

MEDICAL SCHOOL AND RESIDENCY PROGRAM CURRICULUM RESOURCES ON DRUG ABUSE AND ADDICTION

Minimizing the Misuse of Prescription Opioids in Patients with Chronic Nonmalignant Pain: Supporting Documents

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<http://www.drugabuse.gov/coe>

These curriculum resources from the NIDA Centers of Excellence for Physician Information have been posted on the NIDA Web site as a service to academic medical centers seeking scientifically accurate instructional information on substance abuse. Questions about curriculum specifics can be sent to the Centers of Excellence directly.

Visit #1

Supporting Documents

Attending Physician:
Patient:
Address: 26 Queen Street
Worcester, MA 01610
DOB:
Sex: M
Visit Number:

Exam:
MRI L-SPINE W/O CONTRAST

Requester:

HISTORY: Status post fall, patient now complains of lower back pain and right leg pain.

TECHNIQUE: Images obtained on a 1.5 Tesla GE Signa system, and include sagittal T-1, PD and T-2 echo with additional axial T-1 and axial T-2 weighted images.

FINDINGS: There are no prior studies for comparison.

Sagittal images show normal height and alignment of the vertebral bodies within lumbar spine. Disc spaces are preserved. There is normal bone marrow signal intensity without focal lesion identified. The conus is seen at L1 and is normal in signal intensity.

The L1-2, L2-3, L3-4 and L4-5 levels are normal in appearance without evidence of disc abnormality.

At L5-S1, there is a predominantly broad based central disc bulge with bilateral neural foraminal narrowing, left greater than right. There is ventral impression upon the thecal sac. Facet joint hypertrophy is seen at the L4-5 and L5-S1 levels.

IMPRESSION:

Central disc bulge at L5-S1 with bilateral neural foraminal narrowing. No mass effect is identified upon the nerve roots.

Date: 22-Aug-2003 10:57 AM
and I agree with the report above

Date: 24-Aug-2003 12:15 PM
Date: 25-Aug-2003 8:32 AM

Initial Pain Assessment Tool

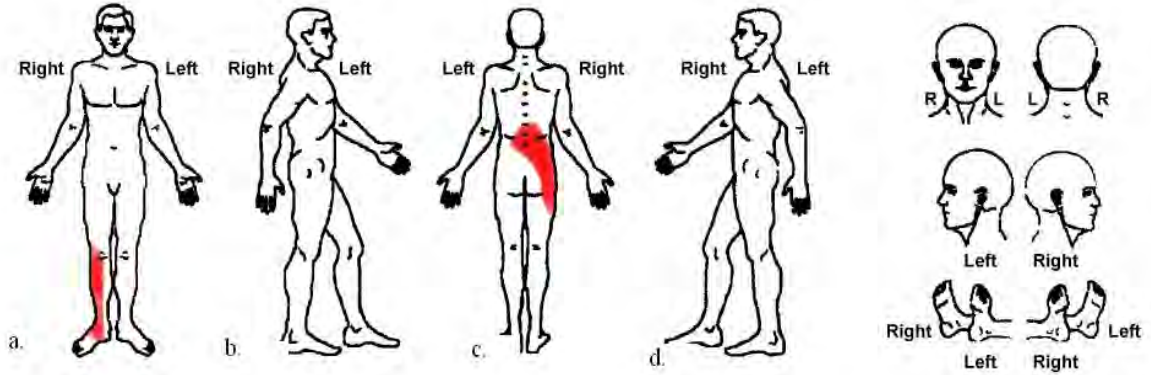
Date: _____

Patient's name: _____ Pain Patient _____ Age: _____ Room: _____

Diagnosis: _____ Low back pain _____ Physician: _____

Nurse: _____

1) **Location:** Patient or nurse marks drawing indicating pain location.



