Patient Assessment for Opioid Substitution 2015

STRUCTURED ASSESSMENT OF PATIENTS IN OPIOID SUBSTITUTION THERAPY.

Saskatoon 17 Apr 2015

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- **Credentials / Conflicts :**

- **Credentials – none, experience only**
- **Conflicts – talks for the College**
- **Drug companies – fed and watered - rarely**
- **Opioid companies – no involvement.**

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- **Objectives :**

- **1. Assessment Processes – Normal and Opioid**
- **2. Assessment Areas - puts structure on assessment**
- **3. Assessment Phases**
  - **First visit – Opioid category / suitability**
  - **Induction – first 4 to 6 weeks**
  - **Stabilisation – next 4 to 6 weeks**
  - **Maintenance - indefinite**
  - **Outcome - MSW / MMT – often many months**

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- **Objective 1 :**

- **The Assessment Processes –**
- **Normal and Opioid**

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• 1 : Why attend the doc :

- **Patients request services for reasons of function :**
  - **as seen by the patient**
- **The Intent of Treatment is therefore :**
- **To help create / develop / enhance function.**

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• 1 : Normal Assessment Process

- **1. Symptoms - different for different types**
- **2. Signs / Tests - labs, etc**
- **3. Diagnosis -**
- **4. Options - untreated, treated**
- **5. Decision - patient should buy in**
- **6. Treatment - for a long time (chronic condition)**
- **7. Follow up - indefinite for chronic conditions**

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- **1 : Opioid Assessment Process**

- 1. Most areas of medicine well developed and often specific to the system being assessed.
- 2. Our area still developing, and many secondary factors affect diagnosis / treatment / outcomes.
- 3. Our only lab test is usually UDS, bloods for secondary issues.
- 3. The old questionnaires predate therapy.

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- **1 : Opioid Assessment Process**

- 1. Symptoms – mostly relate to withdrawal
- 2. Signs – often few and non-specific / Tests - labs, etc
- 3. Diagnosis – terminology issues – mental, physical ?
- 4. Options - untreated, treated
- 5. Decision - patient should buy in
- 6. Treatment - for a long time (chronic condition)
- 7. Follow up - indefinite for chronic conditions

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- **Objective 2 :**

- **Assessment Areas -**

- **Putting structure on the task**

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- **2 : What do we Assess ?**

- **Common to all intake sheets are :**
  - Substance Use (Drug) history
  - Physical health history
  - Mental health history
  - Social health history
  - Legal health history

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- **2 : Assessment Areas**

- **1. DH - Drug (sbst) Health / History**
- **2. PH - Physical Health / History**
- **3. MH - Mental Health / History**
- **4. SH - Social Health / History**
- **5. LH - Legal Health / History**

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- **Objective 3 : Assessment Phases**

- **Assessment phases –**
  - **First visit - day one**
  - **Induction - up to 6 weeks**
  - **Stabilisation - up to next 6 weeks**
  - **Maintenance - indefinite**
  - **MSW or MMT - often 2 years**

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- **3 : First visit applicants, a mix of :**

- 1. Non-dependent, dependent, addicts
- 2. Some with limited education / intelligence
- 3. 50/50 mix of M/F, and 50/50 Aboriginals
- 4. Occasional outright criminals
- 5. Professionals, mostly by prescription
- 6. Everything in between.

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- **3 : First visit applicants, also a mix :**

- 1. Understanding of opiates and methadone
- 2. Attitude and personality
- 3. Maturity - from childlike to full adult
- 4. Expectations of treatment and outcomes
- 5. Education - formal and social
- 6. Social function in many areas

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• 3 : Some we do not see :

- **Those without consequences (as they see it) :**
- **1. Wealthy (they can afford it)**
- **2. Those who can wean off opiates.**
- **3. Those who think they don't have a problem**

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• 3 : First visit - Dependency

- **1. Opioids have become food. Don't get high.**
- **2. Opioids needed to function and avoid withdrawal.**
- **3. Irreversible and incurable.**
- **4. Become socially dysfunctional.**
- **5. Treatment often restores function (="Recovery")**
- **6. Substitution is the preferred method.**

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- **3 : First visit - Addiction :**

- **1. Patient may be opioid dependent**
- **2. Polysubstance user - any drug any time - get high**
- **3. Still become socially dysfunctional**
- **4. Treatment may restore function**
- **5. Substitution works only for the opioid component**
- **6. Other help need for the addictive components**

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- **3 : First visit - Categories**

CATEGORY	Tol	W/D	MGT
1. Not dependent	N	N	Wean/detox
2. Not dependent	+	N	Wean/detox
3. Early dependent	+	+	Wean/detox
4. Palliative care	++	++	Methadone
5. Chronic Pain alone	++	++	Methadone
6. Opioid dependent	++	++	Meth / suboxone
7. Pain +/- dependency	++	++	Methadone

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- **3 : First visit symptoms :**

- **Most have more than one problem**
- **Our job is to priorise and treat appropriately**
- **With few exceptions priority #1 is Opioid dependency**
- **Exception : contraindications to immediate treatment**

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- **3 : First visit - Drug History :**

- **1. Rx / street / both.**
- **2. Age first use, reason, route, any drugs at all.**
- **3. Drug sequence / routes.**
- **4. Which - uppers / downers / inhaled / methadone.**
- **5. Current preferences and amounts.**
- **6. Payment by / family history.**
- **7. Effect of no use. (ie withdrawal ..?)**

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- **3 : First visit - Physical :**

- 1. Asthma, COPD, CHF, diabetes, pregnancy
- 2. Injuries / operations
- 3. Local infections - eg cellulitis
- 4. Systemic infections - bones, heart, brain
- 5. Blood borne - HPC / HIV
- 6. Send for collateral information and PIP.

