Patient-reported and interview-rated abuse-related outcomes

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Disclosure and Objectives

- Disclosure: Nothing to disclose
- Objectives
  - Discuss the available clinician rating measures
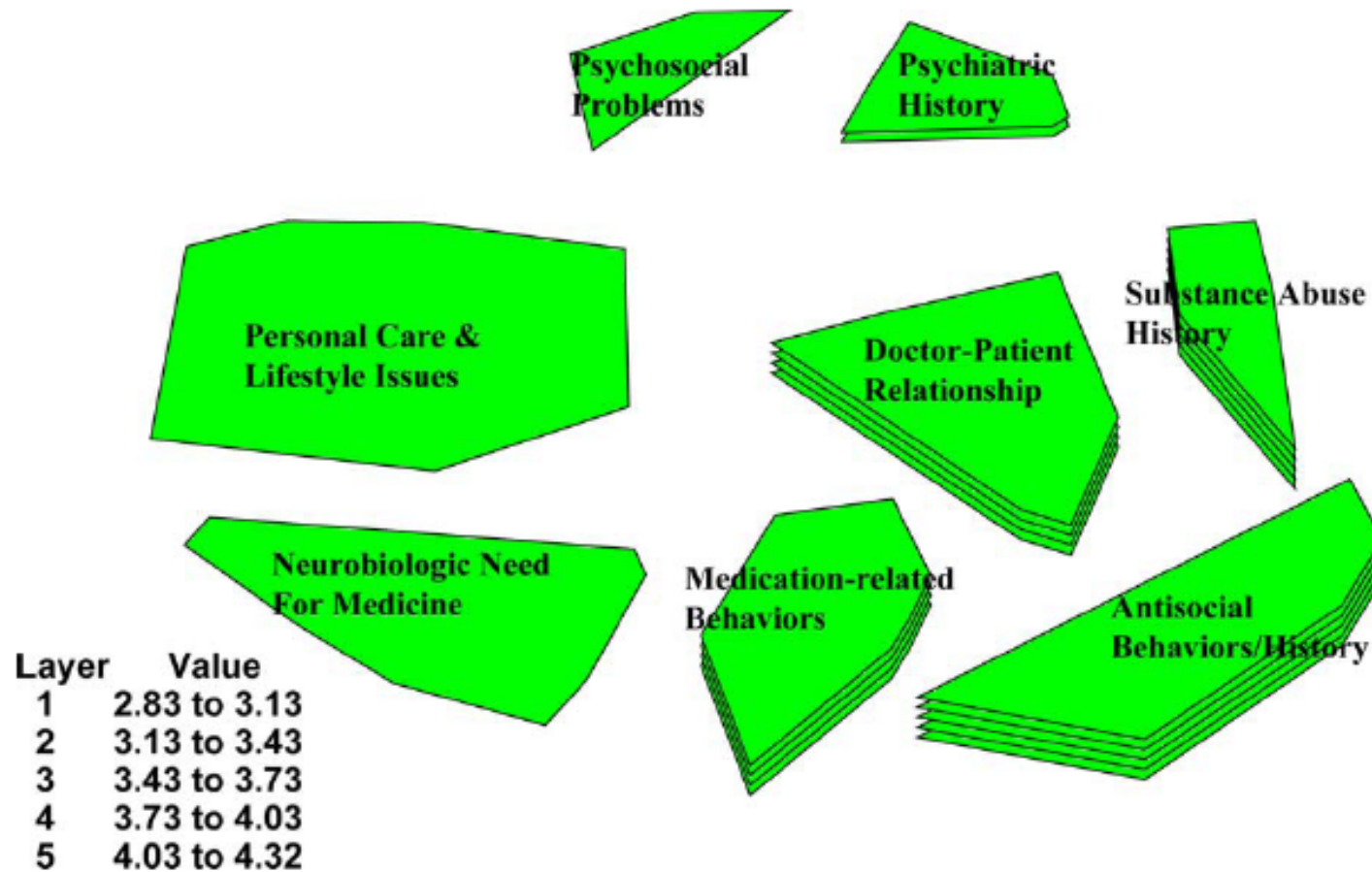 - Discuss the available self-report measures

Fig. 1. SOAPP version 1.0 concept map. (Concept mapping analysis and results conducted using the Concept System® software.)

