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OFFICE perspectives

Clinical Pearls

The dramatic rise in the prescription of opioids for pain disorders has been followed by a dramatic rise in the misuse of prescribed opioids, abuse of illicit opioids, and opioid-related deaths. Unlike decades ago, misuse or abuse of a prescription opioid has become the entry point for opioid use disorder (OUD), often escalating to use of illicit opioids. While persons with mild OUD may not appear to be in overtly poor health, those with severe OUD are often debilitated and in generally poor health. Effective prevention and treatment of persons with OUD requires the collaboration of governmental, regulatory, medical, and other stakeholders. Among medical professionals, collaboration between addiction specialists and primary care providers is needed. However, there is a relative lack of addiction specialists, and primary care providers generally lack the knowledge and experience in managing persons with OUD. This CME-certified activity, "Facing Opioid Use Disorder: Connecting Primary Care to Patients Through Best Available Evidence", is intended to help primary care providers identify persons with OUD, and to work collaboratively with other health care professionals and the patient to develop and implement evidence-based treatment as for any chronic disorder.

Preventing opioid use disorder is essential

- Opioid use disorder often begins with short-term opioid use for acute pain
  - Also may result from long-term use of opioids for chronic pain
- Screening tools, eg, Opioid Risk Tool, Single-Question Screener, and NIDA-Modified ASSIST, are helpful to identify patients with or at risk of a substance use disorder
- Checking the prescription drug monitoring program is essential to identify other sources of prescribed opioid medications for a specific patient

Patient assessment is essential to confirm the diagnosis of opioid use disorder

- Patient assessment involves identifying the stage of opioid use disorder from no risk to severe risk
- The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is essential to confirming the diagnosis of a substance use disorder, including opioid use disorder
- The 11 features of the DSM-5 substance use disorder can be grouped into 4 categories: impaired control, social impairment, risky use, and physiological manifestations
- Patients should be assessed for their readiness for treatment
- The American Society of Addiction Medicine criteria are useful to guide patient management

Patient treatment is guided by several key principles

- Goals are similar to those for any chronic disorder
- Patients should be treated with dignity and respect, while avoiding the use of stigmatizing words and practices
- Comprehensive treatment goes beyond medication-assisted treatment to include psychosocial support
- Harm reduction is key, especially for patients who are not ready for treatment
  - Examples include safe needle use and disposal, preventing infection, preventing overdose
- It is important to understand that relapse is common
- If present, the pain disorder can and should be treated in patients on medication-assisted treatment

Medication-assisted treatment saves lives but is often not implemented

- A team approach is best that includes identification and management of comorbid medical and psychological conditions and social barriers
- Three groups of medications are available for medication-assisted treatment
  - mu-Opioid agonist- methadone
  - mu-Opioid partial agonist- buprenorphine
  - mu-Opioid antagonist- naltrexone
- Methadone
  - Requires a highly structured, supervised setting
  - Must be prescribed through a registered program
  - Best for persons who need structure and support
- Buprenorphine
  - Safer than methadone
  - Allows patients some flexibility with schedule and travel
  - Prescriber must complete training and apply for a waiver
  - Available as daily oral dose or monthly injection
- Naltrexone
  - Poses no addiction or diversion potential
  - Best for persons seeking to avoid use of all opioids
  - Risk of overdose if naltrexone is stopped and patient resumes opioids
  - Available as daily oral dose or monthly injection

Relapse to opioid use is common

- Relapse to opioids is common without medication-assisted treatment
  - Occurs less often on medication-assisted treatment
- Patients may struggle with other abused substances such as cocaine, even when not relapsing with opioid use
- Use privileges, eg, longer supply of medication-assisted treatment, as behavioral contingencies
- Negotiate responses to concerning behavior

Several models for treating patients with opioid use disorder have been developed for the primary care setting

- Vermont model is a hub-and-spoke model where patients are initially managed at a central facility, then transferred to a local primary care provider for ongoing treatment
- The Massachusetts Nurse Care Manager Model typically occurs in a federally-qualified health center
  - A nurse provides day-to-day management in support of the prescriber

A wealth of educational resources related to the management of patients with opioid use disorder is available. Sources include:

- **CDC Guideline for Prescribing Opioids for Chronic Pain — United States 2016**
  (https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf)
- **Prescription Drug Monitoring Program**
  (https://www.cdc.gov/drugoverdose/pdmp/providers.html)
- **SAMHSA's Buprenorphine Physician Locator**
  (https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator)
- **SAMHSA's Buprenorphine Waiver**
  (https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver)
- **SAMHSA's Medication-Assisted Treatment**
  (https://www.samhsa.gov/medication-assisted-treatment)

- **SAMHSA's Opioid Overdose Prevention Toolkit**
  (https://store.samhsa.gov/shin/content//SMA16-4742/SMA16-4742.pdf
- **SAMHSA's Opioid Treatment Program Directory**
  (http://dpt2.samhsa.gov/treatment/directory.aspx)
- **SAMHSA's Providers Clinical Support System for Medication-Assisted Treatment**
  (http://pcssmat.org)

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