Justin Roh

Annotated Bibliography

Pain Management in Patients with History of Confirmed or Suspected Substance Abuse

Christo PJ, et al. Urine Drug Testing in Chronic Pain. Pain Physician 2011; 14: 123-143

Review article assessing the role of urine drug testing in monitoring chronic opioid therapy. Discusses key features of urine drug testing including its reliability, accuracy, and limitations. The paper concludes with a summary stating that urine drug testing is a useful adjuctive test that should be strongly considered in conjunction with behavioral monitoring. Useful reference for learning the indications for urine drug testing and interpreting the resulting data.

Evans MR. Assessing and Treating Pain in Patients with Substance Abuse Concerns. AMA Pain Management Module 2005; 4; 1-8

This CME module published by the American Medical Association (AMA) provides principles and strategies for assessing and managing pain in patients with substance abuse concerns. Introduces useful history-taking techniques for suspected substance abuse and discusses guiding principles for managing pain in specific clinical circumstances, such as acute pain, cancer pain, and persistent non-cancer pain. Useful reference for learning how to take relevant history from patients, ask appropriate questions and counsel them regarding proper opioid use. For in-depth review of specific pain management regimens, this module paper may not provide sufficient information.

Gourlay DL, et al. Universal Precautions in Pain Medicine: A Rational Approach to the Treatment of Chronic Pain. Pain Med 2005: 6: 107-112

This article describes a “universal precautions” approach to the assessment and management of chronic pain patient. Universal precautions is a clinical practice guideline consisting of 10 steps, from making a diagnosis with appropriate differential to documenting initial evaluation, intended to help diagnose underlying addictive disorders, improve patient care, reduce stigma related to drug dependence and contain overall risk of medication abuse. The universal precautions method can subsequently be used to triage chronic pain patients into three risk categories – patients safely manageable in primary care settings, those needing co-management with specialist support, and those requiring specialty pain management. The universal precautions guideline is suitable as an adjunctive tool when starting a discussion on pain management with patients. However, this article does not provide clinical evidence supporting the guideline’s efficacy in reducing the incidence of medication abuse.

Hansen GR. The Drug-Seeking Patient in the Emergency Room. Emerg Med Clin N Am 2005; 23: 349-365

This article provides a brief overview of fundamental concepts regarding pain management in acute settings. Psychoactive properties of opioids are discussed extensively, as well as various strategies for prescribing opiods to patients with medication addiction. This article lists the common signs and symptoms of drug abuse, addiction and pseudo-addiction, and then provides screening methods for identifying potential drug-seekers. Although not in detail, basic pain management skills such as creating narcotic contracts, compiling habitual files and refusing inappropriate drug prescriptions are also discussed. A reference suitable as an introduction to pain management.

Hooten MW, et al. Assessment and Management of Chronic Pain. Institute for Clinical Systems Improvement 2011: 5: 1-112

ICSI health care guideline detailing chronic pain assessment and management algorithms in flow chart format. These algorithms serve as over-arching guidelines for approaching pain management in general, but the section on DIRE score is especially useful for assessing the suitability of long-term opioid analgesic treatment in patients with suspected drug abuse. DIRE score is a clinician rating system consisting of 4 factors, namely diagnosis, intractability, risk and efficacy score, used to determine whether a patient is a suitable candidate for opioid maintenance therapy. This guideline can serve as an important clinical decision-making tool when prescribing opioid.

Juurlink DN, Dhalla IA. Dependence and Addiction During Chronic Opioid Therapy. J Med Toxicol 2012; 8: 393-9

This narrative review provides a critical appraisal of the publications that support the notion that the risk of addiction during chronic opioid therapy is low. 8 articles demonstrating the low risk of opioid addiction during chronic pain therapy are reviewed in multiple aspects, including study design, method of diagnosis, sample inclusion/exclusion criteria, patient categorization and duration of study. The results of this review indicate that many of the studies published within the past 25 years are based on outdated data with substantial methodological limitations. Based on more contemporary and rigorous research evidence, this article concludes that opioid dependence and addiction are relatively common consequences of chronic pain management therapy, occurring in up to one-third of patients. While not providing any clinical practice guidelines directly, this publication poses an interesting question of whether previous research studies on chronic opioid therapy can be applied effectively in current medical practice.

Longo LP. Addiction: Part II. Identification and Management of the Drug-Seeking Patient. Am Fam Physician 2000; 15: 2401-2408

 This article provides concise overview of pain management in drug-seeking patients. The U.S. Drug Enforcement Agency classification for scheduled substances, characteristics of drugs of abuse and screening methods for addiction are discussed. In addition, relatively unfamiliar topics such as the characteristics of overprescribing physicians and pharmacologic alternatives to controlled drugs are explored.

Mitra S, Sinatra R. Perioperative Management of Acute Pain in the Opioid-dependent Patient. Anesthesiology 2004; 101: 212-27

Review article with detailed and comprehensive guidelines for perioperative pain management in opioid-dependent patients. Useful reference for anesthesiology and surgery subspecialties as this article provides specific pain management techniques and methods for perioperative patients. The “Patient Treatment” portion of this review article is divided into two sections (“Preoperative Period” and “Intraoperative and Postoperative Periods”) with each section providing pain management regimens tailored to the level of substance dependence. The initial portion of this paper also gives clear definitions of common terms related to substance use disorders such as addiction, dependence, withdrawal, recovery and tolerance, which readers may find helpful when discussing pain management.

Office of National Drug Control Policy. Epidemic: Responding to America’s Prescription Drug Abuse Crisis 2011. <http://www.whitehousedrugpolicy.gov/prescriptiondrugs/>. Accessed 4th November, 2013.

This Prescription drug abuse prevention plan released by the Office of National Drug Control Policy in 2011 expands upon the Obama Administration’s National Drug Control Strategy. This plan provides detailed outline of the four major areas of action, including Education, Monitoring, Proper Medication Disposal and Enforcement, intended to reduce prescription drug abuse. Suitable resource for readers interested in learning about nation-wide strategies and prevention plans for reducing medication abuse. The four core action plans include raising public awareness about the dangers of prescription drug abuse, implementing effective prescription drug monitoring programs, developing consumer-friendly prescription drug disposal programs and providing adequate law enforcement agencies. The prevention plan demonstrates the wide-spread prevalence of prescribed medication abuse and stresses the importance of governmental intervention in combating this issue.