

# DIAGNOSIS OF OPIOID USE DISORDER (CASES ONLY)

## Goal

To prepare providers to screen for and diagnose opioid use disorder and motivate patients to change in a variety of presentations of opioid use disorder.

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

- Diagnose a variety of presentations of patients with opioid use disorder using current DSM criteria

## Professional Practice Gaps

Treatment starts with proper diagnosis of opioid use disorder followed by assessment of the appropriateness of office-based buprenorphine treatment. TIP 40, Chapter 3, is on Patient Assessment, underscores the importance of providers being skilled in the diagnosis of opioid use disorder<sup>1,2</sup>. The FSMB Model policy also describes 6 critical aspects of patient assessment<sup>3</sup>.

## Apply a Patient-Centered Approach

Since the experience of each patient is unique, the diagnosis component of the training is primarily case-based to demonstrate the process. In the training, we cannot hope to cover that enormous range of presentations you are likely to encounter and the diagnostic challenges that await. The process should be standardized to ensure you generate a valid diagnosis before embarking on treatment.

**PATIENT-CENTERED:** "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions"<sup>4</sup>.

## CASE: MRS. THOMAS

Mrs. Thomas reports that she visits 2 providers on a regular basis to get her prescriptions filled. She says that she needs a higher dose of oxycodone than either of her providers will prescribe so that she can make sure she always has a prescription and enough pills to hold her over. She also reports that she sees several specialists that deal with different areas of pain and stress management on a regular basis. A prescription monitoring report obtained for Mrs. Thomas reveals that they sometimes write her prescriptions for opioids as well.



### Multiple Medications And Pharmacies

You also inquire about any other prescription medications she is taking at the moment. Mrs. Thomas says that she has also been taking meperidine "off and on for years," prescribed by another provider for pain she experienced after surgery. She reports that she travels a lot and gets her prescriptions filled wherever she can, so she does not always use the same pharmacy.

### Signs And Symptoms

Mrs. Thomas self-reports daily sleepiness and nausea, which could be from intoxication. GI symptoms including nausea may also be related to withdrawal symptoms. Insomnia from withdrawal might also produce subsequent sleepiness. A physical exam reveals pupillary constriction, suggesting current intoxication.

### Family Issues

After further questioning, she reports that her 5 children have each confronted her at different times about her oxycodone use and that she has not spoken to her youngest son in over a month since he accused her of being "hooked" on the pills. She also says that sometimes she has felt a bit ashamed because she needs so much medication and that every day she considers discontinuing her use of pain pills, but she is too fearful that the severe pain will return if she stops taking the medications.

### Supporting Mrs. Thomas

Acknowledge her medical issues, explain what happened with her pain and how in some people narcotics can lead to substance use disorder. Additionally, remember to acknowledge it as a disease.

## QUIZ: MRS. THOMAS DIAGNOSIS

With the additional information provided by interviewing Mrs. Thomas, consider whether the diagnosis of opioid use disorder applies.

**Has Mrs. Thomas Exhibited Two Or More Of The Criteria For Opioid Use Disorder In The Past 12 Months? Check All Criteria That She Has Currently. Some, But Not All, Of The Following Criteria Apply To This Patient.**

1. The substance is often taken in larger amounts or over a longer period of time than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control substance use
3. A great deal of time is spent in activities necessary to obtain the substance, use it, or recover from its effects
4. Cravings
5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance.
7. Important social, occupational, or recreational activities are given up or reduced because of substance use
8. Recurrent use of opioids in physically hazardous situations
9. The substance use is continued despite the knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either a need for markedly increased amounts of the substance to achieve desired effect or markedly diminished effect with continued use of the same amount of the substance.
11. Withdrawal, as manifested by either the characteristic withdrawal syndrome for the opioid or the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.

## Mrs. Thomas Diagnosis Quiz Feedback

### **(1) The Substance Is Often Taken In Larger Amounts Or Over A Longer Period Of Time Than Was Intended.**

**Correct.** She has increased her dose and taken the medication for longer than she was originally expected to be on it.

