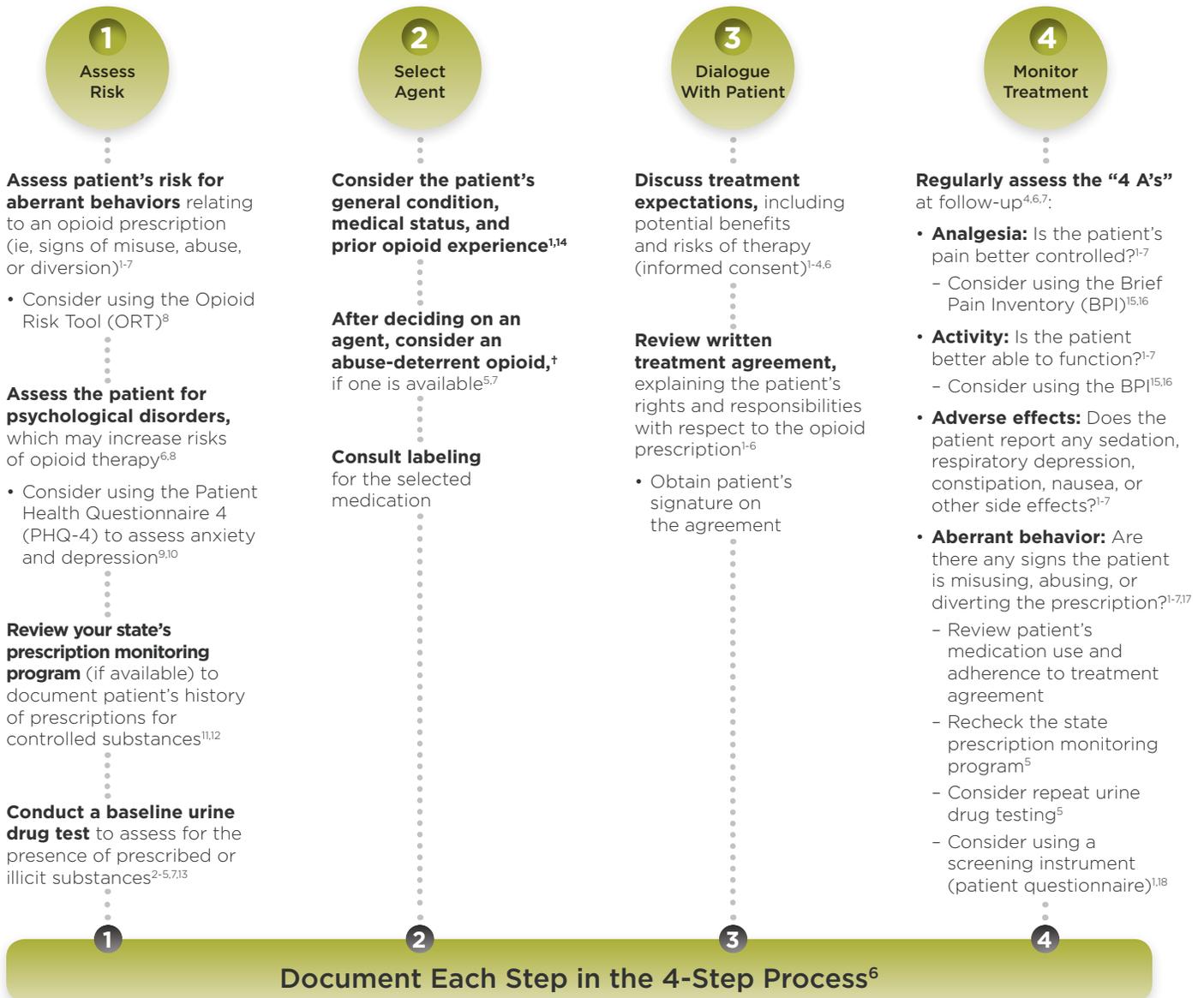


Universal Precautions With Opioid Prescribing in Patients With Chronic Pain

Applying the 4 Steps

A 4-step approach to universal precautions for opioid prescribing in patients with chronic pain has been developed as part of the **Rethink Opioids** initiative.* For more information about universal precautions and to access the tools mentioned here, visit www.RethinkOpioids.com.

