Screening and Detection of Opioid Use Disorder (Cases Only)

Goal

To prepare providers to screen for and diagnose opioid use disorder and motivate patients to make related health behavior changes.

After completing this module (didactic + cases), participants will be able to:

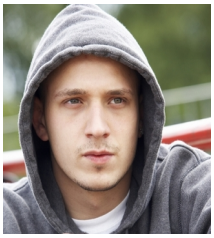
- Use motivational interviewing skills to optimize patient communication in a buprenorphine practice
- Screen for opioid use disorder through patient interviews and use of standardized screening instruments
- Assess patients for signs and symptoms of opioid use disorder
- Diagnose patients with opioid use disorder using current DSM criteria

Professional Practice Gaps

Providers need to learn how to screen patients for opioid use disorder and risk and to make the diagnosis. An entire chapter of TIP 40, Chapter 3, is on Patient Assessment, which underscores the importance of providers who prescribe buprenorphine being familiar with screening, assessment, and diagnosis of opioid use disorder[1,2]. The FSMB Model policy also describes 6 critical aspects of patient assessment[3].

CASE: SCREENING FOR OPIOID USE DISORDER

Mr. Adams, Age 26



Mr. Adams is here to get a refill of his asthma inhaler.

This case will be used to illustrate the screening of patients for opioid use disorder and the use of motivational interviewing to facilitate patient communications in this process.

Intake nurse: *Thank you for filling out our intake questionnaire. You answered that you do use alcohol and have "a little" drug use. Can you tell me which drug or drugs you use?*

Mr. Adams: *Just some I had around. I had a prescription for some hydrocodone plus acetaminophen from a dental visit. They're not illegal or anything.*

Intake nurse: *Okay. I have a few more questions to ask to get a good understanding of how much you use of each substance and whether your health is affected or there are other risks.*

Mr. Adams: *All right.*

Quiz: Challenge

Patients Who Are Asked Assumptive Questions About Their Drug Use Often Provide Accurate And Complete Responses, While Others Find Them Offensive. Which Of The Following Do You Think Is An Assumptive Question? (Choose One)

1. "Have you been using heroin?"
2. "When was the last time you used heroin?"
3. "I see that you have needle tracks on your arm – have you been injecting heroin?"

CHALLENGE QUIZ FEEDBACK

(1) "Have You Been Using Heroin?"

This is not assumptive and gives patients an opportunity to deny using drugs. If they say "No," it is a dead end in the patient interview.

(2) "When Was The Last Time You Used Heroin?"

Correct. This is the only assumptive question of the three options. By asking this, you are assuming that the patient has been using drugs. Regarding assumptive questions, some providers feel that there should be no doubt about the situation before such a question is asked. Otherwise, you may offend the patient by making the assumption and immediately destroy the provider-patient relationship.

(3) "I See That You Have Needle Tracks On Your Arm – Have You Been Injecting Heroin?"

This is a dead end in the patient interview.

CASE ILLUSTRATION: SCREENING/ASSESSING MR. ADAMS' SUBSTANCE USE

Mr. Adams, Age 26

Mr. Adams, who is in the office to obtain a refill on his asthma inhaler, has admitted in at intake to alcohol use and "a little" use of hydrocodone plus acetaminophen. The intake nurse follows up on this positive intake by using the CAGE-AID questionnaire and then asking a few focused questions afterward.

Intake Nurse: *Have you ever felt you ought to cut down on your drinking or drug use?*

> ***Mr. Adams:*** *Not really. I just drink a few beers now and then with friends. And I just take the opioids once in a while to feel good.*

Intake Nurse: *I appreciate your honesty. Have people annoyed you by criticizing your drinking or drug use?*

> ***Mr. Adams:*** *Nope.*

Intake Nurse: Have you ever felt bad or guilty about your drinking or drug use?

> ***Mr. Adams:*** *Maybe. I mean I took those leftover opioids just to see what it feels like. It was probably stupid.*

Intake Nurse: *It sounds like you have heard some about how risky opioids are – they can lead to addiction and overdose. I recommend you dispose of any remaining opioids safely. The doctor will talk with you a little more about that.*

> ***Mr. Adams:*** *Okay*

Intake Nurse: *Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?*

> ***Mr. Adams:*** *No, it's not like that at all.*

Quiz: Think Ahead

What Are Some Of The Primary Physical Signs And Symptoms Of Opioid Use Disorder You Should Look For During Mr. Hughes' Exam? (Choose All That Apply)

1. Pupillary constriction
2. Hair loss
3. Track marks
4. Skin abscesses
5. Diarrhea
6. Nausea or vomiting
7. Coughing
8. Low blood pressure

THINK AHEAD QUIZ FEEDBACK

(1) Pupillary Constriction
Correct. This is a possible physical sign of opioid use disorder.

(2) Hair Loss
This is NOT a physical sign of opioid use disorder.