### **(2) There Is A Persistent Desire Or Unsuccessful Efforts To Cut Down Or Control Substance Use**

**Correct.** Near the end of the interview she said that she thinks about quitting every day.

### **(3) A Great Deal Of Time Is Spent In Activities Necessary To Obtain The Substance, Use It, Or Recover From Its Effects**

**Correct.** It appears that she is spending a lot of time at doctors obtaining a sufficient supply of her medication.

### **(4) Cravings**

Criterion not evident.

### **(5) Recurrent Substance Use Resulting In A Failure To Fulfill Major Role Obligations At Work, School, Or Home.**

Criterion not evident.

### **(6) Continued Substance Use Despite Having Persistent Or Recurrent Social Or Interpersonal Problems Caused By Or Exacerbated By The Effects Of The Substance.**

Her 5 children have each confronted her about her oxycodone use, she has not spoken to her youngest son in over a month since he accused her of being "hooked" on the pills.

### **(7) Important Social, Occupational, Or Recreational Activities Are Given Up Or Reduced Because Of Substance Use**

**Correct.** She has not spoken to her youngest son in over a month since he accused her of being "hooked" on the pills. She was not specifically asked about her occupational or recreational activities.

### **(8) Recurrent Use Of Opioids In Physically Hazardous Situations**

Criterion not evident. While driving or operating machinery can be dangerous when first taking opioids, most patients are able to drive after they adjust to chronic use.

### **(9) The Substance Use Is Continued Despite The Knowledge Of Having A Persistent Or Recurrent Physical Or Psychological Problem That Is Likely To Have Been Caused Or Exacerbated By The Substance**

Criterion not evident

### **(10) Tolerance, As Defined By Either A Need For Markedly Increased Amounts Of The Substance To Achieve Desired Effect Or Markedly Diminished Effect With Continued Use Of The Same Amount Of The Substance.**

**Correct.** Mrs. Thomas described needing a higher dose than she was prescribed.

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**(11) Withdrawal, As Manifested By Either The Characteristic Withdrawal Syndrome For The Opioid Or The Same (or Closely Related) Substance Is Taken To Relieve Or Avoid Withdrawal Symptoms.**

It is not clear whether she is experiencing withdrawal. She only mentioned two possible symptoms of withdrawal. You would need to specifically ask her more questions about withdrawal symptoms.

## MRS. THOMAS – DIAGNOSIS AND PLAN

### Diagnosis

Mrs. Thomas appears to meet the definition of opioid disorder of “clinically significant impairment or distress” if you consider her daily sleepiness and nausea, which may be related to her opioid use, is causing distress and alienation from family and that she thinks about quitting every day, but cannot. She currently meets more than 2 criteria for opioid use disorder, and so this diagnosis is appropriate.

As you talk to her about the problem of her misuse of prescription opioids, be sure to explain both the short term and the long-term dangers of her disorder.



While giving your diagnosis:

- Avoid putting her on the defensive
- Use motivational interviewing techniques during discussions
- Treat her as an expert in her own feelings
- Involve her in decisions
- Maintain a non-judgmental attitude
- Help her notice and resolve ambivalent feelings, etc

However, be clear and firm while discussing the gravity of her situation.

### Treatment Plan

Communicating with the other physicians involved in her treatment is also important. For example, her orthopedist and/or back specialist should be involved to confirm that Mrs. Thomas does indeed have a chronic injury as recommended in the FSMB guidelines on prescribing chronic opioids<sup>3</sup>, and to obtain details of her treatment.

The day before induction complete patient education and the written, signed patient-provider treatment agreement.

### Quiz: Substance Use Disorder

#### Which Of The Following Are Criteria For Substance Use Disorder? (Choose All That Apply)

1. Continued drug use despite health problems
2. Unsuccessful attempts to curtail drug use
3. Drug tolerance
4. Legal problems related to substance use

## Substance Use Disorder Quiz Feedback

### **(1) Continued Drug Use Despite Health Problems**

**Correct.** Continuing to use a substance despite knowing that its use is causing health problems is one of the criteria for substance use disorder.