After deciding that prescription opioid therapy may be *clinically* appropriate:



*Universal precautions in opioid prescribing for chronic pain are recommended. As yet, there is no empiric evidence of their effectiveness in reducing the abuse of prescription opioids or the outcomes related to the abuse, misuse, or diversion of prescription opioids.⁵

†Abuse-deterrent formulations do not address oral overconsumption of prescription opioids, which is the most common form of prescription opioid abuse.¹⁹ There are limited data available to assess the impact of abuse-deterrent formulations on drug abuse, misuse, and diversion, and further studies are needed.^{7,20}

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Preparing for a Dialogue With Patients

Patients may question the necessity of universal precautions or may ask for more details about the 4-step process. The following suggestions may help you prepare for discussion with your patients.

Importance of Universal Precautions

- Explain that universal precautions are intended to help protect patients, their families, and society from the known risks of opioid medications.^{5,7} (Refer to the Patient Counseling Information and Medication Guide in product labeling for guidance on discussing risks and benefits of specific agents.)
- Emphasize that you apply these precautions to every patient being considered for opioid therapy for chronic pain.
- Briefly review the 4 steps in the process: **Assess Risk, Select Agent, Dialogue With Patient, Monitor Treatment.**

Rationale for Risk Assessment Tools

- **Risk questionnaires:** Explain that these tools (eg, Opioid Risk Tool) are intended to help you make appropriate treatment decisions and are an important part of the universal precautions process.³
- **Psychological assessment:** Point out that this is an important step because a personal or family history of psychological illness has been linked to increased risk with opioids.⁸
- **Prescription monitoring program:** If your state has a program in place, explain that you check prescription records to document the patient's prescriptions for controlled substances. Point out (if it is true in your state) that you are required to check these records before prescribing a controlled substance such as an opioid.^{11,21}
- **Urine drug testing:** Explain that these tests are an important part of your risk assessment for all patients being considered for opioid therapy for chronic pain. Point out that urine tests may be repeated randomly if opioid therapy is continued long-term.³

Selection of an Abuse-Deterrent Opioid

- If you are prescribing an abuse-deterrent opioid, explain that these products are designed with technology intended to make manipulation of the medication more difficult or to make abuse of the manipulated medication less attractive or rewarding.¹⁹ Provide an example appropriate to the abuse-deterrent opioid you are prescribing.
- Explain that you prescribe abuse-deterrent opioids, when they are appropriate and available, to every patient who takes opioids long-term, as part of universal precautions.⁵
- Point out that abuse-deterrent opioids do not stop people from taking too many pills, which is the most common form of abuse of opioid medication.¹⁹

Purpose of a Written Treatment Agreement

- Explain that a written treatment agreement is intended to help prevent misunderstandings about how the opioid medication should be used.³
- Point out that the agreement serves to summarize and formalize your discussion about the proper use of the medication.²

