Opioid Misuse Risk Screening in the Palliative Care Setting

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Abstract

The opioid epidemic is a serious public health problem affecting millions of people around the world. There are tools designed to identify risks for opioid misuse and improve appropriate opioid prescribing, such as the Opioid Risk Tool, Prescription Drug Monitoring Program, urine drug screens, and opioid treatment agreements. The DHMC inpatient consult service uses these tools variably. Palliative care has particular indications for using opioids in the care of patients with chronic and terminal illnesses, rendering some of these tools less necessary than in patients without terminal diseases.

Introduction

The opioid epidemic plagues patients, communities, physicians, and policy-makers alike. It is hard to estimate how many people qualify for the diagnosis of opioid use disorder (OUD), but the 2017 Global Burden of Disease study estimated that it is around 40.5 million people worldwide.[1] From 2013 to 2019, the opioid overdose death rates in the US increased 1040%.[2] In 2019, 84.9% of drug overdose deaths in New Hampshire involved synthetic opioids, the highest of any state in America.[2]

Healthcare providers have tools to help identify opioid misuse risk and improve safe prescribing, including opioid treatment agreements, the Opioid Risk Tool (ORT), and the Prescription Drug Monitoring Program (PDMP). A systematic review done in 2020 showed only weak evidence for the use of opioid treatment agreements to reduce opioid misuse,[3] but providers do continue to use them. The ORT is a self-administered survey created to predict which patients are at risk for developing OUD. The ORT is both sensitive and specific for finding patients who may exhibit risky behaviors when prescribed opioids.[4]

Palliative care is a specialty where opioid treatment is common, as patients on the palliative care service are receiving management of chronic or terminal illness. The aim of the project was to ascertain if patients seen by the inpatient palliative care team were being screened for opioid misuse risk and, if prescribed opioids, whether PDMP was checked and the opioid treatment agreement was completed.

Methods and Materials

After obtaining IRB approval, we analyzed data from 463 patients seen by the palliative care inpatient consult service over a 6-month period. Data collected included:

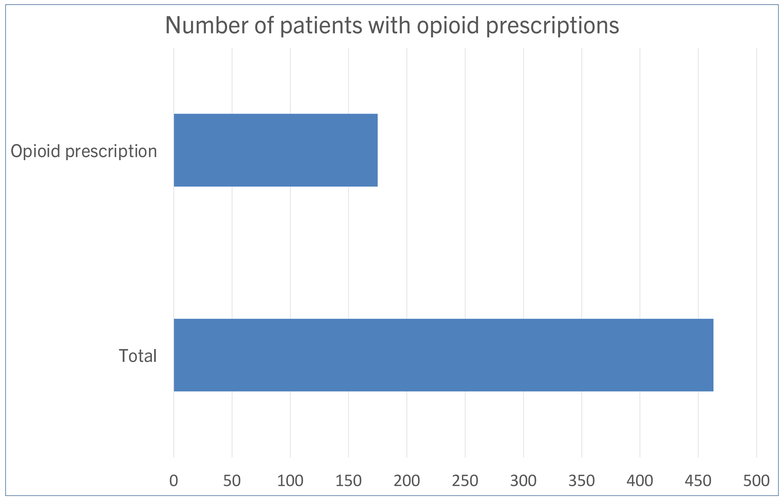
1) Whether prescribed opioids
2) Prescription drug monitoring check
3) Completion of Opioid Risk Tool
4) Completion of opioid treatment agreement
5) Completion of urine drug screen

Results

The inpatient service of the palliative care department saw 463 patients during the survey period. 175 (37.8%) of these patients were prescribed opioids. Of the patients who were prescribed opioids:

- 23.4% had completed the Opioid Risk Tool during their care
- 49.1% of these patients' prescribers checked the Prescription Drug Monitoring (PDMP) program
- 48.0% completed an opioid treatment agreement.
- 12% completed a urine drug screen at some point during their care.

Figure 1. The number of patients on the palliative care service and how many of those were prescribed opioids. Out of the 463 total patients, 175 were provided with opioid prescriptions.



Discussion

Healthcare providers and systems have a responsibility to safely prescribe opioids. In this study, many patients seen by the palliative care inpatient team were prescribed opioids and may have received opioids after discharge. Thus, the increased use of the ORT, PDMP, and use of treatment agreements may be warranted. The challenge in palliative care is that patients are very seriously, if not terminally, ill. Many of these patients do not have life expectancies that may even warrant going through the administrative steps of doing the ORT, checking a PDMP, and signing an opioid treatment agreement in order to reduce risk of opioid use disorder. Patients receiving end-of-life care and their families are more concerned with quality of life at the end of their life rather than risk of developing an addiction they might not even have time to develop.

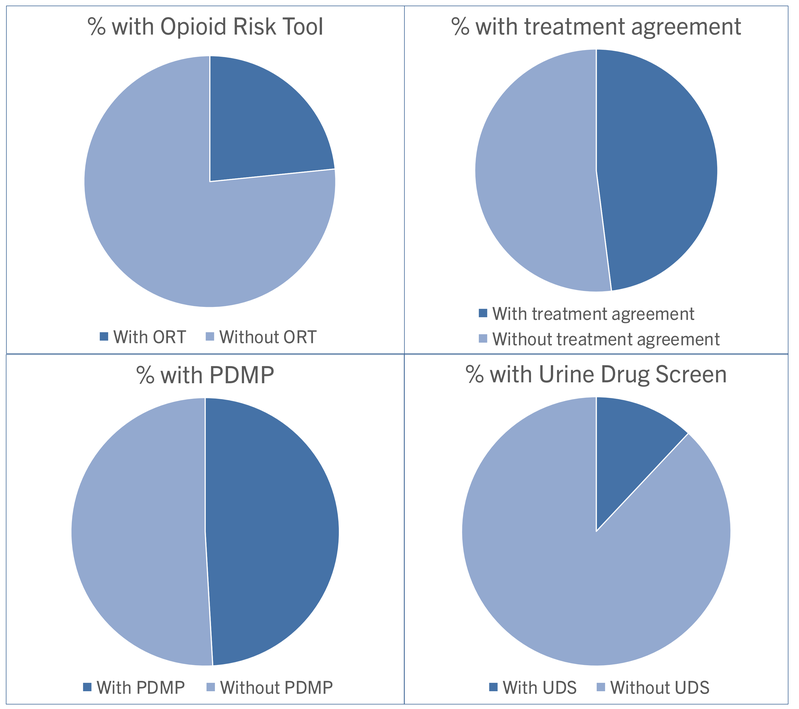


Figure 2. Percentage of palliative care inpatients with various risk mitigation factors

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