Universal Precautions in Chronic Cancer Pain Management

1. Assess and stratify risk of opioid misuse

Assess

- -Review of medical records including diagnosis
- -Interview (consider risk factors such as age, personal or family history of alcohol or drug abuse, major psychiatric disorder, history of sexual abuse)
- -Examination
- -Screening questionnaires
- -Review of Prescription Drug Monitoring Program data
- -Urine drug screening

2. Decide whether to prescribe or not

Risk of diversion: Low → prescribe

High - and the controlled drug is preferred but not a standard of care → do not prescribe

High - and the controlled drug is the standard of care and no reasonable alternatives exist → proceed only if controls and adherence monitoring can be established to ensure that diversion is not occurring

Risk of drug abuse:
Low → prescribe
Moderate or High decision to prescribe
requires a critical analysis
of:

- -whether the severity of the pain is meaningfully compromising physical or mental well-being,
- -whether there are reasonable alternatives that may ameliorate pain with manageable risk, and
- -whether the nature of the drug abuse risk is more (e.g. relapse of heroin abuse) or less (e.g., pattern of early refills) serious

3. Minimize Risk

Structure treatment in a manner that:

- -establishes an appropriate level of adherence monitoring and
- -helps patients avoid non-adherence

Always optimize adjuvant analgesics, nonpharmacologic and interventional approaches; psychological support for treatment of psychiatric illness, anxiety, depression, sleep disorders 4. Monitor drugrelated behaviors

- -Effectiveness (pain is described as less intense, with a relationship to dose and dosing that is expected, and the pain reduction is associated with the ability to sustain or improve physical or psychological functioning
- -Adverse effects
- -Adherence monitoring, including compliance with current analgesic and nonopioid analgesic treatments, based on risk assessment

5. Respond to aberrant behaviors

A. Reassess and diagnose

-Realize that aberrant drugrelated behaviors have a differential diagnosis and that an assessment must be done to clarify whether behavior indicates addiction, other psychiatric condition associated with impulsive drug use, family issues, desperation or impulsivity driven by uncontrolled pain, or some combination of these factors. Also recognize that diversion is possible and assess for this behavior.

B. Consider whether to continue prescribing,

-If diversion is occurring <u>or</u> risks now exceed benefit, taper and discontinue

C. If diversion is not occurring

and the assessment suggests that the benefits of therapy will continue to outweigh the risk if the aberrant behaviors are stopped, restructure prescribing to increase control and adherence monitoring

- -Avoid agents with higher abuse liability
- -Prescribe small amounts at short intervals
- -Review prescription drug monitoring data routinely
- -Employ pill counts
- -Monitor use of substances through urine/other toxicology screening
- -Require use of one pharmacy
- -Use written agreement
- -Obtain consultation from psychiatry/addiction specialists