- 2) **Intensity:** Patient rates the pain. Scale used: Numerical 0–10
 Present: 7/10
 Worst pain gets: 10/10
 Best pain gets: 7/10
 Acceptable level of pain: “No pain”
- 3) **Quality:** (Use patient’s own words, e.g., prick, ache, burn, throb, pull, sharp) sharp, stabbing, stretching, burning; goes down leg to foot
- 4) **Onset, duration, variations, rhythms:** began when lifting furniture, now daily constant pain, worsens with movement, slight improvement if still
- 5) **Manner of expressing pain:** upset, frustrated, losing patience
- 6) **What relieves the pain?** “Percocet”
- 7) **What causes or increases the pain?** Standing, bending, lifting

8) Effects of pain: (Note decreased function, decreased quality of life.)
Accompanying symptoms (e.g., nausea) no changes in bowel or bladder function
Sleep poor-uncomfortable lying flat but worse when turns over
Appetite decreased- ? stomach upset from medications
Physical activity very limited- unable to lift, climb stairs, stand up for long
Relationship with others (e.g., irritability) moody, impatient with family
Emotions (e.g., anger, suicidal, crying) angry, frustrated, embarrassed by disability
Concentration distracted by pain and worry that he won't get better
Other complains it is difficult to get dressed

9) Other comments: “need to get better and get back to work”

10) Plan: up to you . . .

Note: May be duplicated and used in clinical practice

McCaffery M, Pasero C. Pain: Clinical Manual, 2nd Edition. St. Louis: 1999, Page 60. Copyright by Mosby, Inc. Reprinted by permission.

Opioid Therapy for Chronic Pain: Sample Informed Consent

Please review the information listed here and put your initials next to each item when you have reviewed it with your provider and feel you understand and accept what each statement says.

_____ My provider is prescribing opioid pain medications for the following condition(s):

_____ When I take these medications, I may experience certain reactions or side effects that could be dangerous, including sleepiness or sedations, constipation, nausea, itching, allergic reactions, problems with thinking clearly, slowing of my reactions, or slowing of my breathing.

_____ When I take these medications it may not be safe for me to drive a car, operate machinery, or take care of other people. If I feel sedated, confused, or otherwise impaired by these medications, I should not do things that would put other people at risk for being injured.

_____ When I take these medications regularly, I will become physically dependent on them, meaning that my body will become accustomed to taking the medications every day and I would experience withdrawal sickness if I stop them or cut back on them too quickly. Withdrawal symptoms feel like having the flu, and, may include abdominal pain, nausea, vomiting, diarrhea, sweating, body aches, muscle cramps, runny nose, yawning, anxiety and sleep problems.

_____ I may become addicted to these medications and require addiction treatment if I cannot control how I am using them, or if I continue to use them even though I am having bad or dangerous things happen because of the medications.

_____ Anyone can develop an addiction to opioid pain medications, but people who have had problems with mental illness or with controlling drug or alcohol use in the past are at higher risk. I have told my provider if I or anyone in my family has had any of these types of problems.

_____ Taking too much of my pain medication, or mixing my pain medications with street drugs or other medications that cause sleepiness such as benzodiazepines, barbiturates, and other sleep aids and psychiatric medicine could cause me to be dangerously sedated or to overdose and stop breathing.

_____ I understand that taking certain medications such as buprenorphine (Suboxone®), Subutex®, naltrexone (ReVia®), nalbuphine (Nubain®), pentazocine (Talwin®), or butorphanol (Stadol®) will reverse the effects of my pain medicines and cause me to go into withdrawal.

_____ It is my responsibility to tell any provider that is treating me or prescribing me medications that I am taking opioid pain medications so that they can treat me safely and do not give me any medicines that may interact dangerously with my pain medicines.

_____ I have discussed the possible risks and benefits of taking opioid medications for my condition with my provider, and have discussed the possibility of other treatments that do not use opioid medications, including:

_____ These medications are being prescribed too me because other treatments have not controlled my pain well enough.

_____ These medications are to be used to decrease my pain but they will not take away my pain completely.

_____ These medications are to be used to help improve my ability to work, take care of myself and my family, and meet other goals that I have discussed with my provider, but if these medications do not help me meet those goals, they will be stopped.

_____ **For Men:** Taking opioid pain medications chronically may cause low testosterone levels and affect sexual function.

_____ **For Women:** It is my responsibility to tell my provider immediately if I think I am pregnant or if I am thinking about getting pregnant. If I become pregnant while taking these medications and continue to take the medicines during the pregnancy, the baby will be physically dependent on opioids at the time of birth and may require withdrawal treatment.

I have reviewed this form with my provider and have had the chance to ask any questions. I understand each of the statements written here and by signing give my consent for treatment of my pain condition with opioid medications.

