

Assessing patients when considering treatment with opioids

The purpose of this document is to provide advice to prescribers who are considering treating a patient with an opioid. This document has been endorsed by the Department of Health's Chief Clinical Advisor – Addiction Medicine.

Clinical guidelines such as the National Prescribing Service's *Opioids - a planned approach to prescribing opioids for persistent non-cancer pain* recommend a cautious approach for the management of patients with chronic pain. Prescribers are encouraged to implement strategies to optimise the benefits of opioids while minimising risks of harm. Strategies include careful patient selection, clear communication about the goals of opioid therapy, thorough instructions about proper use and following up on adherence.

Observing possible aberrant drug-related behaviours

If you are considering treatment with an opioid, your patient assessment should include whether aberrant drug-related behaviours are present. Aberrant drug-related behaviours are well-described and are referenced in a number of peer-reviewed publications regarding prescription drug misuse. The following table from Portenoy et al listing the spectrum of aberrant drug-related behaviours is well known.

Table 1: Aberrant drug-related behaviours¹

More predictive behaviours	Less obvious behaviours
<ul style="list-style-type: none"> • Selling prescription drugs • Prescription forgery • Stealing or borrowing drugs from others • Injecting oral formulations • Obtaining prescription drugs from non-medical sources • Concurrent abuse of alcohol or illicit drugs • Multiple non-sanctioned dose escalations • Multiple claims that previously written prescriptions have been lost or misplaced • Repeatedly seeking prescriptions from other sources • Deterioration in interpersonal relationships, including family or work colleagues • Repeated resistance to change in therapy despite evidence of adverse drug effects 	<ul style="list-style-type: none"> • Abrupt requests for increased dose or quantity of drug • Drug hoarding during periods of reduced symptoms • Requesting specific drugs • Openly acquiring similar drugs from other medical sources • Unsanctioned dose escalation on one or two occasions • Unapproved use of the drug to treat other symptoms • Reporting psychic effects not intended by the clinician

¹ Portenoy RK, Payne R. Acute and chronic pain. In Lowinson JH, Ruiz P, Millman RB (eds): *Comprehensive Textbook of Substance Abuse*, 3rd Edition. Baltimore: Williams and Wilkins; 1997:564

Use of the Opioid Risk Tool

The Opioid Risk Tool is a common screening tool used to predict which individuals may develop aberrant drug-related behaviours when prescribed opioids for chronic pain.² Developed by Dr Lynn Webster, the tool is a short questionnaire which assesses the risk factors most predictive of development of a substance-abuse disorder. These risk factors include personal or family history of alcohol or other drug abuse, and other mental illnesses.

The Opioid Risk Tool has been reproduced here with permission from Dr Webster.

Published research strongly suggests that smoking may also be a predictor of more frequent use of opioids³, although this risk factor is not included in the Opioid Risk Tool.

Recommended course of action

The Opioid Risk Tool should be used to screen all patients for whom treatment with an opioid is being considered. Patients who score moderate or high risk have a greater probability of developing aberrant drug-related behaviours.

If a patient scores high risk, prescribers should consider seeking advice from a pain medicine or addiction medicine specialist prior to the commencement of treatment with an opioid.

Prescribers should contact Medicare Australia's **Prescription Shopping Information Service** (tel: 1800 631 181) to check whether moderate or high risk scoring patients have been identified to have received medicines in excess of medical need.

Prescribers may also contact **Drugs and Poisons Regulation** (tel: 1300 364 545 or email: dpcs@health.vic.gov.au) for history of permits issued or notifications of drug dependency or other aberrant drug-related behaviours received in relation to patients they intend to treat.

Further information

Clinical advice for health professionals

The NPS fact sheet *NPS News 69 (2010): Opioids - a planned approach to prescribing opioids for persistent non-cancer pain* provides information on evidence-based treatment strategies for chronic non-cancer pain. The fact sheet is available on the NPS website at: <http://www.nps.org.au/publications/health-professional/nps-news/2010/nps-news-69>

To obtain clinical advice from addiction medicine consultants, health professionals may phone the Drug and Alcohol Clinical Advisory Service (**DACAS**) on 1800 812 804.

Counselling and advice for patients

Consumer fact sheets and information on drug dependency services are available on the Better Health Channel website at: http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Drug_dependency_services

For 24-hour confidential drug and alcohol counselling and treatment information, patients, family or health professionals may phone **DirectLine** on 1800 888 236.

Authorised by the Victorian Government, Melbourne. To receive this publication in an accessible format phone Drugs and Poisons Regulation on 1300 364 545.

² Webster LR, Webster R. Predicting aberrant behaviors in opioid-treated patients: preliminary validation of the Opioid Risk Tool. *Pain Medicine*, 2005;6(6):432

³ Skurtveit S, Furu K, Seimer R et al. Nicotine Dependence Predicts Repeated Use of Prescribed Opioids. Prospective Population-based Cohort Study. *Annals of Epidemiology*, 2010;20(12):890

Opioid Risk Tool

Date: _____

Patient Name: _____

Mark each box that applies:	Female (Score)	Male (Score)
Family history of substance abuse <ul style="list-style-type: none"> • Alcohol • Illegal drugs • Prescription drugs 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Personal history of substance abuse <ul style="list-style-type: none"> • Alcohol • Illegal drugs • Prescription drugs 	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Age (mark box if between 16-45 years)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
History of preadolescent sexual abuse	<input type="checkbox"/> 3	<input type="checkbox"/> 0
Psychological disease <ul style="list-style-type: none"> • Attention deficit disorder, obsessive compulsive disorder, bipolar, schizophrenia • Depression 	<input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 1
Total	_____	_____

Total Score Risk Category

- 0 – 3:** Low risk
- 4 – 7:** Moderate risk
- ≥ 8:** High risk

Webster LR, Webster R. Predicting aberrant behaviors in opioid-treated patients: preliminary validation of the Opioid Risk Tool. Pain Medicine, 2005;6(6):432