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Screening and Diagnosis of Opioid Use Disorder

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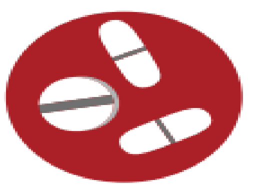
Disclosures

- Dr. Emily Gordon and Clement Chen are involved in educational initiatives as part of the Northern New Jersey Medication-Assisted Treatment Centers of Excellence

Objectives

- Determine the epidemiology of opioid use disorder (OUD)
- Understand and identify risk factors for OUD
- Explain how to use the concept of SBIRT with the use of screening tools to screen for OUD
- Learn best practices for assessing and diagnosing OUD
- Recommend how to address a patient with OUD

The Opioid Epidemic By the Numbers



130+
People died every day from opioid-related drug overdoses[3] (estimated)

10.3 m
People misused prescription opioids in 2018[1]

47,600
People died from overdosing on opioids[2]

2.0 million
People had an opioid use disorder in 2018[1]

81,000
People used heroin for the first time[1]

808,000
People used heroin in 2018[1]

2 million
People misused prescription opioids for the first time[1]

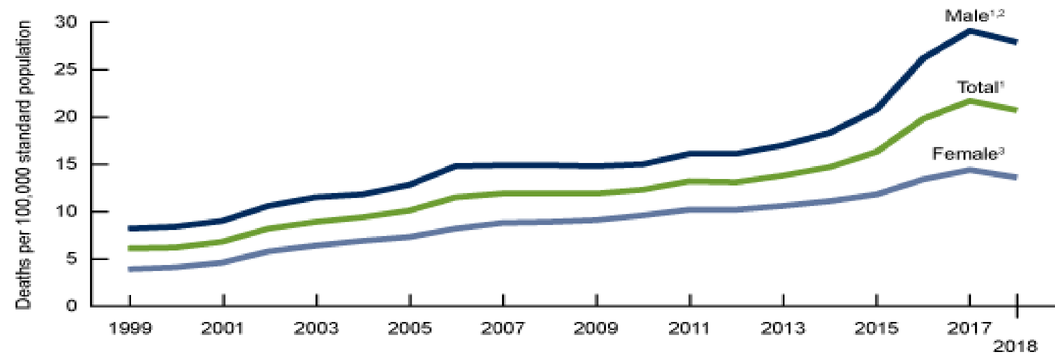
15,349
Deaths attributed to overdosing on heroin (in 12-month period ending February 2019)[2]

32,656
Deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending February 2019)[2]

https://www.hhs.gov/opioids/sites/default/files/2019-11/Opioids%20Infographic_letterSizePDF_10-02-19.pdf