Patient signature

Patient name printed

Date

Provider signature

Provider name printed

Date

Pain Treatment with Opioid Medications: Sample Patient Agreement

I, _____, understand and voluntarily agree that
(initial each statement after reviewing):

_____ I will keep (and be on time for) all my scheduled appointments with the doctor and other members of the treatment team.

_____ I will participate in all other types of treatment that I am asked to participate in.

_____ I will keep the medicine safe, secure and out of the reach of children. If the medicine is lost or stolen, I understand it will not be replaced until my next appointment, and may not be replaced at all.

_____ I will take my medication as instructed and not change the way I take it without first talking to the doctor or other member of the treatment team.

_____ I will not call between appointments, or at night or on the weekends looking for refills. I understand that prescriptions will be filled only during scheduled office visits with the treatment team.

_____ I will make sure I have an appointment for refills. If I am having trouble making an appointment, I will tell a member of the treatment team immediately.

_____ I will treat the staff at the office respectfully at all times. I understand that if I am disrespectful to staff or disrupt the care of other patients my treatment will be stopped.

_____ I will not sell this medicine or share it with others. I understand that if I do, my treatment will be stopped.

_____ I will sign a release form to let the doctor speak to all other doctors or providers that I see.

_____ I will tell the doctor all other medicines that I take, and let him/her know right away if I have a prescription for a new medicine.

_____ I will use only one pharmacy to get all of my medicines: _____
Pharmacy name/phone#

_____ I will not get any opioid pain medicines or other medicines that can be addictive such as benzodiazepines (klonopin, xanax, valium) or stimulants (ritalin, amphetamine) without telling a member of the treatment team **before I fill that prescription**. I understand that the only exception to this is if I need pain medicine for an emergency at night or on the weekends.

_____ I will not use illegal drugs such as heroin, cocaine, marijuana, or amphetamines. I understand that if I do, my treatment may be stopped.

_____ I will come in for drug testing and counting of my pills within 24 hours of being called. I understand that I must make sure the office has current contact information in order to reach me, and that any missed tests will be considered positive for drugs.

_____ I will keep up to date with any bills from the office and tell the doctor or member of the treatment team immediately if I lose my insurance or can't pay for treatment anymore.

_____ I understand that I may lose my right to treatment in this office if I break any part of this agreement.

Pain Treatment Program Statement

We here at _____ are making a commitment to work with you in your efforts to get better. To help you in this work, we agree that:

We will help you schedule regular appointments for medicine refills. If we have to cancel or change your appointment for any reason, we will make sure you have enough medication to last until your next appointment.

We will make sure that this treatment is as safe as possible. We will check regularly to make sure you are not having bad side effects.

We will keep track of your prescriptions and test for drug use regularly to help you feel like you are being monitored well.

We will help connect you with other forms of treatment to help you with your condition.

We will help set treatment goals and monitor your progress in achieving those goals.

We will work with any other doctors or providers you are seeing so that they can treat you safely and effectively.

We will work with your medical insurance providers to make sure you do not go without medicine because of paperwork or other things they may ask for.

If you become addicted to these medications, we will help you get treatment and get off of the medications that are causing you problems safely, without getting sick.

Patient signature

Patient name printed

Date

Provider signature

Provider name printed

Date

Commonly Used Long-Acting Opioids

- Strength of tables and dosing intervals vary
- Insurance coverage may dictate your choices
- Risk of diversion; street value; reinforcing properties vary
- Methadone should be used only by providers experienced in its use and familiar with its unique risks and side effects

The Rule of Long Acting Opioids: **“Start low and go slow(ly)”**

Compound	Strengths	Typical starting dose/interval	Name branding
Morphine Controlled-release tablets	15, 30, 60, 100, 200 (mg)	15-30 mg Every 8-12 hours	<i>MS Contin</i> <i>Oramorph SR</i>
Morphine controlled-release capsules	20, 30, 50, 60, 100 (mg)	20 mg Every 12-24 hours	<i>Kadian</i>
Morphine extended release capsules	30, 60, 90, 120 (mg)	30 mg Once per day	<i>Avinza</i>
Oxycodone Controlled-release	10, 20, 40, 80 (mg)	10 mg Every 12 hours	<i>OxyContin</i>
Methadone	5, 10 (mg)	10 mg 2-3 times daily	<i>Dolophine</i>
Fentanyl transdermal	25, 50, 75, 100 (Micro-gm/hr)	<i>Never start with fentanyl...</i>	<i>Duragesic</i> <i>Sublimaze</i>

