary-gonadal axis
- **Worsening pain** (*hyperalgesia* in some patients)
- **Addiction (Opioid use disorder)**
- **Overdose**
  - when combined w/ other sedatives
  - at high doses

Dunn KM et al. Ann Intern Med 2010  
Li X et al. Brain Res Mol Brain Res 2001

Doverly M et al. Pain 2001  
Angst MS, Clark JD. Anesthesiology 2006



## Dose-related Risk of Overdose



Courtesy Gary Franklin, Roger Chou




**URINE DRUG SCREEN (MULTIPLE-CLASS),POC** Order: 198069880

Collected: 4/30/2018 11:44 Status: Final result Visible to patient: No (Not Released) Dx: Chronic pain syndrome : Preventative ...

	Ref Range & Units	Value
(THC) MARIJUANA, URINE	Negative	negative
QC: ENTER 'PASS' OR 'FAIL', URINE DRUG SCREEN		pass
COCAINE, URINE	Negative	negative
QC: ENTER 'PASS' OR 'FAIL', URINE DRUG SCREEN		pass
OPIATES, URINE	Negative	negative
QC: ENTER 'PASS' OR 'FAIL', URINE DRUG SCREEN		pass
OXYCODONE, URINE	Negative	positive
QC: ENTER 'PASS' OR 'FAIL', URINE DRUG SCREEN		pass
AMPHETAMINES, URINE	Negative	negative
QC: ENTER 'PASS' OR 'FAIL', URINE DRUG SCREEN		pass
METHAMPHETAMINES, URINE	Negative	negative
QC: ENTER 'PASS' OR 'FAIL', URINE DRUG SCREEN		pass
METHADONE, URINE	Negative	negative
QC: ENTER 'PASS' OR 'FAIL', URINE DRUG SCREEN		pass
BENZODIAZEPINES, URINE	Negative	negative
QC: ENTER 'PASS' OR 'FAIL', URINE DRUG SCREEN		pass


Resulting Agency: OHSU - MARQUAM HILL, POINT OF CARE TESTS

Specimen Collected: 04/30/18 11:44 Last Resulted: 04/30/18 11:46



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Filled	ID	Written	Drug	QTY	Days
05/27/2017	1	05/26/2017	OXYCODONE HCL 5 MG TABLET	280	28
05/09/2017	1	05/01/2017	DIAZEPAM 10 MG TABLET	10	28
05/03/2017	1	05/01/2017	OXYCODONE HCL 5 MG TABLET	280	30
04/09/2017	1	04/03/2017	DIAZEPAM 10 MG TABLET	10	30
04/05/2017	1	04/03/2017	OXYCODONE HCL 5 MG TABLET	280	28
02/08/2017	1	02/08/2017	OXYCODONE HCL 5 MG TABLET	280	30
02/08/2017	1	02/08/2017	DIAZEPAM 10 MG TABLET	10	30
01/13/2017	1	01/13/2017	OXYCODONE HCL 5 MG TABLET	280	30
01/13/2017	1	01/13/2017	DIAZEPAM 10 MG TABLET	10	30
11/18/2016	1	11/17/2016	OXYCODONE HCL 5 MG TABLET	280	28
11/14/2016	1	11/14/2016	DIAZEPAM 10 MG TABLET	10	30
10/21/2016	1	10/21/2016	OXYCODONE HCL 5 MG TABLET	280	28
10/18/2016	1	10/18/2016	DIAZEPAM 10 MG TABLET	10	30
09/23/2016	1	09/20/2016	OXYCODONE HCL 5 MG TABLET	280	28
08/26/2016	1	08/24/2016	OXYCODONE HCL 5 MG TABLET	280	28
08/19/2016	1	08/19/2016	DIAZEPAM 10 MG TABLET	10	30
07/29/2016	1	07/29/2016	OXYCODONE HCL 5 MG TABLET	280	28
07/22/2016	1	07/22/2016	DIAZEPAM 10 MG TABLET	10	28
07/01/2016	1	07/01/2016	OXYCODONE HCL 5 MG TABLET	280	28
06/24/2016	1	06/24/2016	DIAZEPAM 10 MG TABLET	10	30
06/04/2016	1	05/19/2016	OXYCODONE HCL 5 MG TABLET	280	28
06/03/2016	1	06/03/2016	HYDROCODON-ACE TAMINOPHEN 5-325	16	2
05/26/2016	1	05/26/2016	DIAZEPAM 10 MG TABLET	10	30
05/07/2016	1	05/07/2016	OXYCODONE HCL 5 MG TABLET	280	28
04/26/2016	1	04/18/2016	DIAZEPAM 10 MG TABLET	10	30



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# Opioid Risk Tool (ORT)

**Administration:**

- On initial visit
- Prior to opioid therapy

**Scoring:**

- 0-3: low risk (6%)
- 4-7: moderate risk (28%)
- > 8: high risk (> 90%)

Mark each box that applies	Female	Male
<b>1. Family history of substance abuse</b>		
Alcohol	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Prescription drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<b>2. Personal history of substance abuse</b>		
Alcohol	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Prescription drugs	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<b>3. Age (mark if between 16-45 yrs)</b>	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1
<b>4. History of preadolescent sexual abuse</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 0
<b>5. Psychological disease</b>		
ADO, OCD, bipolar, schizophrenia	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Depression	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1
<b>Scoring totals</b>	3	_____

Webster & Webster. *Pain Med.* 2005;6:432.




