

# Is there a well-tested tool to detect drug-seeking behaviors in chronic pain patients?

L. Paul Gianutsos, MD, MPH  
Swedish Family Medicine  
Residency at Cherry Hill, Seattle

Sarah Safranek, MLIS  
University of Washington  
Health Sciences Library, Seattle

## Evidence-based answer

No, there is no well-tested, easily administered screening tool to detect drug-seeking behaviors in primary care patients taking long-term opioids or being considered for such therapy (strength of recommendation [SOR]: **C**, studies of intermediate outcomes). Several tools have undergone preliminary testing in pain centers and are being tested in different settings with larger numbers of patients.

For primary care providers, a useful screening tool for predicting drug-seeking behaviors is the Screener and Opioid Assessment for Patients with Pain (SOAPP-R; SOR: **C**, studies of intermediate outcomes). Drug-seeking behavior in patients on long-term opioid therapy can be monitored with the Current Opioid Misuse Measure (COMM; SOR: **C**, studies of intermediate outcomes).

## Clinical commentary

### Consider the “5 As” approach

No gold standard defines the potential for addiction. This Clinical Inquiry shows the limitations of the available scoring methods for primary care.

A methodical approach can aid in initial evaluation and long-term monitoring of patients with chronic pain. One that I've found useful is the “5 As”—**A**nalgesia,

**A**ffect, **A**ctivities of daily life, **A**dverse effects, and **A** aberrant behaviors.<sup>1</sup> This approach makes chart review easy over multiple visits and provides meaningful information about the patient's progress (or lack thereof). Once I've identified potential drug-seeking behavior, I can determine how to respond.

Tim Huber, MD  
Oroville, Calif

## FAST TRACK

**No well-tested, easily administered screening tool exists for detecting drug-seeking behaviors in primary care patients**

## Evidence summary

Drug-seeking behaviors—known as aberrant behaviors in chronic pain literature—may suggest a substance abuse disorder (**TABLE**).<sup>2</sup> At least 4 validated screening tools are available for predicting or monitoring aberrant behaviors in patients with chronic, nonmalignant pain disorders who are being considered for, or receiving, opioid therapy:

**The Screener and Opioid Assessment for Patients with Pain (SOAPP-R)** is a 24-

item, self-administered questionnaire that stratifies patients being considered for opioid therapy into lower or higher risk for future opioid-related aberrant behaviors.<sup>2</sup> Each item queries frequency of behaviors and emotions consistent with opioid misuse and can be scored as 0 (never) to 4 (very often). The items on the SOAPP-R were developed by a consensus panel of pain and addiction experts.

In a multidisciplinary pain center study, the SOAPP-R was administered

TABLE

**Red flags for a substance abuse disorder**

|  |
|--|
| Selling prescription drugs                           |
| Forging prescriptions                                |
| Stealing drugs                                       |
| Using oral formulations intranasally or by injection |
| Obtaining drugs from nonmedical sources              |
| Concurrently abusing alcohol or other drugs          |
| Functional deterioration                             |
| Unsanctioned dose escalations                        |
| Frequently reporting medications lost or stolen      |
| Seeking prescriptions from multiple prescribers      |

to 283 chronic pain patients who were followed for 5 months. At a cutoff score of  $\geq 18$ , the test had a positive likelihood ratio (LR+) of 3.80 and a negative likelihood ratio (LR-) of 0.29 for detecting opioid misuse. At this cutoff, the SOAPP-R was 81% sensitive and 68% specific for predicting patients at high risk for aberrant behavior.

**The Opioid Risk Tool (ORT)** is a self-administered, 5-item questionnaire used to predict and monitor aberrant behavior.<sup>3</sup> Potential scores range from 0 to 26. When administered to 185 consecutive new patients at a chronic pain clinic, a score of  $< 4$  had an LR- of 0.08 and a score of  $\geq 8$  had an LR+ of 14 for manifesting opioid-related aberrant behaviors. Some ORT scoring criteria have not shown consistent results in other studies.<sup>4</sup>

**The Current Opioid Misuse Measure (COMM)** is used to monitor aberrant behaviors in patients on opioid therapy.<sup>5</sup> Scoring for the 17-item, self-administered test is similar to the SOAPP-R. In a study of 86 patients at a multidisciplinary pain center, a score of  $\geq 9$  detected opioid misuse with an LR- of 0.08 and an LR+ of 3.48, at a sensitivity of 77% and specificity of 66%.

**The Addiction Behaviors Checklist (ABC)** is a 20-item Yes or No questionnaire administered by staff.<sup>6</sup> At a cutoff score of 3 positive items, it had a sensi-

tivity of 88% and specificity of 86% for detecting opioid misuse in 136 consecutive patients at a multidisciplinary pain center.

**Limitations of the studies**

These studies have several limitations. The investigators who validated or evaluated the SOAPP-R and ORT included only patients at chronic pain clinics, so the instruments may not be applicable to patients in primary care settings<sup>2-4</sup>; the ORT study lacked standard measures of addiction<sup>3</sup>; and the ABC was tested in a population that was predominantly male.<sup>6</sup>

**Recommendations**

A 2006 guideline of the American Society of Interventional Pain Physicians describes behaviors that suggest abuse or misuse of opioid medication.<sup>7</sup> These behaviors, which are similar to those listed in the **TABLE**, include failure to experience pain relief from high-dose opioids, lying to obtain opioids, obtaining drugs from multiple prescribers, functional deterioration or lack of functional improvement, exaggerating pain, and forgery. The guideline recommends monitoring patients for such behaviors. ■

**References**

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**FAST TRACK****The SOAPP and COMM instruments may help predict and monitor drug-seeking behavior, respectively**