#1: Prescription Opioid Therapy Questionnaire (POTQ)

- **Method:** Clinician report

- **Scale:** 11 behaviors indicative of substance abuse (Y/N)
  - Unsanctioned dose escalations, lost/stolen prescriptions, ED/unscheduled visits, excessive phone calls, SO concern, positive urine screen

- **Reliability and Validity**
  - No data reported, but this scale has been used as one factor in the index used to validate the SOAPP and SOAPP-R scales

Michna et al, *J Pain Sym Mgt*, 2004

#2: Prescription Drug Use Questionnaire (PDUQ)

- ## Method: (Expert) Clinician-administered
- ## Scale: Presence/absence of each item noted
  - Addiction risk or addiction at a single point in time
  - All subjects scoring >15 met criteria for a substance use disorder
- ## Reliability and Validity
  - Good internal consistency of 42-item scale
  - 3 key items show good predictive validity (93%)

Compton et al, *J Pain Sym Mgt*, 1998

Prescription Drug Use Questionnaire (PDUQ)

Table 4

Affirmative Questionnaire Responses by Addiction Status[a]

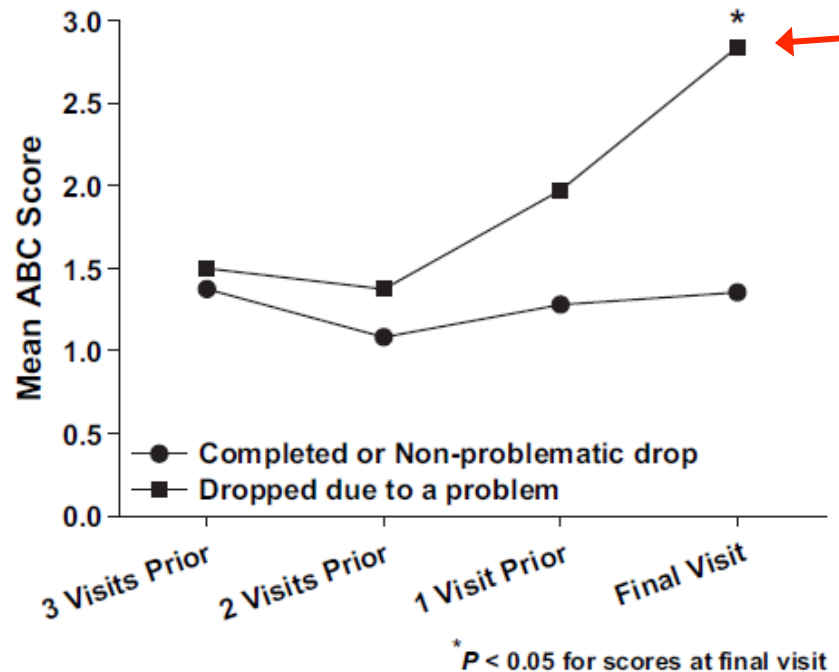| Questionnaire item	Addiction + (n = 34)	Addiction − (n = 18)
	No. of subjects	
8. Patient believes he/she addicted[b]	23	1
11. Increases analgesic dose/frequency	30	2
18. Route of administration preference	29	7

Compton et al, *J Pain Sym Mgt*, 1998

Prescription Drug Use Questionnaire (PDUQ)

- ## Limitations

  - Requires trained clinician

  - Validation sample used small sample (n=52) of patients referred for "problematic" medication use

    - Base rates are likely higher in this group relative to many others, thus the predictive validity may be substantially different

Compton et al, *J Pain Sym Mgt*, 1998

#3: Addiction Behaviors Checklist

- **Method:** Clinician checklist for tracking behavior

- **Scale:** 20 items based on consensus statement (AAPM, APS, ASAM)
  - Summation of affirmative responses (range: 0-20)
  - Emphasis on observable behavior, but some self-report is included

- **Reliability and Validity**
  - High correlations between 2 raters' scores (r=0.94-0.95)
  - Cut off of $\geq$ 3 (average across 4-5 mos) shows good sensitivity and specificity to the PDUQ

Wu et al, *J Pain Sym Mgt*, 2006

Addiction Behaviors Checklist

Fig. 2. Comparison of mean ABC scores over the final four visits in the study ($n = 136$). Participants who were discontinued due to opioid misuse problem (e.g., problem displayed in urine toxicology, noncompliance with clinic procedures) displayed an elevated ABC score ($P < 0.05$) at final visit as compared to participants who completed or discontinued the study due to nonproblematic reasons (i.e., need for surgery).

