

might not be best treated with opioids. It is important for the clinician to consider the type and character of pain when prescribing a medication.

- B. Social factors and medical or mental health conditions might influence treatment, especially those that might interfere with appropriate and safe use of opioid therapy.<sup>14</sup>
- Obtain a history of substance use, addiction, or dependence. (If present, refer to *Recommendations 13.2 and 13.3.*)
  - Consider potential psychiatric conditions, including personality disorders that may affect pain or the treatment of pain. (If present, refer to *Recommendation 13.4.*)
  - Identify use of alcohol and other medications that might interact with opioid medications used to treat pain. Particular attention and caution should be given to alcohol, benzodiazepines, and other sedative medications.
  - Assess the presence of medical conditions that might complicate the treatment of pain, including medication allergy, cardiac or respiratory disease, and sleep apnea or risk factors for sleep apnea.
  - Central sleep apnea is common among persons treated with methadone and other opioid medications, especially at higher dosages. Some experts recommend that all patients who are considered for long-term opioid treatment receive a sleep study prior to therapy or when higher dosages are considered.<sup>14</sup>
- C. Effects of pain on the patient's life and function.
- Assess the patient's baseline severity of pain, functional status, and quality of life using a valid, reliable method/instrument that can be used later to evaluate treatment effectiveness.

Tools to accompany *Recommendation 2*:

- Sheehan Disability Tool  
<http://health.utah.gov/prescription/pdf/guidelines/SheehanDisabilityScale.pdf>
- Pain Management Evaluation Tool  
<http://health.utah.gov/prescription/pdf/guidelines/PainManagementWorksheet.pdf>

### **3. The health care provider should screen for risk of abuse or addiction before initiating opioid treatment.**

**3.1** Use a screening tool to assess the patient's risk of misuse prior to prescribing an opioid medication for chronic pain.<sup>6</sup>

A number of screening tools have been developed for assessing a patient's risk of misuse of medications. The screening tools are intended to assist the health care provider in determining whether opioid treatment is appropriate and in determining the level of monitoring appropriate for the patient's level of risk.

**3.2** Consider performing drug screening before initiating long term opioid treatment for chronic pain.

Drug testing can identify problems, such as use of undisclosed medications, non-use of reported medications (i.e., potential diversion), undisclosed use of alcohol, or the use of illicit substances, not identified without testing.

Health care providers should use a urine drug screen or another laboratory test that can detect the presence of illegal drugs, unreported prescription medications, and/or unreported alcohol use. It is recommended that drug testing be strongly considered and conducted, especially when other factors suggest caution. When screening is limited to situations when there is suspicion of substance misuse, some opportunities may be missed. In one study, testing results upon first admission to a pain clinic did not correlate with reported medication use for nearly one-fourth of patients. Most discrepancies involved substances not reported by the patient; a small minority reported taking medications that were not found on testing.<sup>18</sup>