(3) Track Marks
This is a possible physical sign of opioid use disorder.

(4) Skin Abscesses
Correct. This is a possible physical sign of opioid use disorder.

(5) Diarrhea
This is NOT a sign of opioid use disorder per se, but is a sign of withdrawal. Opioid withdrawal, in turn, is a criterion for opioid use disorder. Diarrhea would also be more common in an IV drug user, as a result of their increased risk for various infectious diseases.

(6) Nausea Or Vomiting
Correct. This is a possible physical sign of opioid use disorder. See below for the full list. From the list presented, physical signs of opioid misuse include pupillary constriction, needle track marks, skin abscesses, nausea or vomiting, and low blood pressure.

(7) Coughing
This is NOT a primary physical sign of opioid use disorder. In fact, the cough reflex may be suppressed. However, coughing might be more common in an IV drug user, as a result of their increased risk for various infectious diseases.

(8) Low Blood Pressure
Correct. This is a possible physical sign of opioid use disorder.

Further Feedback For All Choices:
From the list presented, physical signs of opioid misuse include pupillary constriction, needle track marks, skin abscesses, nausea or vomiting, and low blood pressure. Additionally, there may be constipation, decreased respiration rate, confusion, suppression of cough reflex, dry mouth and nose, decreased libido and/or sexual dysfunction, irregular menses, irritation of nose lining, perforated nasal septum, cellulitis or dermatitis present at injection sites, skin necrosis, and tourniquet pigmentation. Additionally, if Mr. Hughes is in withdrawal, he would experience withdrawal symptoms such as sweating, restlessness and pupil dilation. Diarrhea may also be a sign of withdrawal.

MRS. THOMAS – DISCUSS WITHDRAWAL SYMPTOMS

Provider: *You said that if you reduce your dose, you feel some pain and don't feel good. Can you tell me more about how you feel then?*

> ***Mrs. Thomas:*** A little achy, like I'm coming down with something, and a little sick to my stomach. I feel sleepy, but then I can't sleep well at night. Mostly the problem is just feeling very low, sort of like I need it to feel all right.

Provider: *That sounds pretty miserable. All of those symptoms could be coming from withdrawal from opioids. It sounds like your body has become dependent on it to feel normal.*

CASE: MR. HUGHES

Name: Mr. Hughes

Age: 22 years old

Reason For Visit: He is in your office today for a physical required for work.

Drug-Related History So Far: *Mr. Hughes remarked at intake that he "sometimes" uses oxycodone.*

Physical Exam: The physical exam suggests that Mr. Hughes is using opioids and appears to be intoxicated currently. His signs and symptoms include pupillary constriction, slurred speech, poor attention, and slow respiratory rate.

However, there are no physical signs of injection drug use.

After assuring Mr. Hughes that your conversations are confidential, further discussion is required so that you can get a complete clinical picture.

Provider*: Mr. Hughes, I need more details about something that you noted on the intake questionnaire here so I can get a complete picture of your health. You indicated that you use street drugs – what drugs are you using currently?*

Mr. Hughes*: What? Oh, you know, a little of this, a little of that.*

Provider*: Heroin?*

Mr. Hughes*: Uh, actually, yeah.*

Provider*: Prescription narcotics?*

Mr. Hughes*: Some.*

Provider*: Some are more of a concern than others, and some are a concern if they are mixed, benzodiazepines and opioids, for example. Which ones do you use?*

CASE: MRS. THOMAS

Name: Mrs. Thomas

Age: 52 years old

Reason For Visit: Lower back pain. She is in your area for the winter and could not reach any of her regular providers. She decided that it would be best to have a provider nearby.

Patient History: Back pain started with a car accident 6 months ago. Mrs. Thomas has been seeing another provider who prescribed oxycodone telling her that she would probably need it for about a month. She has been taking the medication for almost 6 months now, by visiting multiple providers and not informing them of the others. Although Mrs. Thomas reports feeling only slight back pain now, she is taking increasingly large doses of oxycodone every day to "stay ahead of the pain."

Dialogue:

Provider: *I understand that you started taking oxycodone for back pain after a car accident 6 months ago. How much pain are you in now?*

> **Mrs. Thomas:** *I still have some back pain if I don't take my meds. If I reduce my dose, I have some pain and don't feel good. I didn't intend to take oxycodone for so long, but I need it to get me through the day.*

Initial Impression

Which Of Mrs. Thomas's Behaviors Suggests A Possible Diagnosis Of Opioid Use Disorder? (Choose All That Apply)

1. Visiting multiple providers for prescriptions for opioids
2. Requiring a high dose of opioids every day to help her "stay ahead" of her back pain and "get through the day"
3. Taking opioids for pain for longer than she anticipated

CASE: MRS. THOMAS FEEDBACK

Visiting Multiple Providers For Prescriptions For Opioids

Correct. By visiting multiple doctors, Mrs. Thomas is spending significant time and effort trying to obtain opioids, which is one of the DSM-5 criteria for substance use disorder.

