

Test your practical understanding of screening for Opioid Use Disorder (OUD) in clinical practice

1. Which of the following about monitoring for potential opioid use disorder (OUD) in patients prescribed opioids is true:
 - a. Baseline and ongoing monitoring of risks and benefits is important in ALL patients since no one is at zero risk for OUD and risk or benefit can change at any point in time.
 - b. There are many evidence-based screening tools to help predict and monitor for OUD and aberrant related behaviors, including brief, patient self-assessments validated for use in primary care.
 - c. Screening tools help determine how closely to monitor a pain patient on chronic opioid therapy based on predicted opioid risk prior to prescribing and ongoing monitoring.
 - d. All of the above.

Monitoring for potential OUD is multi-faceted and includes screening tools administered prior to prescribing and ongoing. While there is discussion about the accuracy of screening tools to predict or detect aberrant behavior, they do provide one data point to help objectify the decision-making process, reduce stigma when given to every patient, and open the door to conversation that may uncover symptoms/behavior of OUD and related aberrant behaviors. The CDC recommends evaluating benefits and harms in patients within 1 to 4 weeks of initiating a trial of opioids or dose escalation, and at least every 3 months or more frequently, depending on risk of harm, in patients on continued therapy. Ongoing monitoring also helps recognize and document when the benefits exceed the risks in patients who show no warning signs of abuse and are benefitting from opioids as part of their chronic pain management (correct answer is D).

2. [True or False] It is important to screen patients prescribed opioids for mental health conditions which often co-occur with OUD, including depression, anxiety and polysubstance abuse.
 - a. True
 - b. False

Be alert to signs of mental health concerns in patients prescribed opioids for chronic pain: depression and anxiety are often associated with chronic pain; mood and anxiety disorders can be a contributing factor to opioid abuse or chemical coping; and alcohol misuse and non-prescribed drug misuse can increase the risk of respiratory depression and opioid overdose (correct answer is A).

3. [True or False] A first step in reducing stigma about opioid addiction is recognizing that OUD is a chronic disease that can be successfully managed.
 - a. True
 - b. False

It is important for the entire healthcare team, including the patient, to understand that OUD is a manageable chronic disease, just like hypertension and diabetes. Changing the conversation to accurately recognize OUD as a chronic disease, not a choice or moral weakness, and being supportive can help reduce the stigma of addiction. Some examples of choosing words wisely to decrease stigma include the following: non-stigmatizing (person with a substance use disorder) vs. stigmatizing (addict, drug abuser); non-stigmatizing (urine drug screen negative/positive for illicit substances) vs. stigmatizing (clean/dirty urine drug screen); non-stigmatizing (person in recovery) vs. stigmatizing (clean); non-stigmatizing (medication for addiction treatment) vs. stigmatizing (medication assisted treatment) (correct answer is A).

4. All of the following about treatment of OUD are true except:
 - a. Buprenorphine and methadone (opioid agonist therapy) are considered first line treatment options for OUD.

- b. There is good evidence that patients with OUD can be well managed with medication assisted treatment (MAT), which includes opioid agonist therapy, frequent drug use monitoring and counseling/behavioral therapies.
- c. The opioid antagonist naltrexone (non-opioid) is a treatment option for selected patients with OUD who have been medically withdrawn from opioids.
- d. Most individuals with OUD currently receive treatment.

Most individuals with OUD currently receive treatment. While there is good evidence to support that the treatment of OUD is effective and better than no treatment, the number of patients with OUD who receive treatment is close to one in five. The first barrier to accessing treatment is identifying your patients who have OUD and could benefit from treatment. A good clinical interview with good eye contact may uncover decline in functioning, loss of control, and/or continued use despite negative consequences (i.e. symptoms/behaviors of OUD) (correct answer is D).