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Strategies to Identify Patient Risks of Prescription Opioid Addiction When Initiating Opioids for Pain

JAMA network open.

💬 1 Expert Comment

TAKE-HOME MESSAGE

- This systematic review assessed factors for opioid addiction and screening tools to identify patients with pain for whom opioids can be prescribed safely. The factors associated with opioid addiction included a history of opioid or other substance use disorder, a mental health diagnosis, and concomitant prescription of psychiatric medications.

- The authors were not able to identify specific screening tools to categorize patients at low risk of opioid addiction with an exception of assessing the absence of a mood disorder.

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Although I would love to let you know that there is a certain survey or risk factor that you are unaware of that is going to make this job easier, the disappointing news is that there is not.

To elaborate, a diverse group of researchers completed a systematic review, as recently featured in *JAMA Network Open*. The research identified nearly 1300 studies attempting to answer this question, of which only 6 high-quality studies were included in the qualitative synthesis and 4 were included in the quantitative synthesis (which were all retrospective).

Overall, they found several factors useful for identifying patients at high risk of an opioid addiction with high or low likelihood ratios (LRs) for risk. An LR of >2.5 or <0.50 is considered clinically useful:

- A history of opioid use disorder (LR range, 17-22)
- Other substance use disorder (LR range, 4.2-17)
- Certain mental health diagnoses (eg, personality disorder: LR, 27)
- Concomitant prescription of certain psychiatric medications (eg, atypical antipsychotics: LR, 17)
- Anxiety or depression (LR range, 5-6)

- **Any pain disorder (LR range, 18-29)**

Unfortunately, simply having a pain disorder was a higher-level risk factor than many of the other factors that clinicians often use for their judgement.

The absence of a mood disorder was associated with a lower risk of opioid addiction (negative LR, 0.50).

They also found that most screening tools, although commonly utilized, had a poor ability to identify patients at high vs low risk. The Pain Medication Questionnaire (PMQ; cut-off score ≥30) appeared better than others, but overall, its ability to differentiate patients at high risk from those at low risk was poor, with an LR of 2.6.

Conclusions: The authors concluded that currently, "There are few valid ways to identify patients who can be safely prescribed opioid analgesics."

Bottom line: Clinicians continue to have minimal evidence-based tools to help identify patients at highest risk of opioid use disorder. Many of the risk factors often touted may not provide a higher risk than simply having a pain condition

While awaiting more effective tools, clinicians continue to be challenged with this question and should be diligent in evaluating patients in multiple ways, including referral to behavioral health specialists to help co-evaluate and manage patients who are being considered for opioid management.

Abstract

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