Reducing the Risk of Unsafe Opioid Use

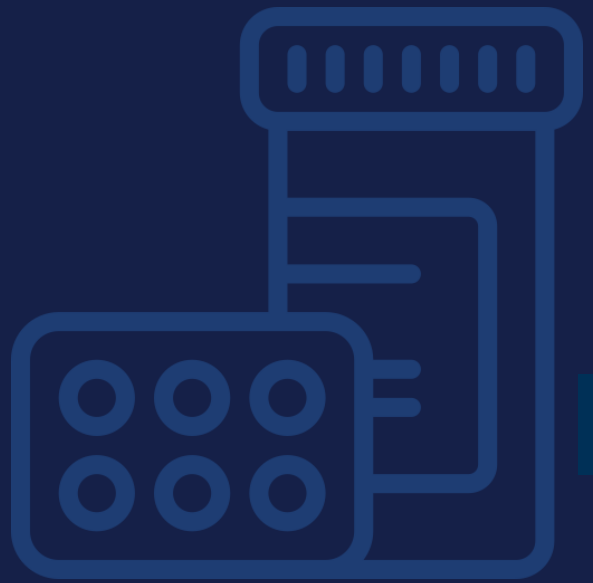
Chronic pain is a complex human experience influenced by physical, psychological, spiritual, social, and systemic/structural factors. (p. 65)[1]

There is a significant risk of adverse events for patients who are experiencing chronic pain and being considered for initiating or continuing opioids. In addition, people experiencing chronic pain commonly experience other behavioral health conditions. Conditions may include subclinical substance use, substance use disorders (SUD), anxiety, depression, and suicidal thinking which may contribute to overall functional decline.

Opioid Use with Other Behavioral Health Conditions

Providers should consider pre-existing and concurrent behavioral health conditions in relation to risk of adverse events. If a patient screens positive for a relevant behavioral health condition, then the provider should provide or refer to behavioral treatment. The provider should collaboratively consider treatment options, keeping in mind that initiation, titration, tapering, and discontinuation may affect or exacerbate behavioral health conditions. In addition, for patients with acute pain when opioids are being considered, we suggest screening for pain catastrophizing and co-occurring behavioral health conditions to identify those at higher risk for negative outcomes. (p. 60)[1]

For patients with chronic pain, we recommend assessing for behavioral health conditions, history of traumatic brain injury, and psychological factors (e.g., negative affect, pain catastrophizing) when considering long-term opioid therapy, as these conditions are associated with a higher risk of harm. (p. 56)[1]



Behavioral Health Conditions and Risk of Opioid Misuse

Condition	Association with Adverse Events	Screening Tool
Anxiety disorders	Mixed evidence of increased risk of adverse events	Generalized Anxiety Disorder Scale (GAD-2), Hamilton Anxiety Scale (HAM-A), Hospital Anxiety and Depression Scale (HADS), Covi Anxiety Scale, Clinical Anxiety Scale (CAS), State-Trait Anxiety Inventory (STAI), Generalized Anxiety Disorder Questionnaire-IV (GAD-Q-IV), World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF)
Depression	High risk of opioid misuse	Patient Health Questionnaire (PHQ-2, PHQ-9), Beck Depression Inventory (BDI), Zung Depression Scale (ZDS)
Mood disorders (including depression, bipolar disorder, and mood disorders not otherwise specified)	Some level of risk associated with comorbid mood disorders and any opioid prescriptions	Screen for mood disorders based on clinical judgment
PTSD	Directs clinical attention toward opioid misuse	Primary Care PTSD screen (PC-PTSD), PTSD Checklist (PCL)
Psychotic disorders	High risk of intentional overdose	Clinical interview assessing for paranoia, hallucinations, or disorganized thinking
Traumatic brain injury	Increased risk of opioid overdose among Veterans	Screen for TBI prior to considering long-term opioids
Self-harm	History of deliberate self-harm was associated with a higher risk of treated OUD	Screen for a history of self-harm in the clinical interview
Insomnia	No evidence for or against risk	Assess for insomnia and sleep disorders routinely
Pain catastrophizing	Mixed evidence of increased risk of running out of opioid medications sooner and increased risk of suicidal ideation and behavior	Pain Catastrophizing Scale, Coping Strategies Questionnaire (CSQ) pain catastrophizing subscale
Other behavioral health diagnoses or disorders		Screen for behavioral health diagnoses and psychological factors before initiating long-terms opioids

Strategies for Long-Term Opioid Therapy

Given the risk of adverse events and the complexities of living with chronic pain, providers may consider using the following strategies to mitigate risk, reduce the risk of unsafe opioid use, while assuring the highest level of care is provided:

- We recommend assessing risk of suicide and self-directed violence when initiating, continuing, changing, or discontinuing long-term opioid therapy (refer to the VA/DOD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide[2] for guidance on intervention timing and strategies). (p. 34)[1]

- For patients with chronic pain, we recommend assessing for behavioral health conditions, history of traumatic brain injury, and psychological factors (e.g., negative affect, pain catastrophizing) when considering long-term opioid therapy, as these conditions are associated with a higher risk of harm. (p. 34)[1]

Mitigating Risk Related to Treating Chronic Pain

- For patients on opioids, we suggest ongoing reevaluation of the benefits and harms of continued opioid prescribing based on individual patient risk characteristics. (p.34)[1]
  - ✓ To discover changes in an individual patient's risk factors, periodic reassessment is reasonable, but no evidence exists to identify the appropriate time frame for reassessment and clinical decision making that balances risks and benefits of continued opioid therapy. (p. 62)[1]
  - ✓ Although standards of care, such as follow-up within 30 days of initiation of opioid medication and three-month intervals for continued opioid prescription, lack verification in the current literature as being superior to any other timeframe, the Work Group believes that these timeframes are reasonable as standards of care. (p. 61)[1]
  - ✓ The timeframe for reassessment should be individualized based on individual patient risks. (p. 62)[1]
- We suggest urine drug testing (UDT) for patients on long-term opioids. (p. 34)[1]
- We suggest interdisciplinary care that addresses pain and/or behavioral health problems, including substance use disorders, for patients presenting with high risk and/or aberrant behavior. (p. 34)[1]
- We suggest providing patients with pre-operative opioid and pain management education to decrease the risk of prolonged opioid use for post-surgical pain. (p. 34)[1]

References

1 Veterans Affairs and Department of Defense. (2022). *VA/DOD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain. Version 4.0. https://www.healthquality.va.gov/guidelines/Pain/cot/VADoDOpioidsCPG.pdf*

2 Veterans Affairs and Department of Defense. (2019). *VA/DOD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide. Version 2.0. https://www.healthquality.va.gov/guidelines/MH/srb/VADoDSuicideRiskFullCPGFinal5088212019.pdf*