# Patient-Provider Agreement



<http://www.theolivebranchblog.com/wp-content/uploads/2013/07/agreement.png>





Oregon Health & Science University  
Hospitals and Clinics  
Internal Medicine

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

**CHRONIC OPIOID TREATMENT  
INFORMED CONSENT AND NOTICE OF  
MATERIAL RISKS**

Page 1 of 1 Patient Identification

You have been diagnosed with this condition: diabetic nerve pain, low back pain  
 I have recommended long-term treatment with the following opioid medicine(s): Oxycodone 5mg

It is realistic to expect a reduction of pain during short-term use of opioid medication. However, opioids do not always improve pain or function with long-term use, and complete relief of pain is unlikely. Improved function should be your primary goal from opioid treatment.

Goal(s) for improvement in function: go back to work, do basic house work, walk around block.


Alternatives to opioid medicine that could improve your pain include:

<input type="checkbox"/> nonsteroidal anti-inflammatory drugs (NSAIDs)	<input type="checkbox"/> neuropathic (nerve) pain medicines	<input type="checkbox"/> muscle relaxants
<input checked="" type="checkbox"/> acetaminophen (Tylenol®)	<input type="checkbox"/> steroids (oral or injected)	<input checked="" type="checkbox"/> topical therapies
<input checked="" type="checkbox"/> antidepressants	<input type="checkbox"/> disease-specific drug treatments	<input type="checkbox"/> nerve block
	<input type="checkbox"/> partial opioid (buprenorphine)	<input type="checkbox"/> surgery <input type="checkbox"/> other _____

Additional (non-drug) therapies that may be necessary for you to reach your goal(s) include:

<input checked="" type="checkbox"/> physical therapy	<input type="checkbox"/> counseling/mental health visits	<input checked="" type="checkbox"/> massage
<input checked="" type="checkbox"/> exercise	<input checked="" type="checkbox"/> pain psychology/support groups	<input checked="" type="checkbox"/> meditation / mindfulness
<input checked="" type="checkbox"/> weight loss	<input checked="" type="checkbox"/> acupuncture	<input type="checkbox"/> brace or splint
		<input checked="" type="checkbox"/> other: <u>water therapy</u>

Long-term opioid use may be associated with the following risks



## Two-Month Follow-Up



# Assessing Benefit: PEG scale

**1. What number best describes your pain on average in the past week:**

0 1 2 3 4 5 6 7 8 9 10

No pain Pain as bad as you can imagine

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**2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?**

0 1 2 3 4 5 6 7 8 9 10

Does not interfere Completely interferes

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**3. What number best describes how, during the past week, pain has interfered with your general activity?**

0 1 2 3 4 5 6 7 8 9 10

Does not interfere Completely interferes

Krebs EE, et al. J Gen Intern Med. 2009



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<http://www.reclincity.com/kns54-rd-os.html>





**Widespread Pain Index (WPI)**  
 (1 point per check box; score range: 1–19)  
 Please check the boxes below for each area in which you have had pain or tenderness **during the past 7 days**.

Shoulder girdle, left  
 Shoulder girdle, right  
 Upper arm, left  
 Upper arm, right  
 Lower arm, left  
 Lower arm, right  
 Hip (buttock) left  
 Hip (buttock) right  
 Upper leg left  
 Upper leg right

Lower leg left  
 Lower leg right  
 Jaw left  
 Jaw right  
 Chest  
 Abdomen  
 Neck  
 Upper back  
 Lower back  
 None of these areas

WPI score: 9

**Symptom Severity (score range: 1–12)**  
 For each symptom listed below, use the following scale to indicate the severity of the symptom **during the past 7 days**.

	No problem	Slight or mild problem	Moderate problem	Severe problem
Points	0	1	2	3
A. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Trouble thinking or remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Waking up tired (unrefreshed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

During the **past 6 months** have you had any of the following symptoms?

	0	1
Points	No	Yes
A. Pain or cramps in lower abdomen	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Depression	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SS score: 11

**Additional criteria (no score)**  
 Have the symptoms listed on this sheet, and widespread pain been present at a similar level for **at least 3 months**?

No  Yes

TOTAL score: 20

OREGON PAIN GUIDANCE (OPG) OF SOUTHERN OREGON [www.oregonpainguidance.org](http://www.oregonpainguidance.org)  
 Goldenberg, Clauw et al in Mayo Clinic Proc 2016

[https://professional.oregonpainguidance.org/wp-content/uploads/sites/2/2017/05/Fibromyalgia\\_Screening\\_Tool.pdf](https://professional.oregonpainguidance.org/wp-content/uploads/sites/2/2017/05/Fibromyalgia_Screening_Tool.pdf)

## Continuation of Opioids

- Before writing the next prescription...you should be convinced that...
  - ...there is benefit (function, QOL, pain)
  - ...benefits outweigh observed harms/risks

Slide courtesy Dan Alford



## Conclusions

1. Use universal precautions in opioid prescribing to detect opioid failure and to keep patients safe.
2. Screening tools such as the PEG-3, a risk stratification tool, and the WPI/SSS can help predict/detect opioid failure.
3. Fibromyalgia is not an opioid responsive pain condition.
4. Use a non-judgmental risk-benefit ratio for opioid prescribing.

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## Thank You!

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What questions,  
comments do you have?

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## Registration

- If you haven't already done so, please take a few minutes to sign in using the link or QR Code below. The QR Code can be scanned with your phone's camera to open the link.

<http://sgiz.mobi/s3/2-21-19-SUD>

