The Case of Orwell
What is Opioid Use Disorder and what it is not

A Project RAMP Resource

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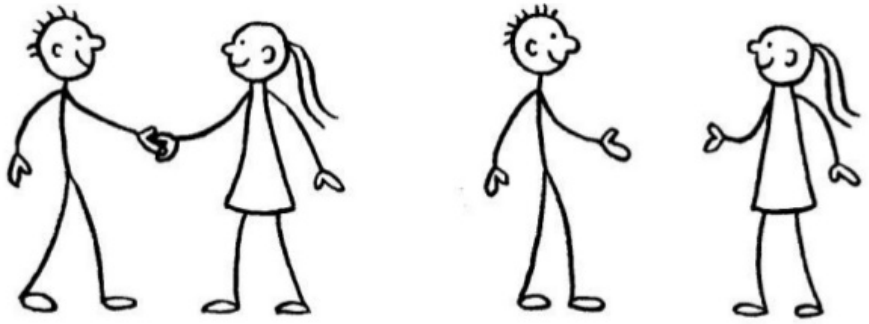
LEARNING OBJECTIVES

- Examine some common terminology regarding opioid use, misuse, and opioid use disorder
- Understand the difference between physical opioid dependence and opioid use disorder

CONFLICT OF INTEREST AND DISCLOSURE

- Dr. Gordon has no fiduciary conflicts of interest
- Some of the material presented herein has been previously published from work at the University of Pittsburgh, University of Utah, and the Veterans Health Administration
- The views expressed in this presentation are Dr. Gordon's and do not necessarily reflect the position or policy any institution, agency, or government

INTRODUCTIONS



CASE: Orwell: Chief Complaint

- Orwell is a 28 year old male who presents to your primary care clinic
- He is new to you
- His chief complaint today “Why am I feeling sick when I am coming off his pain medications? Do I have an addiction?”
- “Feels like the worst cold of my life and all my orifices are extruding their substances”

CASE: Orwell: Recent History

- 10 months ago, he suffered a motor vehicle accident, where he was t-boned by a semi-tractor trailer.
  - He suffered multiple injuries including coma, multiple fractures (ribs, pelvis, both femurs), lacerated spleen requiring splenectomy, brain contusion, punctured lung, amputation of his left arm, …
- He required multiple surgeries during a difficult 3 week ICU stay, additional 1 month hospital stay, and extended outpatient rehabilitation which he continues to do physical therapy
- He has started to see mental health providers for family counseling, depression, anxiety, and “potentially PTSD”
- Since the accident he wakes up in “night sweats” with nightmares about the ICU stay
- He was arrested briefly due to alcohol intoxication when he had a bar fight 3 months ago

CASE: Orwell: Past History

- Past Medical History:
  - Lower back pain – “mild, and gets bad when I am cutting logs in the backyard”
  - Nicotine use disorder - He smokes 1 pack per day, less before
- Social history: Prior to MVA he was a salesman, now on disability
  He is married, somewhat strained after the MVA
- He drinks alcohol only socially, but with further inquiry he mentions he drinks about 15 beers/week plus “a few shots”
- Family history: He is adopted. No known siblings. No children.

CASE: Orwell: Medications

- **Allergies:** None
- **Medications:**
  - Had been on MS Contin 160 mg twice a day
    - Was told to taper over the course of 8 months
    - Stopped last week “Was feeling sick when I stopped these last week”
    - Intermittently uses Percocet 5/325 mg every 6 hours as needed
    - “I try to avoid these”
  - He has a spell after the hospitalization when he took a few more Percocets “to stave off the pain”
  - He had been on Xanax for the first 2 months after hospitalization
  - On Prozac (recent), consideration of prazosin for night terrors
  - On Motrin
  - On Colace
- **Labs/Studies:** Normal
- **Exam:** Expected

Opioid Withdrawal
Want to avoid these…

- Severe flu-like symptoms
- Shaking chills
- Anxiety
- Hyperactivity
- Drooling
- Lacrimation/tearing
- Rhinorrhea
- Nausea and Vomiting
- Anorexia
- Diarrhea
- Myalgias and muscle spasms

Not all people will have all these symptoms
Ask patients what THEY experience
Symptoms can be complicated by other medical conditions

CASE: Orwell – Diagnosis and Treatment?