### **(2) Unsuccessful Attempts To Curtail Drug Use**

**Correct.** Being unable to control substance use in spite of one's desires or best efforts is one of the criteria for substance use disorder.

### **(3) Drug Tolerance**

**Correct.** Tolerance for a substance, as defined by either the need for increasing amounts or by a diminished effectiveness, is one of the criteria for substance use disorder.

### **(4) Legal Problems Related To Substance Use**

Legal problems related to substance use is no longer a diagnostic criterion for substance use disorder.



## QUIZ: CASE: MR. LOPEZ



**Name:** Mr. Lopez [originally introduced in the Intro Course]

**Age:** 50 years old

**Reason For Visit:** Mr. Lopez requests a buprenorphine prescription. He has been self-medicating with buprenorphine to reduce his use of hydrocodone and oxycodone.

**Patient History:** No present pain, but he takes Vicodin® and Percocet® at least once daily, and has done so for five years; he is unable to stop taking them. Mr. Lopez severely sprained his ankle four years ago, requiring surgical repair, and was prescribed hydrocodone. Even though his ankle pain improved, he increased the amount he takes and even started buying it on the street. He felt embarrassed and hated spending all that time on the phone trying to find his next day's supply of pills. Money was never an issue because he has a pretty good job.

**Treatment History:** About a year ago he was fed up and decided to stop taking hydrocodone. He tried methadone for just 2 weeks but could not make the daily clinic visit that was required and soon was back to using up to 15 tablets of hydrocodone a day. If he went for six hours with no pills he suffered withdrawal. So he bought 15 buprenorphine tablets from an acquaintance and switched to those for a few days. The buprenorphine helped, and he was able to buy another two weeks' worth from his friend, but after he ran out, he could barely function due to nausea and achiness. He was able to hold on for a few more days but soon started taking hydrocodone once again and is currently using it. He felt more clear-headed on buprenorphine so he would like to resume taking it. This time he decided to ask to have it prescribed; hence, his visit to you.

He works as a building construction inspector, is divorced, and lives alone. The highlight of his week is taking care of his 3-year old grandson on Saturdays. Mr. Lopez has no regular friends except the guys at the bar and at work. Most weekdays after work, he stops at the local bar and has several drinks with his friends. When asked whether he plans to decrease or stop drinking, he says he's not sure he really wants to stop drinking. His sisters have told him that he drinks too much. He is careful to avoid alcohol when he is taking care of his grandson.

Mr. Lopez says he was told by one of his doctors that he was depressed and that the doctor put him on Zoloft®. He took it as directed for six weeks, but then stopped it because it "messed up" his sex life. Sometimes he feels dejected, but he doesn't feel suicidal and does not cry a lot. "What gets me down is this Vicodin® and Percocet® habit. If I got rid of these drugs I wouldn't be down at all."

### How Does Mr. Lopez's History Affect Your Treatment Decisions? (Choose One)

1. He is still a good candidate for buprenorphine treatment, despite the alcohol use and other history.
2. He is not a good candidate for buprenorphine treatment, due to the alcohol use and other history.
3. Not enough information

## Mr. Lopez – Quiz Feedback

### **(1) He Is Still A Good Candidate For Buprenorphine Treatment, Despite The Alcohol Use And Other History.**

At this point, Mr. Lopez needs further screening for alcohol use disorder with lab tests (liver enzymes) to discover the severity of his alcohol problem, before proceeding with buprenorphine treatment.

### **(2) He Is Not A Good Candidate For Buprenorphine Treatment, Due To The Alcohol Use And Other History.**

At this point, Mr. Lopez needs further screening for alcohol use disorder with lab tests (liver enzymes) to discover the severity of his alcohol problem, before proceeding with buprenorphine treatment.

### **(3) Not Enough Information**

**Correct.** At this point, Mr. Lopez needs further screening for alcohol use disorder with lab tests (liver enzymes) to discover the severity of his alcohol problem, before proceeding with buprenorphine treatment.

