CLINIQUIZ
OPIOID THERAPY FOR CHRONIC PAIN & SOAPP

Chronic pain is a costly syndrome that influences every aspect of a person’s functioning. Profound changes in quality of life are associated with intractable chronic pain. Significant interference with sleep, employment, social functioning, and daily activities is common. Chronic pain patients frequently report depression, anxiety, irritability, sexual dysfunction, and decreased energy. Chronic pain accounts for 21% of emergency room visits and 25% of annual missed work days and, when direct and indirect costs are considered, imposes a greater economic burden than any other disease, with estimates of annual costs adding up to $100 billion in USA. (Frymoyer & Cats-Baril, 1991; Maniadakis & Gray, 2000).

The word “addiction” traditionally incorporates physical, and tolerance. More recently, however, it has become clear that, in the use of opioids for chronic pain, tolerance and physical dependence are common and unrelated to true addiction. Thus, a different definition of addiction has emerged. In this context, addiction is a behavioral pattern of substance abuse characterized by overwhelming involvement with the use of a drug (DSM-IV, APA, 1994; Leshner, 2001a). This definition focuses on compulsive use of the drug that results in physical, psychological, and social harm to the user, who continues despite this harm.

As for predicting addiction or prescription abuse potential, the Screening Instrument for Substance Abuse Potential (SISAP; Coombs et al., 1996) is a five-item screening measure that is clinician-administered and requires that the clinician know the patient or have collateral information to confirm accuracy of answers. Another measure, the Screening Tool for Addiction Risk (STAR; Li, 2001), is a 14-item questionnaire recently published as a brief report. While the authors of both measures report that some items differentiate patients currently abusing or not abusing their medications, neither has undergone the prospective testing recommended by Robinson et al. (2001).

The Screener and Opioid Assessment for Patients with Pain (SOAPP) Version 1.0 is a tool for clinicians to help determine how much monitoring a patient on long-term opioid therapy might require. Ongoing data collection at the Pain Management Center of Brigham and Women’s Hospital is being conducted to test empirically the reliability and validity of the SOAPP v1. Preliminary results suggest acceptable reliability (coefficient α > .74) and reasonable predictive validity.

The SOAPP v1 data, along with other clinical findings, can help the provider determine the level of monitoring that may be necessary to safely prescribe long-term opioid therapy for a given patient. Of the 24 questions contained in the SOAPP version 1.0, 16 have been empirically identified as predicting aberrant medication-related behavior six months after initial testing. A score of 7 or higher is considered positive.

Clinically, a score of 7 or higher will identify 91% of those who actually turn out to be at high risk. The Negative Predictive Values for a cutoff score of 7 is .90, which means that most people who have a negative SOAPP are likely at low-risk. Finally, the Positive likelihood ratio suggests that a positive SOAPP score (at a cutoff of 7) is nearly 3 times (2.94 times) as likely to come from someone who is actually at high risk (note that, of these statistics, the likelihood ratio is least affected by prevalence rates).
QUESTIONS

1. A patient with chronic pain who is at high risk for opioid misuse:
   A. Usually does not drink alcohol
   B. Insists that medications will return them to a previous level of functioning
   C. Is generally open to using several modalities to manage their pain
   D. Would be best managed with short-acting opioid analgesics

2. A positive score on the SOAPP assessment tool helps the clinician:
   A. Predict which patients are likely to show aberrant behavior 6 months after initial testing
   B. Determine which patients to avoid use of opioids for management of their chronic pain
   C. Determine which patients should have routine urine screening
   D. Decide which patients with chronic pain should sign an opioid therapy agreement document

3. Development of which of the following is rare for a patient taking opioids for chronic pain?
   A. Tolerance
   B. Physical dependence
   C. Addiction
   D. All of the above occur commonly

4. Which of the following most correctly describes opioid addiction?
   A. The need to continually increase the dose in order to obtain the same analgesic effect
   B. Characterized by a physical withdrawal syndrome when the drug is stopped suddenly
   C. Adequate treatment of pain in patients with addiction histories is likely to lead to drug-seeking behavior
   D. Compulsive use despite physical or psychological harm to the user

6. Which of the following is INCONSISTENT with chronic pain?
   A. There is a relatively high incidence of opioid abuse among chronic non-cancer pain patients
   B. Chronic pain is associated with sexual dysfunction
   C. Chronic pain symptoms are found in about one third of the U.S. population
   D. Chronic pain imposes a greater economic burden than any other disease state

7. The guidelines developed by the Federation of State Medical Boards of the U.S. (FSMB) in 1998 proposed all of the following EXCEPT:
   A. Obtaining informed consent and patient agreement for treatment
   B. Clinical evaluation of the patient
   C. Reporting of a patient’s opioid use to state regulatory agency
   D. Compliance with laws and regulation
8. Which is true about the SOAPP assessment tool?
   A. It is intended to be used to rule-out patients with chronic pain for opioid therapy
   B. Patients should be informed of their risks for addiction, as determined by the tool
   C. If used correctly, it will capture all patients who will develop aberrant behavior
   D. Results can be used to deny opioid treatment to a high-risk patient
   E. It should be given to ANY patient with chronic pain who is being considered for long-term opioid therapy

9. A score of ____ is considered the cutoff for a positive score on the SOAPP assessment tool.
   A. 4
   B. 7
   C. 12
   D. 16

10. The SOAPP assessment tool has a sensitivity of 90% and a specificity of 69%. This means that:
    A. 90% of patients who showed aberrant behaviors were classified correctly
    B. 69% of patients who receive a positive score will not show aberrant behavior
    C. 10% of patients who have a negative score will not show aberrant behavior
    D. 31% of patients who have a positive score will show aberrant behavior