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- **3 : First visit - Mental :**

- Psychiatric Axes :
- I - General mental disorders
- II - Personality disorders
- III - Medical co-morbidity
- IV - Social co-morbidity
- V - Global Assessment of Functioning "GAF"

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• 3 : First visit - Mental :

- I. Normal / anx / dep / PTSD / Bipolar / Schizoid.
- II. Personalities often difficult to read.
- III. Drug Induced Psychoses - stimulants / demerol.
- IV. Social issues often dominate.
- V. GAF - Often poor. Should improve when stable.

- Remember Chronic mental / emotional pain, and
- send for collateral information.

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• 3 : First visit - Social :

- 1. Housing
- 2. Domestic relationships, children, locations.
- 3. Partner on drugs or methadone.
- 4. Potential income / education / skills / work.
- 5. Financial status, support, debts, welfare status.

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- **3 : First visit - Legal :**

- 1. Normal patients usually have no legal records.
- 2. "Illegal" patients often have records.
- 3. Ask about any prior record.
- 4. Ask about maximum / total gaol time.
- 5. Check current status - pending / breachable.
- 6. Likely outcome – CSO / fines / gaol, etc.
- 7. All these can affect your Rx.

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- **3 : First visit Physical Exam :**

- 1. No respiratory contraindications.
- 2. Evidence of drug use / tracks / withdrawal.
- 3. Urine Drug Screen, minimal bloods.
- 4. Full check deferred, priority is dependency.
- 5. ECG ..? QTc concern ..?

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- **3 : First visit Signs and Tests :**

- **1. Most conditions have definitive tests**
- **2. Opioid dependency less easily defined**
- **3. COWS - subjective - tracks**
- **4. Hb, SBS, urinalysis, Xrays as reported**
- **5. UDS, mainly for metabolites**
- **6. HPC, HIV - can usually defer till stable treatment**

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- **3 : First visit Signs and Tests :**

- **COWS = Clinical Opioid Withdrawal Scale**

- **Scores most symptoms / signs from 0 to 5**
- **total must be > for Dependency**

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- **3 : First visit Option Untreated**

- **Chronic relapsing condition**
- **Withdrawal so severe most can't quit**
- **Frequent relapses + / - detox, rehab**
- **Untreated opioid dependency is usually**
  - **Socially Devastating**

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- **3 : First visit Option - Treated**

- **Still a chronic relapsing condition**
- **Withdrawal symptoms can be controlled**
- **In general treatment needs two years**
- **Most cases huge improvement in function**
- **Most can recover social, physical, mental areas**
- **Some can function without methadone -> wean off**
- **Some cannot, and remain on indefinitely**

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• 3 : First visit Agreements :

- **1. Recognises his problem, methadone will help.**
- **2. We can provide that service.**
- **3. Methadone can be dangerous.**
- **4. Federal law, provincial law, clinic regulations.**
- **5. Other conditions need Rx too, can consult other professionals.**
- **6. Rehab / function is the aim; patient must do most of the work.**
- **7. Patient works, doc works; patient quits, doc quits too.**
- **8. Documents confidential subject to law.**
- **9. Patient competent to sign agreement.**

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• 3 : Induction Phase 4-6 wks:

- **Intent - Safe induction till off other opioids**
- **1. DH - Now on file**
- **2. PH - Exclude or treat respiratory ailments**
- **3. MH - On Daily Witnessed so may not be major issue**
- **4. SH - On Daily Witnessed**
- **5. LH - Ensure no pending charges**

- **UDS often confirms opioids (and methadone)**
- **Continue UDS each visit - habit is important, results less so.**

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• 3 : Stabilisation Phase 4-6 wks

- **Intent** - Get to a stable steady dose, off other opioids
- **1. DH** - Already on file
- **2. PH** - Visible changes in appearance and behaviour
- **3. MH** - Often more settled than when first seen
- **4. SH** - Often feeling like activity, work, training
- **5. LH** - Issues may catch up with them

- **Continue UDS each visit - habit is important, results less so.**

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• 3 : Maintenance Phase 2 yrs :

- **1. DH - Already on file. Meth dose fairly settled.**
- **2. PH - Address other conditions - HPC / HIV/ Xrays**
- **3. MH - Now feel normal**
- **4. SH - Usually visible improvement**
- **5. LH - Old issues often emerge**

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3 : Maintenance Phase 2 yrs :

- **Examples of positive outcomes during this phase.**
- **Nearly all social :**
- **Vincent Dole data 1967**
- **Weld / jobs / pay stubs / Diplomas / Certificates**
- **Kids out of care / paintings / drawings / music / church / volunteering / successful pregnancy and child care**

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3 : Outcome Phase :

- **Two options here :**
- **1. Medically Supervised Withdrawal (MSW) - assessed mostly by symptoms and social consequences if dose is too low or rate too rapid. Warn still dependent.**
- **2. Maintenance continued indefinitely - assessed the same way as in the Maintenance Phase**

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- **3 : Outcome Phase :**

- **Final outcome - from one of my patients :**
- **``If you can function without methadone -> MSW**
- **If you can`t -> stay on Methadone``**

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Many thanks for your attention.
Hope it was all covered.
Thoughts / ideas / comments / observations / objections ..?

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