Tables: Non-opioid Adjuvant Medications for Chronic Non-malignant Pain

Tricyclic Antidepressants

Medication	Initial dosing	Titration and maximum dosing
amitriptyline	10-25 mg daily	In general, can increase medications in this class by 10-25 mg every 3-5 days Max 100-150 mg daily
desipramine	10-25 mg daily	In general, can increase medications in this class by 10-25 mg every 3-5 days Max 100-150 mg daily
nortriptyline	10-25 mg daily	In general, can increase medications in this class by 10-25 mg every 3-5 days Max 100-150 mg daily

Notes:

- Considered first-line adjuvant agents
- Effective in many different types of chronic pain
- Use limited by side effects
- Should have adequate trial of at least two of these agents before trying another adjuvant class

SSRI

Medication	Initial dosing	Titration and maximum dosing
citalopram	20 mg daily	10 mg every 7 days, to max 50 mg
paroxetine	20 mg daily	20 mg every 7 days to max 40 mg

Notes:

- Minimal evidence for effectiveness in pain
- Some evidence for agents listed here
- Use for patients with depression and pain who cannot tolerate tricyclics
- Risk of withdrawal syndrome with paroxetine

SNRI

Medication	Initial dosing	Titration and maximum dosing
duloxetine	60 mg daily	Max 120 mg daily
venlafaxine	25 mg three times per day	25 mg three times per day every 7days
venlafaxine extended release	75 mg daily	75 mg once per day every 7 days Max 225 mg daily

Notes:

- Considered for many types of pain syndromes, but not first line
- Duloxetine has FDA indication for diabetic neuropathy
- Withdrawal syndrome with venlafaxine

Seizure Medications

Medication	Initial dosing	Titration and maximum dosing
gabapentin	300 mg at night	Day 2: 300 mg twice daily Day 3: 300 mg three times per day Max 1800-2400 mg daily
pregabalin	50 mg three times per day	Increase to 100 mg 3 times per day after one week Max 300 mg daily
carbamazepine	200 mg twice daily	Increase by 100 mg per week; increase to 3 times per day if using short acting formulation Max range 600-900mg (check levels)

Notes:

- Approve for use in neuropathic pain syndromes only
- Gabapentin dosing listed here is for post-herpetic neuralgia. In severe diabetic neuropathy, doses up to 3600 mg per day are sometimes used.

Topical Agents

Medication	Initial dosing	Titration and maximum dosing
lidocaine patch	1-3 patches to site daily	Leave on for maximum of 12 hours
capsaicin cream	0.025-0.075% cream	Apply 3-4 times daily

Notes:

- For local/localized pain syndromes

Adapted from pain Management, Module 7: Assessing and Treating Persistent Nonmalignant Pain. American Medical Association 2007; http://www.ama-cmconline.com/pain_mgmt/module07/index.htm

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: Pain Patient DATE: _____

Over the last two weeks, how often have you been bothered by any of the following problems?
(use "X" to indicate your answer)

Questions	Not at all	Several Days	More than half the days	Nearly every day	Total
1. Little interest or pleasure in doing things				X	
2. Feeling down, depressed, or hopeless			X		
3. Trouble falling or staying asleep, or sleeping too much			X		
4. Feeling tired or having little energy				X	
5. Poor appetite or overeating			X		
6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down				X	
7. Trouble concentrating on things, such as reading the newspaper or watching television			X		
8. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual		X			
9. Thoughts that you would be better off dead, or of hurting yourself in some way	X				
Add columns:	0	1	8	9	18

<p>10. If you checked off any problems, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with people?</p>	<p>Not difficult at all _____ Somewhat difficult _____ Very difficult _____X____ Extremely difficult _____</p>
--	--

<p>Survey Scale</p> <p>Not at all=0 Several days=1 More than half=2 Nearly every day=3</p>
--

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr. Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

PATIENT HEALTH QUESTIONNAIRE PHQ-9 DEPRESSION

USING PHQ-9 DIAGNOSIS AND SCORE FOR INITIAL TREATMENT SELECTION

A depression diagnosis that warrants treatment or treatment change, needs at least one of the first two questions endorsed as positive (*little pleasure, feeling depressed*) indicating the symptom has been present more than half the time in the past two weeks.