Requiring A High Dose Of Opioids Every Day To Help Her "stay Ahead" Of Her Back Pain And "get Through The Day"

Needing a higher dose of opioids to achieve the desired effect, known as "tolerance", is one of the DSM 5 criteria for substance use disorder. This criterion would not be met if she was "taking opioids solely under appropriate medical supervision," however, her "doctor shopping" does not qualify as "appropriate supervision." Thus, she does not appear to qualify for this exclusion. However, it is possible that she is doctor shopping due to undertreated pain. To be certain of whether to count these criteria for Opioid Use Disorder, she would need to be interviewed further regarding these behaviors. Other criteria for the diagnosis and her back injury would need to be evaluated to ascertain whether this level of opioids is needed.

Taking Opioids For Pain For Longer Than She Anticipated

Correct. She has been taking opioids for longer than intended, which is a DSM 5 criterion for substance use disorder.

Focusing on the Topic

Once you identify areas of concern, then focus on the topic to gain a better understanding of the issue in terms of severity and the patient's sense of importance or concern.

QUIZ: MR. HUGHES – CONTINUED

History (Continued): With prompting, Mr. Hughes admits to using both heroin and prescription opioids, including Percocet® and OxyContin®. He snorts the heroin instead of injecting because, in his words, "it's a lot safer." He uses opioids on a daily basis and also abuses other drugs when they are available, including alcohol, marijuana, and Ritalin®.

He started using drugs last year when he was having problems at school. He explains that he had a really demanding semester and that he liked to relax with his friends on the weekends. Previously, Mr. Hughes drank a lot but found that alcohol was not providing the "release" that he was seeking. Several of his friends introduced him to pills and eventually to heroin when he needed something stronger.

Clinical Choice Regarding Mr. Hughes' Evaluation

You have covered several key areas in your evaluation of Mr. Hughes, such as his medical history, drug use history, patterns of drug use, and tolerance.

Which Of The Following Topics Are An Essential Part Of The Thorough Patient Evaluation That Must Be Done Prior To Diagnosing And Treating Mr. Hughes? (Choose All That Apply)

1. Assess his craving and sense of control over his drug use.
2. Gauge his understanding of the consequences of drug use.
3. Discuss with him whether he will be able to avoid places and people where he obtained his drugs.
4. Gather complete medical, psychiatric, family, and social histories.

MR. HUGHES: EVALUATION QUIZ FEEDBACK

(1) Assess His Craving And Sense Of Control Over His Drug Use.

Correct. It is important to assess Mr. Hughes' craving and sense of control of his drug use.

(2) Gauge His Understanding Of The Consequences Of Drug Use.

Correct. It is important to gauge Mr. Hughes' understanding of the consequences of drug use.

(3) Discuss With Him Whether He Will Be Able To Avoid Places And People Where He Obtained His Drugs.

Determining where/how Mr. Hughes buys his drugs is not necessary to make a diagnosis but is relevant to determining safety of the home environment in selecting a treatment setting. If his family or friends are his dealers, for example, separation from them could improve the chance of successful treatment. However, all of the other options are important steps in a thorough evaluation, and you must fully evaluate his substance abuse before you can consider a diagnosis (or diagnoses) and possible treatment.

(4) Gather Complete Medical, Psychiatric, Family, And Social Histories.

Correct. *It is important to gather Mr. Hughes' complete medical, psychiatric, family, and social histories.*

Mr. Hughes – Summary and Plan

Summary

You now have a complete clinical picture of Mr. Hughes's drug use. He is dependent on opioids like heroin, Percocet®, and OxyContin®. Also, he sometimes abuses other drugs when they are available, including marijuana and Ritalin®. He has a history of alcohol use and may also have an alcohol use disorder. He meets the DSM 5 criteria for a diagnosis of "opioid use disorder." Further evaluation revealed few behavioral changes, although he did admit to missing more classes recently (and not caring).

Treatment Plan

Immediate intervention is required for Mr. Hughes. It is important to stress the urgency of this to him. He needs to understand both the short-term and the long-term physical, mental, and emotional implications of his opioid use disorder.

Explore treatment options with Mr. Hughes to find which options suit him best personally while also addressing his immediate medical situation. He may be a good candidate for office-based buprenorphine treatment. You can work with Mr. Hughes' college to see what additional psychosocial services they can provide, assuming that Mr. Hughes is willing to participate in treatment.

Poll: Do you use motivational interviewing techniques with patients having substance use problems?

- Infrequently 0-10% of the time
- A Little 11-25% of the time
- Some 26-50% of the time
- Often 51-75% of the time

- Most 76-100% of the time

Take the poll: https://bup.clinicalencounters.com/detection-poll/