

## Background

- Since the late 20<sup>th</sup> century, chronic opioid therapy has been a mainstay in chronic pain management.
- The potentially fatal risks associated with long term opioid use has led to increasing awareness of opioid misuse, abuse, and diversion (MAD).
- At our outpatient chronic pain clinic, we are implementing a process of routine monitoring for opioid MAD, and escalation of monitoring or cessation of opioid therapy when MAD is suspected.
- To better define the warning signs that could be incorporated in this process, we retrospectively reviewed cases where opioid therapy was discontinued due to suspected opioid MAD in patients seen by the chronic pain service.

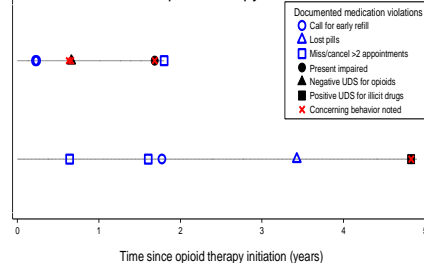
## Methods

- A retrospective chart review was conducted to identify patients who were seen in the Comprehensive Pain Clinic at Nationwide Children's Hospital and had opioid therapy discontinued in 2015-2016 for reasons involving suspected or confirmed opioid MAD.
- Medical records were reviewed from the time of chronic pain service intake until the time opioid therapy was discontinued. Minor violations (e.g., missed pill counts) and major violations (e.g., negative urine drug screen [UDS] for opioids) were extracted from patients' medical record.

**Table 1: List and count of minor and major violations queried in chart review**

Minor Violations	Major Violations
Call early for refills (3)	Presenting impaired (1; parent)
Reporting pills lost or stolen (1)	Negative UDS for opioids (2)
Failure to bring pill bottle to appointment (0)	Positive UDS for illicit substances or non-prescribed Schedule II medications (1)
Miss or cancel >2 appointments (6)	Another opioid prescriber noted on OARRS (0)
Failure to provide urine specimen (0)	Concerning report from other physicians or pharmacists (4)
	Concerning behaviors around Schedule II medications (2)

**Figure:** Timeline of medication violations for 2 patients with multiple violations before discontinuation of opioid therapy.



**Table 2: Demographic data**

Average Age (range)	18.38 (13-23)
Gender (M:F)	2:6
Mental health co-morbidities	
Sleep disorder	3
Anxiety	5
Pain Diagnosis – Back pain	4
Initial Opioid	
Morphine	2
Oxycodone/Perocet	3
Hydromorphone	1
Hydrocodone-acetaminophen	1

## Results

- Of 79 cases where opioid therapy was discontinued, the pain clinic team identified 8 patients (2 male / 6 female, ages 13-23 years) whose opioid discontinuation was related to documented or suspected opioid MAD.
- In 2 cases, opioid MAD was explicitly documented as the reason for discontinuation.
- Five of the 8 patients had minor violations documented, while 3 had major violations.

## Discussion

- There is a large variation in the extent of documentation amongst providers.
- Missing or canceling 2 or more appointments was the most commonly documented violation.
- Discrepancy on UDS was the reason documented for discontinuing opioid therapy in both patients overtly involved in opioid MAD.
- The time of first documented violation to discontinuation of opioid therapy was greater than 1 year, demonstrating room for improvement in detecting and addressing MAD.

## References

1. Vowles KE et al. Pain 2015;156:569.
2. Knight KR et al. Soc Sci Med 2017;186:87.
3. Palmer RE et al. Pain 2015;156:1208.
4. Timmerman L et al. Acta Anaesthesiol Scand 2016;60:416.