Epidemiology of Opioid Overdose Deaths

- 2019 – 71,000 overdose deaths (4.8% increase)
- >50,000 attributed to opioids



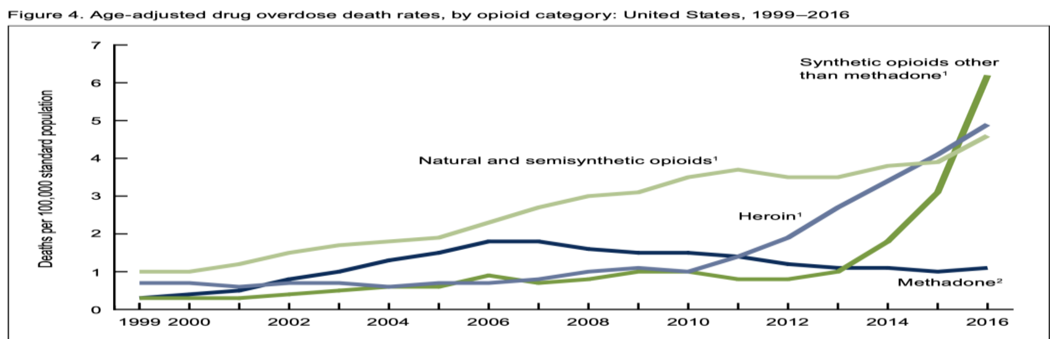
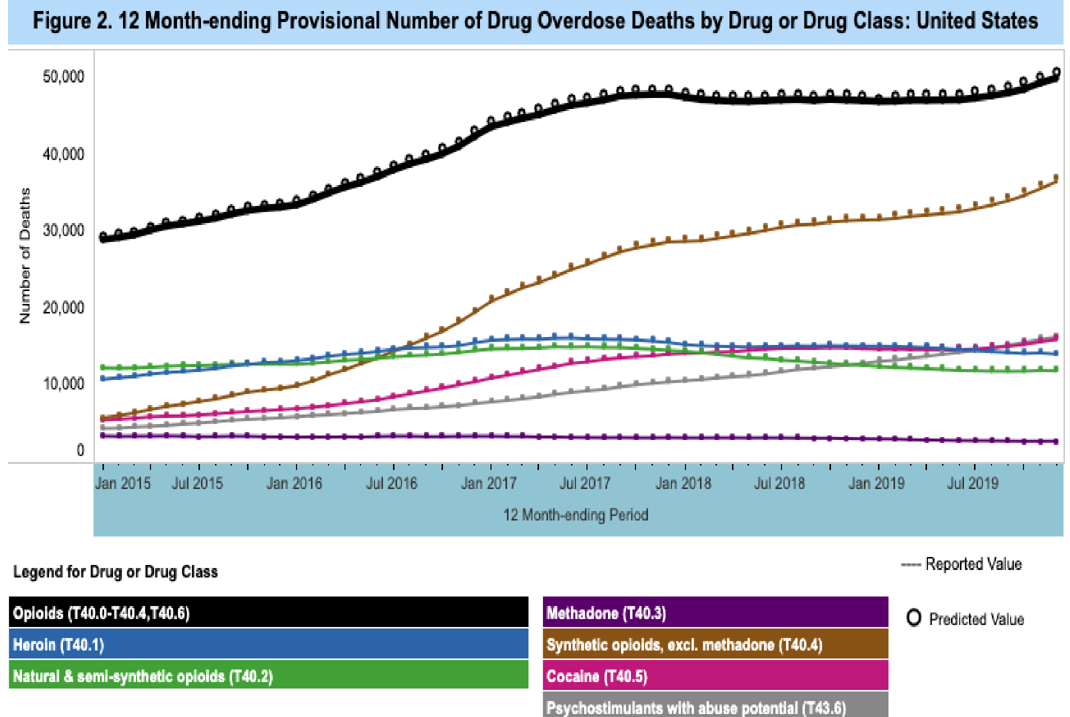


Figure 4. Age-adjusted drug overdose death rates, by opioid category: United States, 1999–2016

[1]Significant increasing trend from 1999 to 2016 with different rates of change over time, $p < 0.05$.
[2]Significant increasing trend from 1999 to 2006, then decreasing trend from 2006 to 2016, $p < 0.05$.
NOTES: Deaths are classified using the *International Classification of Diseases, Tenth Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: heroin, T40.1; natural and semisynthetic opioids, T40.2; methadone, T40.3; and synthetic opioids other than methadone, T40.4. Deaths involving more than one opioid category (e.g., a death involving both methadone and a natural or semisynthetic opioid) are counted in both categories. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, with ranges of 75%–79% from 1999 to 2013, and 81%–85% from 2014 to 2016. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db294_table.pdf#4.
SOURCE: NCHS, National Vital Statistics System, Mortality.



CDC: Provisional Drug Overdose Death counts. Accessed on Monday, July 27th, 2020. Accessed from: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
CDC: Drug Overdose Deaths in the U.S., 1999-2018. Accessed on Monday, July 27th, 2020. Accessed from: https://www.cdc.gov/nchs/products/databriefs/db356.htm

Primary Care: An Opportunity for Treatment?

