

Addiction Assessment in Palliative Care



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2015

Acknowledgement



This course was developed in 2004 with many revisions since then; Drs. Drew Rosielle and Kathryn Neuendorf were important contributors to past editions.

Objectives



- List the differential diagnosis for a patient complaint of pain.
- Differentiate between tolerance, physical dependence, and psychological dependence.
- List the six features of an addiction assessment.

Disclaimer



While this program provides educational information, this information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some of the information cites the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling.

Accordingly, the official prescribing information should be consulted before any such product is used.

Case Question



You are rounding with your team. The next patient you are going to see was admitted for abdominal pain. The clinician presenting the case says “I think this patient may be drug seeking.”

List a minimum of 5 patient characteristics and/or warning signs that indicate to you that your patient may be a drug addict?

Common findings triggering concerns about addiction



- Lost prescriptions
- Early refill requests
- Clock watching behavior
- Pain that seems excessive to the pathology
- Negative workup for pathology to explain pain
- Hostility to health care team around pain issues
- Patient misses follow-up to pain clinic
- Patient doesn't look like he is in pain
- Asks for specific opioid product

The million dollar question is ...



- Which of the preceding findings are diagnostic of a substance abuse disorder; which are diagnostic of poorly treated pain and which are ambiguous?

Reasons patients say they are in pain ...



- All physical causes
 - Psychological Co-Morbidity
 - Depression
 - Anxiety / PTSD
 - Psychiatric Disorders
 - Somatization
 - Hypochondriasis
 - Factitious Disorder
 - Spiritual Pain (aka existential pain)
- Malingering
 - Relief from noxious event:
 - Jail, work, other responsibilities
 - Seeking financial gain:
 - Selling drugs
 - Disability
 - Substance abuse disorder (aka addiction)

Substance Abuse Disorders - *Key Definitions*



- Tolerance: need to increase amount of drug to obtain same effect
 - Tolerance is common in substance abuse disorders
 - Tolerance to the analgesic effects of opioids is not common in pain patients
 - ✦ ***When a cancer patient notes increasing pain while on opioids, worsening cancer is almost always the cause, not tolerance.***

Definitions (Cont.)



- Physical Dependence: person experiences development of a withdrawal syndrome after the drug is stopped or antagonized.
 - *Anyone* on chronic opioids—pain patients or substance abusers—will become physically dependent.
 - The time course to developing physical dependence varies with drug, schedule, and patient factors.

Definitions (Cont.)



- Psychological Dependence (a.k.a. Addiction)
 - A chronic neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development.
 - It is characterized by:
 - Impaired control over use
 - Compulsive use
 - Continued use despite harm
 - Craving

Addiction can be defined as . .



Loss of Control

and

Use Despite Harm

Definitions (Cont.)



- The addict may be physically dependent and demonstrate drug tolerance.
- The pain patient on chronic opioids will be physically dependent and may demonstrate tolerance—but will rarely display features of psychological dependence.

Differentiating pain from addiction



The key is to complete two assessments:

1. Pain Assessment *
2. Addiction Assessment

* See Pain Assessment Module

Addiction Assessment: *Key Elements*



1. Treatment plan reliability
2. Evidence of loss of control
3. Adverse life consequences
4. “Drug seeking behaviors”
5. Abuse of other drugs
6. Contact with street culture

Addiction Assessment



- The diagnosis of a substance abuse disorder rarely can be made on the basis of a single finding (e.g. clock watching or lost prescription).
- Typically the diagnosis is established from a pattern of use and behavior...

Addiction Assessment



- The patient who...
 - Fails a referral to the pain clinic, *and*
 - Reports a lost prescription for opioids, *and*
 - Has been arrested for forging a prescription, *and*
 - Has hepatitis from IV drug use...

...most likely has a substance use disorder

Pseudoaddiction



Pseudoaddiction is ..

- The behavioral features of addiction that occur as a result of under-treated pain.
 - Moaning/crying when you enter the room
 - Clock watching
 - Frequent requests for more medication
 - Pain that seems “excessive” for the stimulus
 - Request for specific medication due to experience with treatment failure in the past
- Patient has no other history to suggest addiction.
 - Behaviors cease with adequate pain treatment.

Pseudoaddiction



- Typically occurs in the hospitalized patient, in pain, who has opioids ordered:
 - At inadequate potency or dose
 - At excessively long dosing intervals
- And, in settings where the physician or nurse reinforces the patient's behaviors by setting certain expectations:
 - *You really shouldn't be having this much pain.*
 - *You have to wait another two hours for your next dose of medication.*

Case Question



Review the list you made at the start of this module, decide for yourself which features are clearly diagnostic for:

- Addiction
- Pain
- Pseudoaddiction
- Not sure

Still not sure ...



When you are evaluating a patient and still don't know if addiction or pain is the primary problem, seek help:

- Psychiatry or Addiction consultation
- Pain management consultation

Remember: substance abuse is a diagnosable and treatable disorder—it is imperative to establish a diagnosis and refer the patient for treatment!

Learning Points



List 3 new things you learned from this presentation.

- 1.
- 2.
- 3.

References



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