N=38 participants were Discontinued due to objective Measures of opioid misuse (positive urine screen, refusing Medication Counts or deviating from prescription

* Validation against clinician judgment

Wu et al, *J Pain Sym Mgt*, 2006

Addiction Behaviors Checklist

- ## Limitations

  - VA sample in which patients with problem behaviors were not continued on opioids

    - Fewer problems likely to have occurred

Wu et al, *J Pain Sym Mgt*, 2006

#4: Current Opioid Misuse Measure

- Method: Self-report
- Scale: 17 items empirically derived; emphasize behavior and thoughts in past 30 days
- Reliability and Validity
  - Good test-retest (1 week: ICC=.86) and internal reliability
  - prediction of an index of aberrant drug behavior (including the self-reported PDUQ, urine tox screening results, and physician ratings of prescription opioid use behaviors)

Butler et al, *Pain*, 2007

Current Opioid Misuse Measure

Table 2

Final 17-items of Current Opioid Misuse Measure (COMM)

| In the past 30 days...	Concept Map Cluster
1. How often have you had trouble with thinking clearly or had memory problems?	Signs and symptoms of drug misuse
2. How often do people complain that you are not completing necessary tasks? (i.e., doing things that need to be done, such as going to class, work, or appointments)	Emotional problems/ psychiatric issues
3. How often have you had to go to someone other than your prescribing physician to get sufficient pain relief from your medications? (i.e. another doctor, the emergency room)	Appointment patterns
4. How often have you taken your medications differently from how they are prescribed?	Evidence of lying and drug use

Butler et al, *Pain*, 2007

Current Opioid Misuse Measure

Table 3
COMM score sensitivity and specificity estimates gauged against the aberrant drug behavior index (ADBI)

COMM positive if greater than or equal to:	Sensitivity	Specificity
1.00	1.000	.041
2.00	1.000	.082
3.00	1.000	.143
4.00	.974	.231
5.00	.961	.320
6.00	.935	.381
7.00	.844	.502
8.00	.805	.592
9.00	.766	.660
10.00	.740	.728
11.00	.701	.776
12.00	.649	.830

Recommended cut-off is 9

Butler et al, *Pain*, 2007
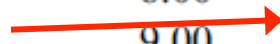
Current Opioid Misuse Measure
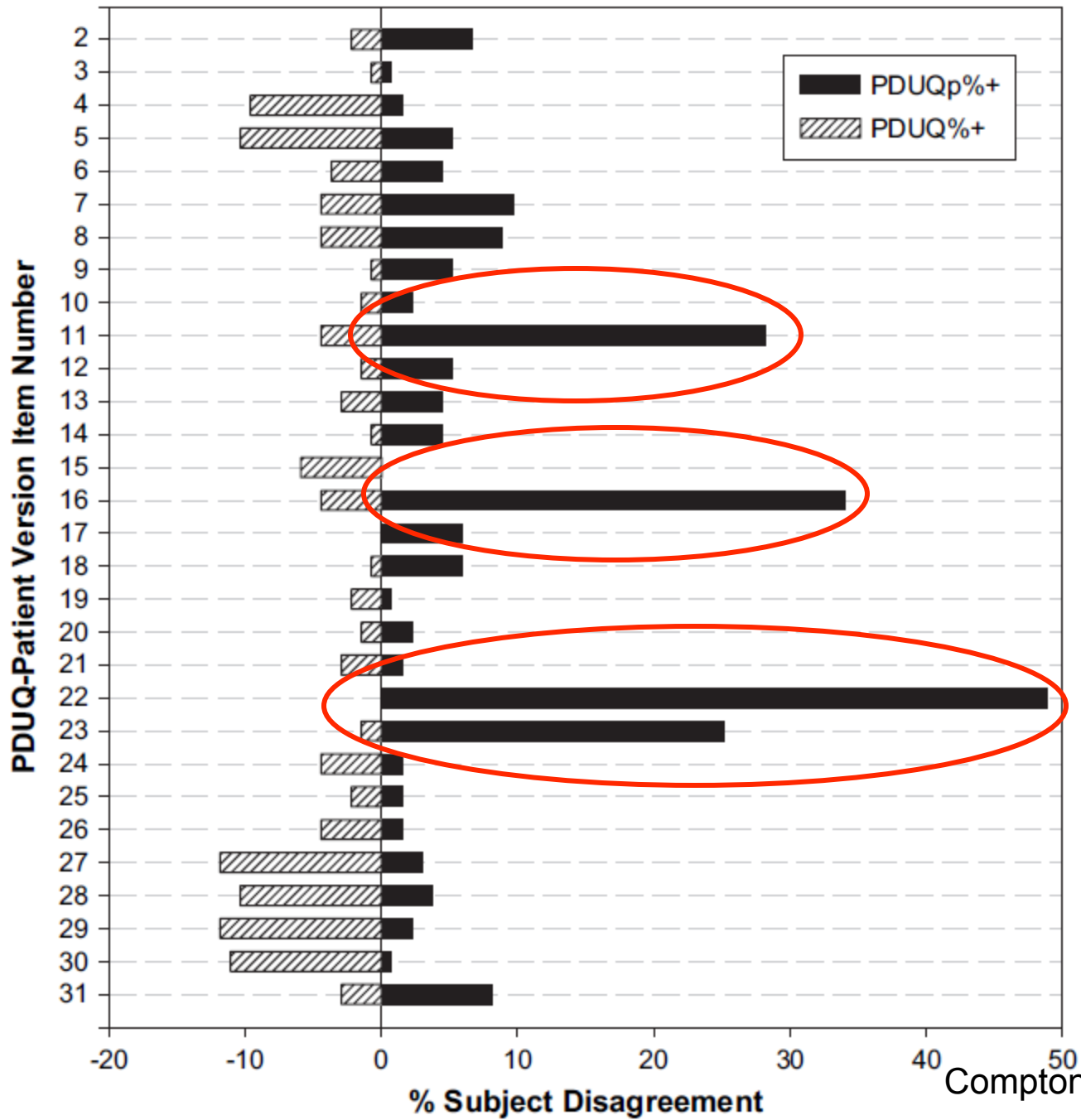
- Limitations

