APPENDIX C

HOW TO EVALUATE PATIENTS FOR OPIOID USE DISORDER

ARIZONA DEPARTMENT
OF HEALTH SERVICES

APPENDIX C: HOW TO EVALUATE PATIENTS FOR OPIOID USE DISORDER[88]

The lifetime prevalence for opioid use disorder among patients receiving long-term opioid therapy has been estimated to be between 25-41%.[42]

Guideline #15 states to assess patients for opioid use disorder on a regular basis, and to offer or arrange for opioid agonist therapy to those diagnosed. There are screening tools available that can predict the likelihood of aberrant behaviors (e.g. Opioid Risk Tool, SOAPP-R), but they are not designed to screen for opioid use disorder and their sensitivity is low. **Providers should seek to identify clinical evidence of opioid use disorder, rather than relying on screening tests with low sensitivity.** When assessing for opioid use disorder and discussing opioid agonist therapy, clinicians should also aim to destigmatize the condition and the treatment. Reviewing the brain model of addiction[89] and comparing to other conditions (e.g. diabetes) that also require ongoing self-management and medication use can be helpful.

Definition and Diagnostic Criteria

Opioid use disorder (OUD) is defined as a problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested **by at least two of the symptoms** below, occurring within a 12-month period. This can also be remembered through the "3Cs": Loss of **Control**, **Craving**, and Use despite Negative **Consequences**.

DSM-5 Diagnostic Criteria for Opioid Use Disorder[90]

LOSS OF CONTROL	Using larger amounts of opioids or over a longer period than initially intended	EXAMPLE: taking more than prescribed (e.g. repeated requests for early refills)
	Persistent desire or inability to cut down on or control opioid use	EXAMPLE: has tried to reduce dose or quit opioid because of family's concerns about use but has been unable to
	Spending a lot of time to obtain, use or recover from opioids	EXAMPLE: driving to different doctors' offices to get renewals for various opioid prescriptions
CRAVING	Craving or strong desire or urge to use opioids	EXAMPLE: describing constantly thinking about/needing opioid
USE DESPITE NEGATIVE CONSEQUENCES	Failure to fulfill obligations at work, school or home due to use	EXAMPLE: not finishing tasks due to effect of taking opioids; getting fired from jobs
	Continued opioid use despite persistent or recurrent social or interpersonal problems related to opioids	EXAMPLE: spouse of family member worried or critical about patient's opioid use
	Activities are given up or reduced because of use	EXAMPLE: no longer participating in weekly softball league despite no additional injury or reason for additional pain
	Recurrent use in situations that are physically hazardous	EXAMPLE: repeatedly driving under the influence
	Continued use despite physical or psychological problems related to opioids	EXAMPLE: unwilling to discontinue or reduce opioid use despite non-fatal accidental overdose
	Tolerance*	EXAMPLE: needing to take more to achieve the same effect
	Withdrawal*	EXAMPLE: feeling sick if opioid not taken on time or exhibiting withdrawal effects

*Tolerance and withdrawal are not counted as DSM V criteria for opioid use disorder when the patient is taking opioid medications as prescribed.

The severity of opioid use disorder is classified by the number of presenting symptoms.

DSM-5 Diagnostic Criteria for Severity of Opioid Use Disorder[90]	
Mild Severity of Opioid Use Disorder	Presence of 2-3 symptoms above
Moderate Severity of Opioid Use Disorder	Presence of 4-5 symptoms above
Severe Severity of Opioid Use Disorder	Presence of 6 or more symptoms above

If there is uncertainty whether a patient meets criteria for opioid use disorder, refer the patient to an addiction specialist or psychiatrist for diagnosis.

Next Steps

People with opioid use disorder are at risk for using illicit opioids (e.g. heroin or counterfeit pills, both of which can contain potent synthetic fentanyl) which can lead to death with small exposures.

- Avoid abrupt discontinuation or rapid tapering of opioid therapy unless there are certain high-risk circumstances (e.g. evidence for diversion, threatening behavior, serious disruptive behavior, suicidal ideation or behaviors).
- Offer patients with opioid use disorder opioid agonist therapy (e.g. methadone and buprenorphine) along with integrated pain and mental health therapy. This treatment can prevent overdose and death. Tapering alone is not sufficient treatment for this group.
- Recognize that opioid use disorder typically requires chronic management, although full remission can be achieved.

A Note on Diversion

Drug diversion is a crime and constitutes an absolute contraindication to prescribing additional medications. Drug diversion can be suspected if the patient history and clinical picture do not align, such as the absence of prescribed medications in a confirmatory urine drug test and no signs of clinical withdrawal despite a patient reported history of taking prescribed medications.

- Providers who suspect diversion should base treatment plans on objective evidence. Evidence can include a negative confirmatory urine drug test (e.g. gas chromatography/mass spectrometry or liquid chromatography/ mass spectrometry) for the substance being prescribed in the absence of withdrawal symptoms in someone who is receiving opioids. There is a limitation in this, however, as most routine urine drug screens do not detect synthetic opioids (e.g. methadone, fentanyl, tramadol) and may not detect semi-synthetic opioids (e.g. oxycodone, hydrocodone, hydromorphone).
- If there is evidence that the patient is diverting opioids, discontinue opioids and assess for underlying opioid use disorder and/or psychiatric comorbidities. Consultation with a pain specialist, psychiatrist, or substance use disorder specialist may be warranted. Consider additional consultation with risk management and/or legal counsel. For patients with opioid use disorder, opioid agonist therapy should be offered or arranged (see *Guideline #13*).