In addition, the tenth question about difficulty at work or home or getting along with others should be answered at least "somewhat difficult."

When a depression diagnosis has been made, patient preferences should be considered, especially when choosing between treatment recommendations of antidepressant treatment and psychotherapy.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation
5-9	Minimal Symptoms*	Support, educate to call if worse; return in 1 month
10-14	Minor depression++	Support, watchful waiting
10-14	Dysthymia*	Antidepressant or psychotherapy
10-14	Major depression, <i>mild</i>	Antidepressant or psychotherapy
15-19	Major depression, <i>moderately severe</i>	Antidepressant or psychotherapy
≥ 20	Major depression, <i>severe</i>	Antidepressant <u>and</u> psychotherapy (especially if not improved on monotherapy)

*If symptoms present ≥ two years, then probable chronic depression which warrants antidepressants or psychotherapy (ask, "*In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?*").

++If symptoms present ≥ one month or severe functional impairment, consider active treatment.

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Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
Total Score:					6

DAST-10

These questions refer to the past 12 months.

Circle Your Responses

- | | | |
|---|-----|----|
| 1. Have you used drugs other than those required for medical reasons? | Yes | No |
| 2. Do you abuse more than one drug at a time? | Yes | No |
| 3. Are you always able to stop using drugs when you want to? | Yes | No |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use? | Yes | No |
| 5. Do you ever feel bad or guilty about your drug use? | Yes | No |
| 6. Does your spouse (or parents) ever complain about your involvement with drugs? | Yes | No |
| 7. Have you neglected your family because of your use of drugs? | Yes | No |
| 8. Have you engaged in illegal activities in order to obtain drugs? | Yes | No |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | Yes | No |
| 10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc)? | Yes | No |

Score: _____

Family Support and Child Welfare
DSS-8212 (Revised 04-04)

Date _____

ID# _____

AUDIT (Alcohol Use Disorder Identification Test)

Please note: Alcohol is inclusive of: beer, wine, liquor or any other alcoholic beverage.

Scores are in parentheses. A score of 8 or more is considered a positive screen

Saunders JB, Aasland OG, Babor TF, De La Fuente JR, Grant M. 1993. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption-11.

DAST- 10 (Drug Use Questionnaire)

The questions included in the DAST-10 concern information about possible involvement with drugs not including alcoholic beverages during the past 12 months.

In the statements, “drug abuse.” Refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (marijuana, hashish), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

DAST-10 Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

SCORING THE DAST-10

For the DAST-10, score 1 point for each question answered “yes,” except for Question 3 for which a “no” receives 1 point.

1982 by the Addiction Research Foundation. Author: Harvey A. Skinner PH.D.

*******If an applicant/recipient meets the criteria for a positive screen (a score of 8 or more) on the AUDIT and/or the moderate level for the DAST-10, refer to the Qualified Substance Abuse Professional.**

**DSS-8218 (Revised 04-04)
Family Support and Child Welfare**

Opioid Risk Tool (Webster LR and Webster RM, *Pain Medicine*, 2006)

	Mark if Present	Score Female	Score Male
Family History Alcohol Abuse	X	1	3
Family History Illegal Drug Abuse		2	3
Family History Prescription Drug Abuse		4	4
Personal History Alcohol Abuse	X	3	3
Personal History Illegal Drug Abuse		4	4
Personal History Prescription Drug Abuse	?	5	5
Age 16-45		1	1
History Preadolescent Sexual Abuse		3	0
Psychiatric Disease (ADHD, OCD, bipolar, schizophrenia)		2	2
Depression		1	1
Total Score			6-??

Low risk: 0-3

Moderate risk: 4-7

High risk: ≥ 8

Does borrowing medications from a friend constitute prescription drug abuse?