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References

1. Chou R, Fanciullo GJ, Fine PG, et al; American Pain Society–American Academy of Pain Medicine Opioids Guidelines Panel. Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. *J Pain*. 2009;10(2):113-130. PMID: 19187889
2. US Department of Veterans Affairs, US Department of Defense. *VA/DoD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain*. Version 2.0. Washington, DC: US Dept of Veteran Affairs, US Dept of Defense; 2010. http://www.va.gov/PAINMANAGEMENT/docs/CPG_opioidtherapy_summary.pdf. Accessed December 9, 2013.
3. Washington State Agency Medical Directors' Group (AMDG). *Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain: An Educational Aid to Improve Care and Safety With Opioid Therapy*. 2010 Update. Olympia, WA: Washington State Agency Medical Directors Group; 2010. <http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>. Accessed December 9, 2013.
4. Utah Department of Health. *Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain*. Salt Lake City, UT: Utah Dept of Health; 2009. <http://www.dopl.utah.gov/licensing/forms/OpioidGuidlines.pdf>. Accessed December 9, 2013.
5. Webster LR, Fine PG. Approaches to improve pain relief while minimizing opioid abuse liability. *J Pain*. 2010;11(7):602-611. PMID: 20444651
6. Gourlay DL, Heit HA, Almahrezi A. Universal precautions in pain medicine: a rational approach to the treatment of chronic pain. *Pain Med*. 2005;6(2):107-112. PMID: 15773874
7. Passik SD. Issues in long-term opioid therapy: unmet needs, risks, and solutions. *Mayo Clin Proc*. 2009;84(7):593-601. PMID: 19567713
8. Webster LR, Webster RM. Predicting aberrant behaviors in opioid-treated patients: preliminary validation of the Opioid Risk Tool. *Pain Med*. 2005;6(6):432-442. PMID: 16336480
9. Kroenke K, Spitzer RL, Williams JB, Löwe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4. *Psychosomatics*. 2009;50(6):613-621. PMID: 19996233
10. Löwe B, Wahl I, Rose M, et al. A 4-item measure of depression and anxiety: validation and standardization of the Patient Health Questionnaire 4 (PHQ-4) in the general population. *J Affect Disord*. 2010;122(1-2):86-95. PMID: 19616305
11. US Dept of Justice, Drug Enforcement Administration Website. State Prescription Drug Monitoring Programs: Questions and Answers. Updated October 11, 2011. http://www.deadiversion.usdoj.gov/faq/rx_monitor.htm.
12. McDonald DC, Carlson KE. Estimating the prevalence of opioid diversion by “doctor shoppers” in the United States. *PLoS One*. 2013;8(7):e69241. PMID: 23874923
13. Peppin JF, Passik SD, Couto JE, et al. Recommendations for urine drug monitoring as a component of opioid therapy in the treatment of chronic pain. *Pain Med*. 2012;13(7):886-896. PMID: 22694154
14. US Food and Drug Administration. ER/LA Opioid Analgesic Class Labeling Changes and Postmarket Requirements. Letter to ER/LA opioid application holders. <http://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM367697.pdf>. Accessed December 9, 2013.
15. Cleeland CS. *The Brief Pain Inventory: User Guide*. 2009. http://www.mdanderson.org/education-and-research/departments-programs-and-labs/departments-and-divisions/symptom-research/symptom-assessment-tools/BPI_UserGuide.pdf. Accessed December 9, 2013.
16. Breivik H, Borchgrevink PC, Allen SM, et al. Assessment of pain. *Br J Anaesth*. 2008;101(1):17-24. PMID: 18487245
17. Chou R, Fanciullo GJ, Fine PG, Miaskowski C, Passik SD, Portenoy RK. Opioids for chronic noncancer pain: prediction and identification of aberrant drug-related behaviors: a review of the evidence for an American Pain Society and American Academy of Pain Medicine clinical practice guideline. *J Pain*. 2009;10(2):131-146. PMID: 19187890
18. Butler SF, Budman SH, Fernandez KC, et al. Development and validation of the Current Opioid Misuse Measure. *Pain*. 2007;130(1-2):144-156. PMID: 17493754
19. US Food and Drug Administration. *Guidance for Industry: Abuse-Deterrent Opioids—Evaluation and Labeling* [draft guidance]. Silver Spring, MD: FDA; 2013.
20. Stanos S. Continuing evolution of opioid use in primary care practice: implications of emerging technologies. *Curr Med Res Opin*. 2012;28(9):1505-1516. PMID: 22937723.
21. Federation of State Medical Boards. Prescription drug monitoring programs: state-by-state overview. Updated October 2013. http://www.fsmb.org/pdf/GRPOL_pmp_overview_by_state.pdf. Accessed December 9, 2013.

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