- **Your consideration: What does the patient have?**

- **What should we do?**

Examine some common terminology regarding opioid use, misuse, and opioid use disorder

Common terms

TERM	DEFINITION	IMPLICATIONS
Opioid Use	Any use of opioids (illicit or prescription)	Good or bad
Intermittent opioid use	Use of prescribed opioids over the course of the year, no more than 3 months continuously	Okay
Chronic opioid use	Use of prescribed opioids for more than 3 months	Okay
Opioid Misuse/Non-Medical Prescription Use of Opioids (NMPO)	Patient use of *prescribed* opioids contrary to medical instructions	Not good
Opioid Abuse	DSM4: met 1 of 4 criteria	A disease (old)
Opioid Dependence	DSM4: met 3 of 7 criteria	A disease (old)
Opioid/Physical Dependence	Patient has physical or psychosocial withdrawal of opioids	Drug effect Not necessarily bad
Opioid Use Disorder	DSM5: meet at least 2/11 criteria	A disease (new)

Cochran G, et.al. Defining Non-Medical Use of Prescription Opioids within Health Care Claims. Subst. Abus. 2015.

Opioid Misuse/Non-Medical Use of Prescription Opioids (NMPU): Harms

- Those engaged in NMPO are likely to have
  - mental and behavioral health comorbidities
  - post-traumatic stress
  - Mood
  - Anxiety
  - Personality disorders
  - substance use disorders
- Other common health problems include
  - Hepatitis
  - overall poorer health
- The most severe health consequence resulting from the rapid escalation of NMPO has been the increase in opioid-related overdose deaths

Cochran G, et.al. Defining Non-Medical Use of Prescription Opioids within Health Care Claims. Subst. Abus. 2015.

Opioid Use Disorder (DSM5)

Criteria:
2-3 (mild)
4-5 (moderate)
6 or more (severe)

- Failure to fulfill role obligations at work, school, or home
- Recurrent use in hazardous situations
- Continued use despite substance-related social or interpersonal problems
- Tolerance to a substance
- Withdrawal/physical dependence
- Loss of control over amount of substances consumed
- Preoccupation with controlling substance use
- Preoccupation with substance use activities
- Impairment of social, occupational, or recreational activities
- Use is continued despite persistent problems related to substance use
- Craving or a strong desire to use a substance

Important – no more legal criteria

Opioid Use Disorder (DSM5) - APPLIED

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Common terms: Pseudo-addiction?

- Pseudo-addiction, a concept coined in 1989, has frequently been cited to indicate that under-treatment of pain, rather than addiction, is the more pressing and authentic clinical problem in patients who are opioid-seeking
- Empirical evidence supporting pseudo-addiction as a diagnosis distinct from addiction has NOT emerged
- Nevertheless, the term has been accepted and proliferated in the literature as a justification for opioid therapy for non-terminal pain in patients who may appear to be addicted but SHOULD NOT, from the perspective of pseudo-addiction proponents, be diagnosed with addiction

Green MS, Chambers RA. Pseudoaddiction: Fact or Fiction? An Investigation of the Medical Literature. Curr Addict Rep. 2015

Perhaps a cascade of use?

- Intermittent use or chronic use
  - Use with potential risks
  - Risks not necessarily all do to dose or amount
- To…
- Opioid Misuse/Non-Medical Use of Prescription Opioids
  - Most difficult patients
  - Often do not qualify for addiction or pain services
  - Many have other substance use disorders or other mental illnesses
  - Vexing to many providers
- To…
- Opioid Use Disorder
  - Treatable

Understand the difference between physical opioid dependence and opioid use disorder

Physical opioid dependence does not equal DSM4 opioid dependence diagnosis.

- Simple!
- Physical opioid dependence is almost expected!
  - It occurs with a HOST of medications (not just opioids)
    - It applies to people with other substance use – alcohol, caffeine, cupcakes….
  - It occurs often when people are exposed to long term medication use
  - It can be treated symptomatically or with specific medications
  - It can also be avoided by tapering medications slowly over time
  - It is just ONE criteria for opioid use disorder
    - Must be “maladaptive pattern of use” which causes the criteria to activate
  - It is NOT bad

CASE: Orwell – Diagnosis and Treatment?

- Your consideration: What does the patient have?
  - Likely physical dependence of opioid medications
  - No real history of opioid misuse
  - Does not meet DSM5 criteria for opioid use disorder (not close)
  - Likely tapered too fast off of MSCONTIN
  - At-Risk Alcohol Consumption
    - >14 standard drinks over a week – meets the criteria
    - Does NOT meet the criteria for alcohol use disorder
  - Nicotine Use Disorder
- What should we do?
  - Symptomatic relief of opioid withdrawal syndrome
  - Treat pain, rehab could continue
  - Mental health and possibly TBI? Wrap around care?

DISCUSSION