Visit # 2
Supporting Documents

PROGRESS NOTE

PAIN ASSESSMENT AND DOCUMENTATION TOOL (PADT)

Patient Name: Pain Patient Record #: _____

Patient Stamp Here

Assessment Dated: _____

Current Analgesic Regimen

Drug name	Strength (eg. mg)	Frequency	Maximum Total Daily Dose
Oxycodone extended release	20 mg	two times per day	40 mg
Oxycodone/Acetaminophen	5/325 mg	2 pills three times per day	30 mg/1950 mg
Ibuprofen	800 mg	1 tablet up to three times per day	2400 mg
Methocarbamol	750 mg	1-2 tablets up to three times per day	4500 mg

The PADT is a clinician-directed interview, that is, the clinician asks the questions, and the clinician records the responses. The Analgesia Activities of Daily Living, and Adverse Events sections may be completed by the physicians, nurse practitioner, physicians assistant, or nurse. The potential Aberrant Drug-Related Behavior and Assessment sections must be completed by the physician. Ask the patient the questions below, except as noted.

Analgesia

If zero indicates "no pain" and ten indicates "pain as bad as it can be" what is your level of pain to the following questions?

1. On average during the past week what was your pain level (Circle the appropriate number)

No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be

2. At its worst what was your pain level during the past week?

No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be

3. During the past week what percentage of your pain has been relieved? Write an percentage between 0% and 100% 50%

4. Is the amount of relief that you are receiving from your current provider enough to make a real difference in your life?

Yes No

5. Query to clinician: Is the patient's pain relief clinically significant?
 Yes No Unsure

Activities of Daily Living

Please indicate whether the patient's functioning with the current pain reliever(s) is better, the same or worse since the last assessment with this documentation tool. Please check each item.

	Better	Same	Worst
1. Physical functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Family relationships	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Social relationships	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Sleep patterns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Overall functions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If this is the patient's first assessment the clinician should compare the patient's functional status with the reports from the patient's last office visit

PROGRESS NOTE PAIN ASSESSMENT AND DOCUMENTATION TOOL (PADT)

Adverse Events				
1. Is patient experiencing any side effects from current pain reliever(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Ask patient about any potential side effects:				
	None	Mild	Moderate	Severe
a. Nausea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vomiting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Itching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental Cloudiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sweating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fatigue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drowsiness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients overall severity of side effects?				
<input type="checkbox"/> None <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe				

Potential Aberrant Drug-Related Behavior This section must be completed by the <u>physician</u>
<p><i>Please check any of the following items that you may have discovered during your interactions with this patient. Note that some of these are directly observable (eg appears intoxicated), while others require more active listening and/or probing. Use the section below for additional notes.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Purposeful over-sedation <input type="checkbox"/> Negative mood change <input type="checkbox"/> Appears intoxicated <input type="checkbox"/> Increasingly unkempt or impaired <input type="checkbox"/> Involvement in car or other accident <input checked="" type="checkbox"/> Requests frequent early renewals <input type="checkbox"/> Increased dose without authorization <input type="checkbox"/> Reports lost or stolen prescriptions <input type="checkbox"/> Attempts to obtain prescriptions from other doctors <input type="checkbox"/> Changes route of administration <input type="checkbox"/> Uses pain medication in response to situational stress or <input type="checkbox"/> Insists on certain medications by name <input checked="" type="checkbox"/> Contact with street drug culture <input type="checkbox"/> Abusing alcohol or illicit drugs <input type="checkbox"/> Hoarding of medication <input type="checkbox"/> Arrested by the police <input type="checkbox"/> Victim of abuse <p>Other: _____</p>

Assessment: (This section must be completed by the physician.)

Is your overall impression that this patient is benefiting (eg. benefits, such as pain relief, outweigh side effects) from opioid therapy?
 Yes No Unsure

Comments: __good clinical response, decrease pain, increase function, minimal side effects and rare aberrant behaviors_____

Specific Analgesic Plan: per group discussion . . .

- Combine present regimen Comments: _____
- Adjust dose of present analgesic _____
- Switch analgesics _____
- Add/Adjust Concomitant therapy _____
- Discontinue / taper off opioid therapy _____

Date: _____ Physician's Signature: _____

Provided as a service to the medical community by Janssen Pharmaceutica Products, L.P.

