

A brief screening tool for opioid use disorder:

Empower Study Expert Consensus Protocol

Dokyoung Sophia You, PhD
Department of Anesthesiology, Preoperative, and Pain Medicine
Stanford University School of Medicine

Disclosure

- I have not received any commercial support related to this presentation or the work presented in this presentation.

Toolkit

- A screening tool for OUD
- ACT resource for people with OUD



What is Opioid Use Disorder (OUD)?

Definition:

- A problematic pattern of opioid use that causes significant impairment or distress (CDC)
- A chronic, relapsing disease, which has significant economic, personal, and public health consequences (ASAM)

[Spectrum]

Opioid Use	Misuse	Abuse	Opioid Use Disorder (Opioid Dependence/Addiction)
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Why do we need to assess OUD?

OUD is not uncommon

- 0.5% of U.S. adults (1.6 million) have an OUD in the past year (2019 National Survey on Drug Use and Health, 2020).
- 1.0% of patients at the primary care clinic (Lapham et al., 2020).
- 21.5% of patients on chronic opioid therapy at primary care clinic (Von Korff et al., 2017)



Is PT relevant for people with OUD?

PT program/ rehabilitation is effective in

- reducing opioid medications
- improving physical function

(Gilliam et al., 2019;
Brown-Taylor et al., 2021)



Among patients with low back pain,

- **patients with OUD were less likely to initiate physical therapy** compared to patients without OUD

(Magel et al., 2021)

Stanford Pain Relief Innovations Lab Projects:

Empower Screening Protocol



Background:

Empowered Relief

- A Empower Relief study has been designed to examine the effectiveness of pain psychology intervention in the context of outpatient opioid tapering.
- No screening tool available to assess OUD severity.
- OUD severity informs a treatment plan.

Major changes in the diagnostic criteria for OUD

DSM IV (1994)	DSM 5 (2013)
Opioid Abuse (Yes or No) Opioid Dependence (Yes or No)	Opioid Use Disorder No OUD, Mild, Moderate, and Severe OUD
	<p>Abuse Opioid Use Disorder (Opioid Dependence/Addiction)</p> <p>No OUD --- Mild OUD --- Moderate OUD --- Severe OUD</p>

Two-step screening: STEP 1, TAPS-2



In the past 3 months, (see handout)

1. Did you use a prescription opioid pain reliever (for example, Percocet, Vicodin) not as prescribed for that was not prescribed for you?
2. Have you tried and failed to control, cut down, or stop using opioid pain relievers?
3. Has anyone expressed concern about your use of an opioid pain relievers?

If a patient marks YES to any of the 3 items, administer OUD checklist.

Two-step screening: STEP 2, Interview



- DSM-5 OUD symptom checklist
- Now, it is asking the OUD symptoms in the past 12 months
- Ask a patient to answer yes or no to the 11 questions.
- Then, sum the number of symptoms (range = 0-11)

In the PAST 12 MONTHS,

1. Opioids are often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire or urge to use opioids.
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous.
9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
 - A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
 - A markedly diminished effect with continued use of the same amount of an opioid.

(Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.)
11. Withdrawal, as manifested by either of the following:
 - The characteristic opioid withdrawal syndrome.
 - Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

(Note: This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision.)

Interpretation of DSM-5 OUD checklist scores

		Opioid Use Disorder			
		No	Mild	Moderate	Severe
Total symptoms		0-1	2-3	4-5	6 or more
Treatment plan	OK for outpatient tapering	OK for outpatient tapering Or Intensive rehabilitation program Or Referral for OUD treatment		Referral for OUD treatment	
		Abuse			Opioid Use Disorder
		No OUD --- Mild OUD --- Moderate OUD --- Severe OUD			

The two-step Empower OUD screening tool

- STEP1 (Survey): Efficient in screening out people who are less likely having OUD
- STEP 2 (Interview): a) Efficient in assessing OUD in a small number people who may have OUD and b) assessing OUD severity for treatment stratification

Does ACT work for people with OUD?

- Systematic review and meta-analysis indicate that ACT works for people with OUD, with small to medium effect sizes (Lee et al., 2015; Osaji et al., 2020)
- More research is needed to examine the effectiveness of the ACT and PT combined program (e.g., Back-in-ACTion) for people with chronic pain and OUD.

Accessibility to ACT

1. Find ACT therapist
 - ACBS website
2. Online ACT (Interactive, Recorded)
 - Happiness Trap online
3. Book
 - ACT made simple
4. App
 - ACT coach





References

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Table 1. The EMPOWER OUD screening protocol

STEP 1: Administer the 3 items from the TAPS-2 Tool:		
In the PAST 3 MONTHS,		
1. Did you use a prescription opioid pain reliever (for example, Percocet, Vicodin) not as prescribed or that was not prescribed for you?	Yes	No
2. Have you tried and failed to control, cut down or stop using opioid pain relievers?	Yes	No
3. Has anyone expressed concern about your use of an opioid pain reliever?	Yes	No
If a patient marks YES to ANY of the 3 items, administer the Opioid Use Disorder Checklist below.		
STEP 2: DSM-5 Opioid Use Disorder Checklist:		
In the PAST 12 MONTHS,		
1. Opioids are often taken in larger amounts or over a longer period than was intended.	Yes	No
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.	Yes	No
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.	Yes	No
4. Craving, or a strong desire or urge to use opioids.	Yes	No
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.	Yes	No
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.	Yes	No
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.	Yes	No
8. Recurrent opioid use in situations in which it is physically hazardous.	Yes	No
9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.	Yes	No
10. <u>Tolerance, as defined by either of the following:</u>		
• A need for markedly increased amounts of opioids to achieve intoxication or desired effect.		
• A markedly diminished effect with continued use of the same amount of an opioid.	Yes	No
(Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.)		
11. <u>Withdrawal, as manifested by either of the following:</u>		
• The characteristic opioid withdrawal syndrome.		
• Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.	Yes	No
(Note: This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision.)		
Sum the number of symptoms indicated above:		
	SUM SCORE: -----	

Note: For the EMPOWER study, STEP 2 items are adapted into questions.

Table 1. Cont. The EMPOWER OUD screening protocol

STEP 3: Interpretation of DSM-5 Opioid Use Disorder Checklist Results
No OUD: Presence of 0-1 symptom. <ul style="list-style-type: none">• OK for outpatient opioid tapering
Mild: Presence of 2–3 symptoms. 305.50 (F11.10) <ul style="list-style-type: none">• OK to consider for outpatient opioid tapering, or intensive rehabilitation program for opioid tapering, or referral for OUD treatment
Moderate: Presence of 4–5 symptoms. 304.00 (F11.20) <ul style="list-style-type: none">• Referral for OUD treatment
Severe: Presence of 6 or more symptoms. 304.00 (F11.20) <ul style="list-style-type: none">• Referral for OUD treatment