- Korownyk, et al – reviewed 4 RCTs comparing primary vs. specialty care

Outcome Measures	Primary Care	Specialty Care	Risk Ratio
Treatment Retention	86%	67%	RR 1.25 (1.07-1.047)
Patient Satisfaction	77%	38%	
Street Opioid Abstinence	53%	35%	RR 1.50 (1.12-2.04)

Korownyk C, Perry D, Ton J, et al. *Can Fam Physician.* 2019 May;65(5):e194-e206.

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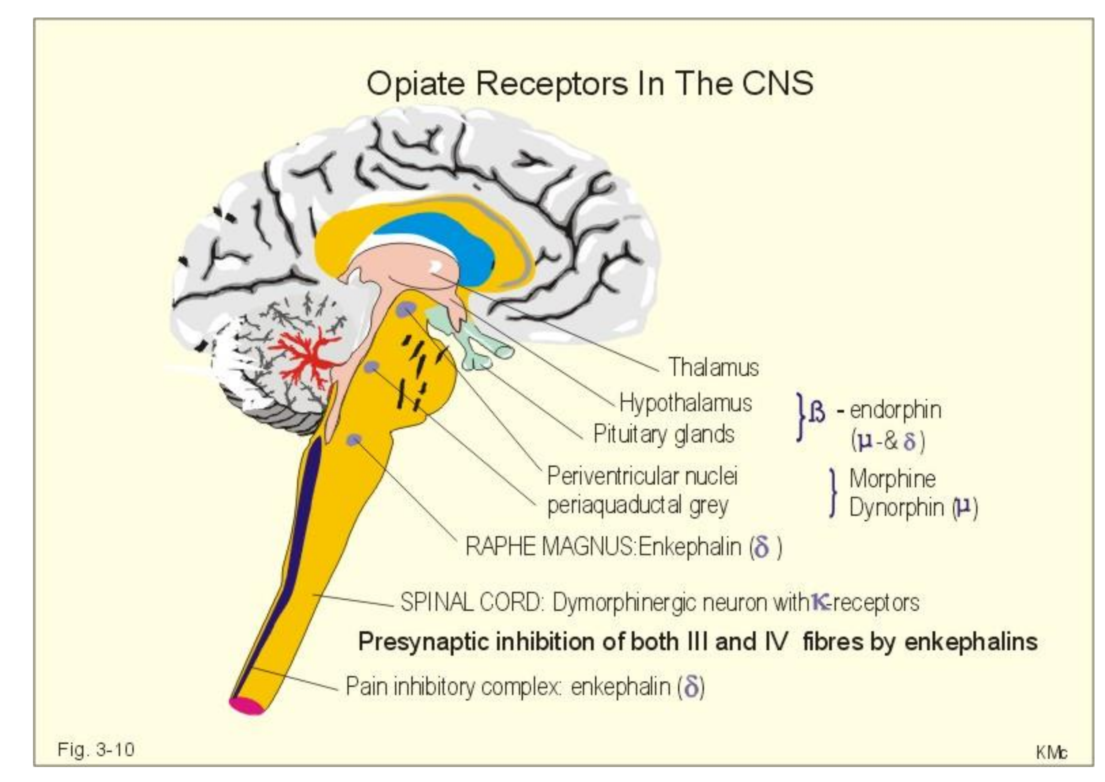
Understanding Opioid Use Disorder

Understanding Opioid Use Disorder

Chronic, relapsing disease involving:

- reward
- motivation
- decision-making circuitry

characterized by compulsive drug seeking and use despite harmful consequences



1. American Society of Addiction Medicine. Definition of addiction. Adopted April 12, 2011. 2. NIDA. Drugs, brains, and behavior: the science of addiction. Updated July 2014. 3. Mattick RP, et al. Cochrane Database Syst Rev. 2003;2:CD002209. 4. Wegman MP, et al. Lancet Global Health. 2017;5:e198-e207. 65 Volkow ND, et al. N Engl J Med. 2016;374:1253-1263.