## Quiz Feedback For All Choices

### **Mr. Lopez is under-aware of his potential alcohol problem.**

Consider: Does he smell like alcohol? Does he have symptoms of alcohol dependence (tremors, etc.) when he doesn't drink? Similarly, his depression evaluation needs to be updated. Depending on the severity of these problems, consider that he has two risk factors for poor buprenorphine treatment outcomes.

Your decision to treat him in an office-based opioid treatment program should consider the severity of these problems, his response to their treatment, and your level of expertise in handling cases with these complications.

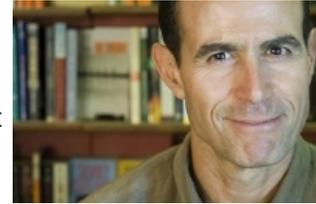
Providers new to prescribing buprenorphine or polysubstance use might consider a referral to a more experienced provider or a higher level of care. If you do continue with OBOT, you should review with him the warning about CNS depressant use when taking buprenorphine and include additional treatment structure, such as psychosocial supports and more frequent office visits.

### Quiz: Mr. Lopez – Additional Treatment Concerns

**Patient History (continued):** Mr. Lopez's attempt at self-detoxification from opioids is notable and raises some concerns. He clearly seems to be trying to keep control over his treatment. His first approach was to buy some buprenorphine outside of medical treatment and carry out his own treatment alone. Now he is shopping for treatment as he envisions it, as a consumer.

On the one hand, it shows toughness, determination, and taking responsibility for his situation. On the other hand, it shows reluctance to ask

for help from others. He may not want to show weakness and may have a tendency to minimize problems.



### **If Mr. Lopez Was Admitted To Buprenorphine Treatment In An Office-based Opioid Treatment Practice, What Would A Tailored, Optimal Assessment, Evaluation, And Treatment Plan Include? (Choose All That Apply)**

1. Get a more complete history
2. Conduct a physical exam
3. Conduct lab testing
4. Further evaluate his social isolation and depression
5. Further evaluate his alcohol use/abuse/addiction
6. Involve Mr. Lopez in treatment planning and decision-making

### Mr. Lopez - Additional Treatment Concerns Quiz Feedback

- (1) Get A More Complete History,**
  - (2) Conduct A Physical Exam,**
  - (3) Conduct Lab Testing,**
  - (4) Further Evaluate His Social Isolation And Depression,**
  - (5) Further Evaluate His Alcohol Use/Abuse/Addiction,**
  - (6) Involve Mr. Lopez In Treatment Planning And Decision-making**
- Correct.** All the steps listed are important for fully evaluating and treating Mr. Lopez.

## Mr. Lopez - Summary and Plan

### Summary And Treatment Plan

Given Mr. Lopez's history, you might emphasize a patient-centered approach in which he is included in the decision-making process and is informed of all his choices. He seems to have his own ideas about what he wants, so it is important to understand his expectations.



For example, you could ask, "what kind of treatment do you feel would be best for you at this time?" It is also important to clearly explain your office-based opioid treatment program requirements so he can decide early on whether he wants to participate.

You should also review how Mr. Lopez can ask for help because of his possible reluctance to ask for help. For example, explain how he can reach you if he has questions about his treatment, what to do if he feels like using opioids, etc. This can be outlined in a treatment agreement that Mr. Lopez could review and sign, along with the informed consent, which must be signed.

For patients who might hesitate to sign a treatment agreement, emphasize that the point of the agreement is to make the program clear, including what is expected to happen in terms of how they will improve, how they will be monitored, and the process for obtaining refills. The patient is often given a handbook or copy of the agreement.

### Concepts To Discuss With Patients

It may also be useful to introduce the concept of severity of illness and let him know that additional treatment and support is needed with more severe opioid use disorder. Many patients with opioid addiction need more treatment than just medication, such as counseling or a support group. Some patients need long-term maintenance on buprenorphine and at least months of stability before attempting complete detoxification, including a taper off buprenorphine. It is important to lay the groundwork for a flexible approach depending on what he needs.