Butler et al, *Pain*, 2007

#5:Screener and Opioid Assessment for Patients with Pain (SOAPP-R)

- **Method:** Self-report

- **Scale:** 24 items, rated 0-never to 4-very often; improved from earlier version by reducing influence of overt deception?

- **Reliability**

  – good internal and test-retest reliability

  – Cut off score of 18 showed good predictive validity against an index using PDUQ/urine screen/multiple staff ratings of serious drug problems completed at 6 months

Butler et al, *J of Pain*, 2008

#6: PDUQ – Patient version

- Method: Self-report
- Scale: 31 items honed down from the 42 in the PDUQ; same scoring format (affirmative response = 1, with one item reverse-scored); range: 0-30
- Reliability and Validity
  - Good stability over time
  - Good correlation between PDUQ score and PDUQp score, although PDUQ scores were consistently lower than PDUQp scores

Compton et al, *J Pain Symp Mgt*, 2008

Item-by-item % Disagreement

Legend: PDUQp%+ (solid black), PDUQ%+ (hatched)

Y-axis: PDUQ-Patient Version Item Number (2–31)

X-axis: % Subject Disagreement (-20 to 50)

Compton et al, *J Pain Symp Mgt*, 2008

PDUQ – Patient version

- Limitations
  - Substance abusing patients excluded

Compton et al, *J Pain Symp Mgt*, 2008

#7:Opioid Risk Tool

- Method: Self-report: risk for abuse
- Scale: gender-weighted risk factors
- Reliability and Validity
  - Good stability over time
  - Good correlation between PDUQ score and PDUQp score, although PDUQ scores were consistently lower than PDUQp scores

Webster & Webster, *Pain Med*, 2005

Opioid Risk Tool

Table 1 Opioid Risk Tool

Item	Mark Each Box That Applies	Item Score If Female	Item Score If Male
1. Family history of substance abuse			
Alcohol	[ ]	1	3
Illegal drugs	[ ]	2	3
Prescription drugs	[ ]	4	4
2. Personal history of substance abuse			
Alcohol	[ ]	3	3
Illegal drugs	[ ]	4	4
Prescription drugs	[ ]	5	5
3. Age (mark box if 16–45)	[ ]	1	1
4. History of preadolescent sexual abuse	[ ]	3	0
5. Psychological disease			
Attention deficit disorder, obsessive-compulsive disorder, bipolar, schizophrenia	[ ]	2	2
Depression	[ ]	1	1
Total		—	—
Total score risk category			
Low risk: 0–3			
Moderate risk: 4–7			
High risk: ≥8			

Webster & Webster, *Pain Med*, 2005

Opioid Risk Tool

- Limitations
  - Lack of independence between validity data and score on ORT

Webster & Webster, *Pain Med*, 2005