Risk Factors for Opioid Use Disorder

- **Family history**
  - Heritability and child-rearing
- **Early exposure to drug use**
  - Adolescence due to greater neuroplasticity of the brain
- **Exposure to high-risk environments**
  - Poor familial and social supports with restrictd behavioral alternatives
- **Mental illnesses**
  - Mood disorders
  - Attention deficit hyperactivity disorder
  - Psychoses
  - Anxiety disorders

Volkow ND, et al. *N Engl J Med.* 2016 Jan 28;374(4):363-71.
Webster LR. *Anesth Analg.* 2017 Nov;125(5):1741-48.

Screening and Diagnosis

Universal Screening for Substance Use Disorder

How many times in the past year have you used an illegal drug or a prescription medication for nonmedical reasons?

(A positive screen is 1 or more days.)

If positive, proceed to additional screening

Smith, P. C., et al. (2010). A single-question screening test for drug use in primary care. Archives of Internal Medicine, 170(13), 1155–1160.

Validated Screening Tool - DAST-10

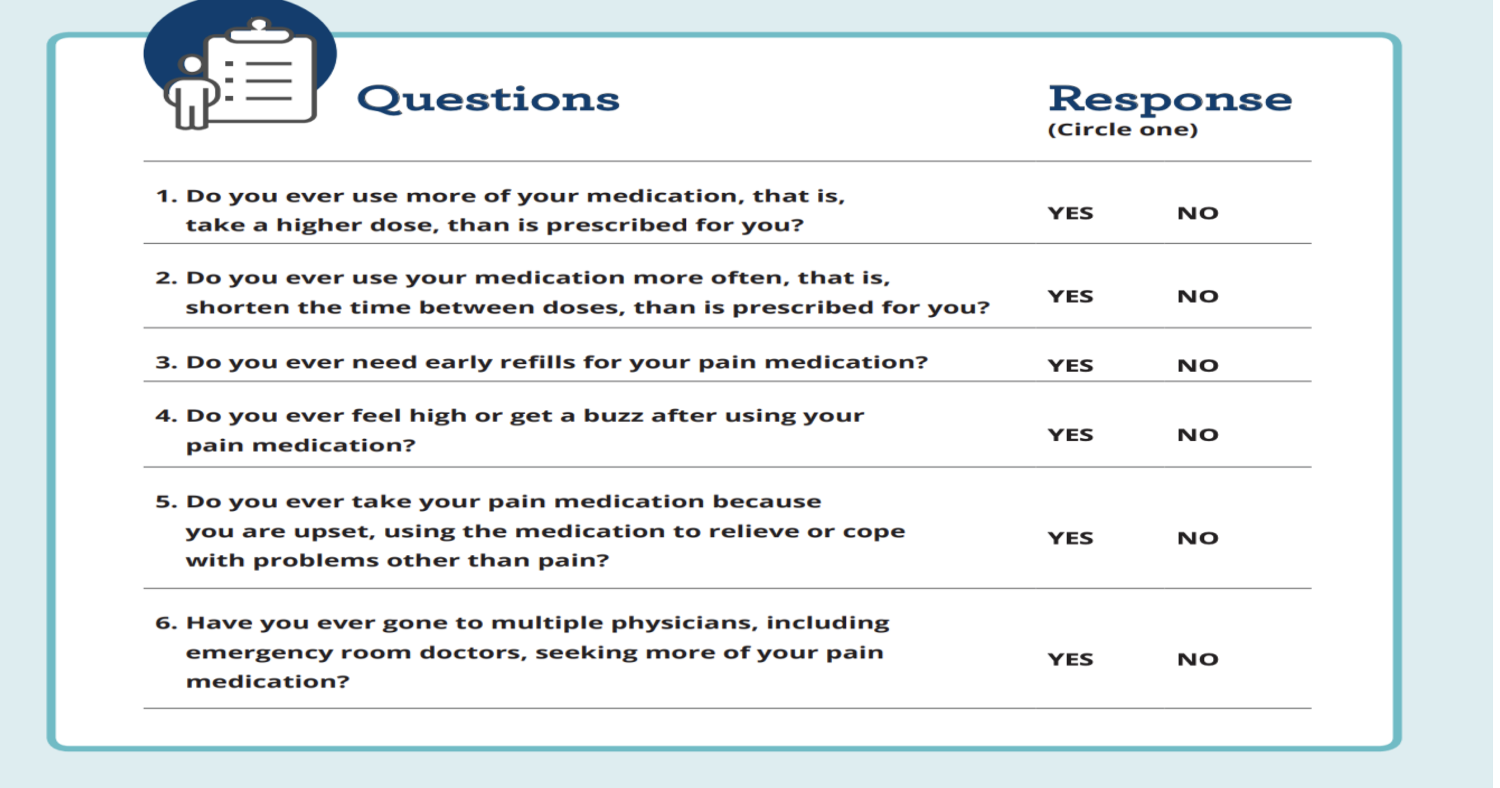
Questions – Refer to past 12 months	Response	
Have you used drugs other than those required for medical reasons?	Yes	No
Do you abuse more than one drug at a time?	Yes	No
Are you always able to stop using drugs when you want to?	Yes	No
Have you had “blackouts” or “flashbacks” as a result of drug use?	Yes	No
Do you ever feel bad or guilty about your drug use?	Yes	No
Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
Have you neglected your family because of your use of drugs?	Yes	No
Have you engaged in illegal activities in order to obtain drugs?	Yes	No
Have you ever experienced withdrawal symptoms (felt sic) when you stopped taking drugs?	Yes	No
Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes	No