Aberrant Drug Taking Behaviors

Adopted from:

Portenoy RK. Journal of Pain and Symptom Management, 1996; 11:203-217

Manchikanti L. Pain Physician 2008; Opioids Special Issue: 11:S155-180

Behaviors more likely to be associated with medication abuse/addiction

- Selling medications
- Falsification of prescription—forgery or alteration
- Injecting medications from non-medical sources
- Resistance to changing medications despite deterioration in function or significant negative effects
- Loss of control over alcohol use
- Use of illegal drugs or controlled substances that are not prescribed for the patient
- Recurrent episodes of:
 - Prescription loss or theft
 - Obtaining opioids from other providers in violation of treatment agreement
 - Increases in dosing without provider’s instruction
 - Running short with medication supply, and requests for early refills

Behaviors that look aberrant but may be:

more a part of the process of stabilizing a patient’s pain condition, and less predictive of medication abuse/addiction

- Asking for, or even demanding, more medication
- Asking for specific medications
- Stockpiling medications during times when pain is less severe
- Use of the pain medications during times when pain is less severe
- Use of the pain medication to treat other symptoms
- Reluctance to decrease opioid dosing once stable
- And, in the earlier stages of treatment:
 - Increasing medication dosing without instruction to do so from the provider
 - Obtaining prescriptions from sources other than the primary pain provider
 - Sharing or borrowing similar medications from friends/family

Urine drug testing in the management of chronic pain

Sources:

Urine Drug Testing in Clinical Practice (2006) Gourlay DL Heit HA. Caplan, YH

http://www.familydocs.org/files/UDTMonograph_for_web.pdf

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Table: Drug Testing Techniques

Drug Testing Techniques	Characteristics	Advantages	Disadvantages
Immunoassays	<ul style="list-style-type: none"> Engineered antibodies bind to drug metabolites Most commonly used technique in all settings, including hospital labs 	<ul style="list-style-type: none"> Easy to use in many settings including office-based testing Less expensive Available for specific drugs, or a panel of drugs 	<ul style="list-style-type: none"> Qualitative testing positive or negative only Often have high cut-off levels, giving false negative results Risk of cross reactivity with other agents, giving false positive results
GCMS (Gas Chromatography, Mass Spectrometry)	<ul style="list-style-type: none"> Directly measures drugs and drug metabolites 	<ul style="list-style-type: none"> Very specific, less cross-reactivity, minimizes false positives Very sensitive, detects low levels of drug, minimizes false negatives Quantitative testing 	<ul style="list-style-type: none"> Requires advanced laboratory services Very expensive

Table: Natural and Synthetic Opioids

Natural Opiates <i>from opium</i>	Semi Synthetic Opioids <i>Derived from opium</i>	Synthetic Opioids <i>Manufactured, not from natural opium</i>
Morphine Codeine Thebaine	Hydrocodone Oxycodone Hydromorphone Oxymorphone Buprenorphine Diacetylmorphine (heroin)*	Methadone Propoxyphene Fentanyl Meperidine

Typical opiate immunoassays detect only natural opiates that are metabolized to morphine, and do not detect semi-synthetic or synthetic opioids

* Heroin is metabolized to morphine, and therefore can be detected using a standard opiate immunoassay

Table: Drug metabolites, typical cut-off levels and time of detection in urine

Drug	Primary Metabolite	Typical cutoff mg/ml	Potential source of false positive	Time of detection in urine
Opiates	Morphine	300-2,000	Poppy seeds Rifampin Chlorpromazine Dextromethorphan	2-4 days
Cocaine	Benzoyllecgonine	300	Very specific metabolite	1-3 days
Amphetamine Methamphetamine	Amphetamine	1,000	Ephedrine Phenylpropanolamine Methylphenidate Trazadone Bupropion Ranitidine	2-4 days
Marijuana	Tetrahydrocannabinol (THC)	50	NSAIDS Marinol Pantoprazole	1-3 days for intermittent use, up to 50 days in chronic use
Benzodiazopines	Standard assays measures oxazepam, diazepam <i>Poor detection of newer agents</i>	200	Oxaprozin	Varies with half-life agent

Visit # 3

Supporting Documents

APPENDIX 1

Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: _____ Date and Time ____/____/____:_____	
Reason for this assessment: _____	
Resting Pulse Rate: _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	GI Upset: over last 1/2 hour 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: over past 1/2 hour not accounted for by room temperature or patient activity. 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	Tremor observation of outstretched hands 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness Observation during assessment 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	Yawning Observation during assessment 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection
Runny nose or tearing <i>Not accounted for by cold symptoms or allergies</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

This version may be copied and used clinically.