Risk	DAST-10 Score
None	0
Low	1-2
Intermediate	3-5
Substantial	6-8
Severe	9-10

http://ehhapp.org/uploads/DAST-10-English.pdf

Another Validated Screening Tool - POMI Questionnaire

- A score of 2 or more makes the diagnosis for OUD likely
- For use amongst prescription opioid users



Questions	Response (Circle one)	
1. Do you ever use more of your medication, that is, take a higher dose, than is prescribed for you?	YES	NO
2. Do you ever use your medication more often, that is, shorten the time between doses, than is prescribed for you?	YES	NO
3. Do you ever need early refills for your pain medication?	YES	NO
4. Do you ever feel high or get a buzz after using your pain medication?	YES	NO
5. Do you ever take your pain medication because you are upset, using the medication to relieve or cope with problems other than pain?	YES	NO
6. Have you ever gone to multiple physicians, including emergency room doctors, seeking more of your pain medication?	YES	NO

https://acfp.ca/wp-content/uploads/2019/05/Prescription_Opioid_Misuse_Index.pdf

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Assessment and Diagnosis of OUD

Assessment For Substance History

- Substance history (age first started, method of use, peak use, current use)
  - History of IV use
  - Tobacco
  - Cannabis
  - Alcohol
    - Alcohol withdrawal symptoms
  - Opioids
    - History of methadone, buprenorphine, or XR-naltrexone
  - Cocaine/stimulants
  - Other drugs/herbals
  - Detox attempts
  - Rehabs
  - History of outpatient substance treatment
  - Sober periods (and what helped)
  - Overdoses
  - 12-step meetings
- Labs
  - Urine Drug Screen
  - Liver function tests
  - CBC
  - Hepatitis B/C panel
  - HIV
  - Sexually transmitted infections
  - Hepatitis A and B vaccinations

Physical Examination

TABLE 3. Objective Physical Signs in Substance Use Disorders

System	Findings
Dermatologic	Abscesses, rashes, cellulitis, thrombosed veins, jaundice, spider angioma, palmer erythema, scars, track marks, pock marks from skin popping
Ear, nose, throat, and eyes	Pupils pinpoint or dilated, yellow sclera, conjunctivitis, ruptured eardrums, otitis media, discharge from ears, rhinorrhea, rhinitis, excoriation or perforation of nasal septum, epistaxis, sinusitis, hoarseness, or laryngitis
Mouth	Poor dentition, gum disease, abscesses
Cardiovascular	Murmurs, arrhythmias
Respiratory	Asthma, dyspnea, rales, chronic cough, hematemesis
Musculoskeletal and extremities	Pitting edema, broken bones, traumatic amputations, burns on fingers, gynecomastia
Gastrointestinal	Hepatomegaly, hernias

TABLE 2. Common Signs of Opioid Intoxication and Withdrawal

Intoxication Signs	Withdrawal Signs
Drooping eyelids	Restlessness, irritability, anxiety
Constricted pupils	Insomnia
Reduced respiratory rate	Yawning
Scratching (due to histamine release)	Abdominal cramps, diarrhea, vomiting
Head nodding	Dilated pupils
	Sweating
	Piloerection

https://www.asam.org/docs/default-source/quality-science/npg-jam-supplement.pdf?sfvrsn=a00a52c2_2

Diagnosing A Substance Use Disorder

- Key: Compulsive drug seeking and use despite harmful consequences
- DSM 5 domains
  - Impaired control
  - Social impairment
  - Risky use
  - Pharmacologic criteria
- Mild to severe severity

DSM-5 Criteria – Diagnosis of Opioid Use Disorder

- At least two of the following within 12 months
  - **Craving or strong desire or urge to use**
  - Interference with obligations
  - Opioids used in physically hazardous situations
  - Taken in larger quantity or longer duration than intended
  - Continuing desire to cut back but failure to do so
  - Significant time spent obtaining/using opioid or recovering from effects
  - Continued use despite social/interpersonal problems
  - Important activities abandoned or reduced due to opioid use
  - Tolerance*
  - Withdrawal*

Mild symptoms: 2-3 Moderate symptoms: 4-5 Severe symptoms: 6+

1) DSM-5 Criteria. Available from: https://www.asam.org/docs/default-source/education-docs/dsm-5-dx-oud-8-28-2017.pdf. Accessed on: August 24, 2020

Key Note from the Updated ASAM Guidelines

- Patients with opioid use disorder are at risk for significant harm from overdose and overdose deaths

Completion of all assessments should not delay or preclude initiating pharmacotherapy for opioid use disorder

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Addressing Patients for their OUD History

What is SBIRT?

- **Screening:** assess severity of substance use and identify appropriate level of treatment
- **Brief intervention:** focus on insight and awareness of substance use and motivation toward behavioral change (motivational interviewing)
- **Referral to treatment:** provides those needing higher levels of care with access to care

https://www.samhsa.gov/sbirt/about

SBIRT Summary

RISK ZONE	I—LOW RISK	II—RISKY	III—HARMFUL	IV—SEVERE
AUDIT Score	0–3	4–9	10–13	14+
DAST Score	0	1–2	3–5	6+
Description of Zone	"At low risk for health or social complications."	"May develop health problems or existing problems may worsen."	"Has experienced negative effects from substance use."	"Could benefit from more assessment and assistance."

Raise the subject

- Explain your role; ask permission to discuss alcohol/drug use screening forms
- Ask about alcohol/drug use patterns: "What does your alcohol/drug use look like in a typical week?"
- Listen carefully; use reflections to demonstrate understanding

Provide feedback

- Share AUDIT/DAST zone(s) and description; review low-risk drinking limits; explore patient's reaction: "Your score puts you in the _____ zone, which means _____. The low-risk limits are _____. What do you think about that?"
- Explore connection to health/social/work issues (patient education materials): "What connection might there be...?"

Enhance motivation

- Ask about pros/cons: "What do you like about your alcohol/drug use? What don't you like?"
- Explore readiness to change: "On a scale of 0-10, how ready are you to make a change in your alcohol/drug use?"
- If readiness is greater than 2: "Why that number and not a _____ (lower one)?"
  If 0-2: "How would your alcohol/drug use have to impact your life for you to think about changing?