Addiction, Physical Dependence and “Pseudo-addiction”

Definitions: Federation of State Medical Boards

Model Policy on the Use of Controlled Substances in the Treatment of Pain, 2004

http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.pdf

Addiction—Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

Physical Dependence—Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

Pseudoaddiction—The iatrogenic syndrome resulting from the misinterpretation of relief seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief seeking behaviors resolve upon institution of effective analgesic therapy.

DSM IV-TR criteria for substance abuse and dependence

DSM IV Substance Abuse (1/4 in 12 months)	DSM IV Substance Dependence (3/7 in 12 months)
<p>H <u>H</u>azards: use despite harm/risky situations</p> <p>O <u>O</u>ccupational impairment</p> <p>LE <u>L</u>egal problems</p> <p>S <u>S</u>ocial/interpersonal consequences</p>	<p>T <u>T</u>olerance</p> <p>W <u>W</u>ithdrawal</p> <p>I <u>I</u>ntention: using more substance, or longer time than intended (loss of control)</p> <p>T <u>T</u>ime. Increased time spent obtaining, using, recovering</p> <p>C <u>C</u>oncern: Inability to <u>C</u>ut down, unsuccessful attempts</p> <p>H <u>H</u>arm. Use despite <u>H</u>arm</p> <p>AR <u>A</u>ctivities <u>R</u>educed</p> <p>Note that patient can meet criteria even without tolerance and/or withdrawal (physiological dependence)</p>

Diagnostic and Statistical Manual of Mental Disorders. 4th ed., Text Revision (American Psychiatric Association, 2000)

- *Tolerance and withdrawal would not apply as criteria for addiction, since anyone taking opioids chronically will develop tolerance and experience withdrawal if the medications are abruptly discontinued.*
- *Monitor instead for the misuse of alcohol or the use of illegal drugs, and for “Aberrant Drug Taking Behaviors: that may fall into the categories in the table below.*

Table: Recognizing Opioid Abuse and/or Addiction in Patients Taking Chronic Opioids

Components of Addiction <i>The 3- "C's"</i>	Possible expressions in patients on chronic opioids
Loss of <u>C</u> ontrol	<ol style="list-style-type: none"> 1. Reports lost/stolen medication 2. Calls for early refills 3. Seeks opioids from other sources 4. Withdrawal symptoms noted at appointments
<u>C</u> raving, preoccupation with use	<ol style="list-style-type: none"> 1. Recurring requests for increases in opioids 2. Increasing pain despite lack of progression of disease 3. Dismissive of non-opioid treatments
Use despite negative <u>C</u> onsequences	<ol style="list-style-type: none"> 1. Over-sedation/somnolence 2. Decreases in activity, functioning and/or relationships

Adapted from:

Savage SR et al. NIDA. Addiction Science in Clinical Practice. Vol. 4, June 2008

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Clinical Pearls: How to Change Routes of Administration of Opioids

By Audiey C. Kao, MD, PhD

Pain management is a critical competency in medicine especially when palliation, and not treating the underlying disease, is the physician's focus. Oftentimes physicians need to change the route of administration of opioid analgesics. For example, a patient may be unable to take oral medication, and may require pain medication parenterally. When changing routes of administration an equianalgesic table is a useful guide for dose selection.

Equianalgesic Doses of Opioid Analgesics		
Oral/Rectal Dose (mg)	Analgesic	Parenteral Dose (mg)
100	Codeine	60
-	Fentanyl	0.1
15	Hydrocodone	-
4	Hydromorphone	1.5
2	Levorphanol	1
150	Meperidine	50
10	Methadone	5
15	Morphine	5
10	Oxycodone	-

- To switch between routes of opioid administration use the equianalgesic information on the horizontal axis. For example, 150 mg meperidine orally per day is equivalent to receiving 50 mg of meperidine intravenously.
- To switch between opioids, use the information on the vertical axis. For example, 10mg of oxycodone orally is equivalent to 50mg of meperidine intravenously.
- Long term opiate use can lead to tolerance which requires increasing the dose of medication to achieve pain control. When switching between opioids, there is the possibility of cross tolerance, which is usually incomplete. A patient may have some tolerance to a new opiate as a result of being on a previous opiate. Therefore, experts suggest that you begin the new opiate between 50 and 75 percent of the equianalgesic dose.

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