Negotiate plan

- Summarize the conversation (zone, pros/cons, readiness); ask question: "What steps would you be willing to take?"
- If not ready to plan, stop the intervention; offer patient education materials; thank patient
- Explore patient's goal for change (offer options if needed); write down steps to achieve goal; assess confidence
- Negotiate follow-up visit; thank patient

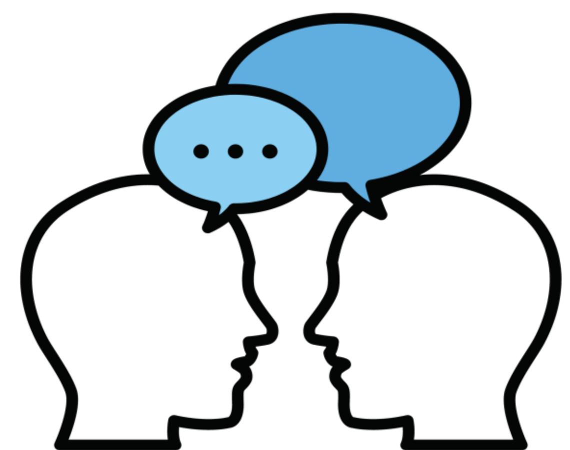
To find a Treatment Provider go to: findtreatment.samhsa.gov/TreatmentLocator, or call 800-662-HELP (4357)

Adapted with permission from

JUNE 2016

https://www.samhsa.gov/sbirt/about

Addressing a Patient with OUD



- Avoid defining someone by their opioid use
  - Person with OUD vs. “addict”
- Avoid negative connotations
  - “Clean vs. dirty”
- Treat OUD like you would with any other medical condition
  - Empathy
  - Compassion
- Advise patients on how to address their disease with family and friends
  - NOT a disease of “moral failing”
  - Recurrence of disease is part of the journey (rather than using the word ‘relapse’)

1) CDC Module on OUD. Available from: https://www.cdc.gov/drugoverdose/training/oud/accessible/index.html. Accessed on: August 24, 2020.
2) PEW Trusts: Why words matter in the substance use conversation. Available from: https://www.pewtrusts.org/en/research-and-analysis/articles/2020/05/05/why-words-matter-in-the-substance-use-conversation#:~:text=Today%2C%20opioid%20use%20disorder%20(OUD,problem%E2%80%94not%20a%20moral%20failing. Accessed on: August 24, 2020.

Conclusions

- Opioids play a major role in overdose deaths and have increased despite an increase in services and the availability of treatment
- Screening for OUD may be as simple as asking patients one question
- The key for diagnosing opioid use disorder must include compulsive drug use despite negative consequences
- Approach and discuss patients with OUD in a non-judgmental way

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Resources and Services of the New Jersey Medication-Assisted Treatment Centers of Excellence

Service	Description
MAT Provider Hotline 844-HELP OUD	24/7 "In the moment" clinical consultation for MAT providers
COE Listserv	Sign up at **bit.ly/coe-listserv** Receive training and program announcements, learning collaborative invitations
Learning Collaboratives	• Twice-monthly webinars for MAT providers – **bit.ly/coe-youtube** • Addiction Breakfast Clubs in select counties • MAT Lunch Hours Biweekly on Wednesdays
OBAT Clinical Support	Technical assistance for new and established MAT clinics
Academic Detailing	Structured visits to healthcare providers, pharmacies, and community groups to provide tailored trainings on evidence-based practices
Contact Information	Northern COE: coe@njms.rutgers.edu Southern COE: southernjcoe@rowan.edu

Opioid Use Disorder Toolkit

- Social Determinants of Health
- Harm Reduction
- Legal Advocacy
- Billing for Office-Based Addiction Treatment Providers
- Innovative Practices
  - Telehealth
- Subpopulations in OUD
- DEA Requirements for Medication Storage
- Behavioral Health Referrals

INTRODUCING...

Opioid Use Disorder Toolkits

Our toolkits were developed to help clinicians navigate the treatment of opioid use disorder in their office practice.

Feel free to adapt them and use them for your own organization.

Please click on the links below!