Medical Evaluation of MAT Patients

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Project ECHO®

University of California Los Angeles
Integrated Substance Abuse Programs

Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

Medication First

- 2009 World Health Organization
- 4 Principles:
  - 1. People with OUD receive pharmacotherapy as quickly as possible, prior to lengthy assessments or treatment planning sessions
  - 2. Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits
  - 3. Individualized psychosocial services are continually offered but not required as a condition of pharmacotherapy
  - 4. Pharmacotherapy is only discontinued only if it's worsening the person's condition

Medical Workup

- History and Physical
  - Includes Opioid Treatment History
- Concurrent Medications
- Vitals / Physical Exam
- DSM-5 Opioid Use Disorder
- Lab testing and Review

History and Physical

- Standard medical screening assessment
  - History of present illness
  - Past medical and surgical history
  - Allergies
  - Current medications

History and Physical

- Addiction History: Building rapport

- Topics to Cover:
  - Age of initiation / drug type / circumstances
  - Other substances of abuse
  - Triggers for use
  - Addiction treatment history
    - Detoxification / Residential Treatment / Outpatient
    - Medication assisted treatment
      - BUP, Methadone, Oral NTX, XR-NTX, Other?
  - Psycho-social supports

History and Physical

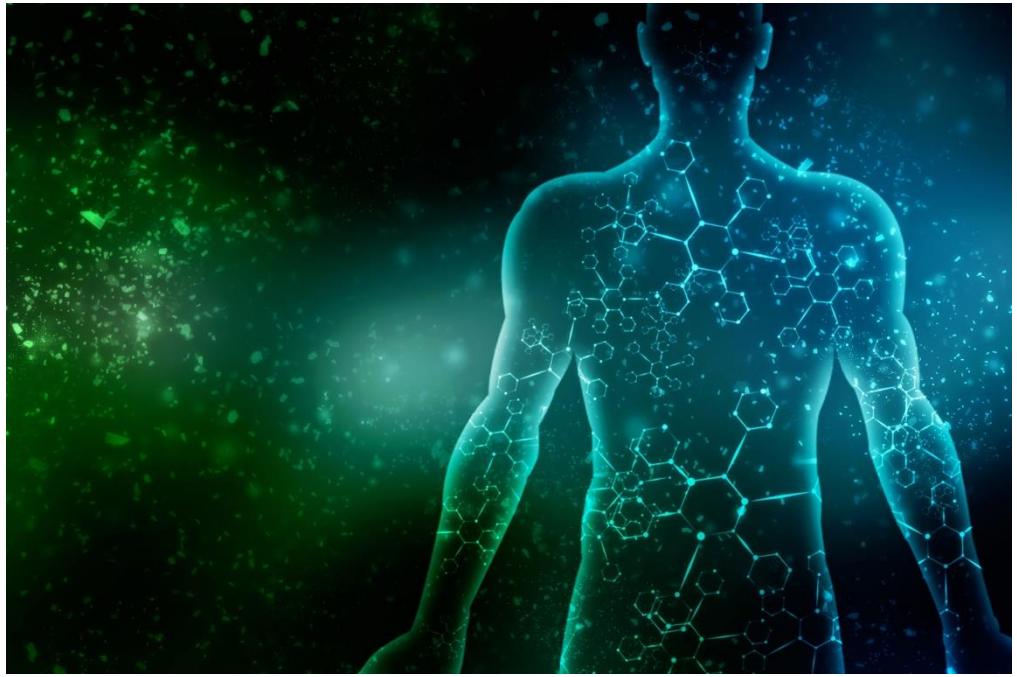
- Co-occurring mental health disorders
  - Depression / anxiety
  - Psychotic disorders
  - PTSD / ACE scores
- Focus on symptoms over diagnosis
- History of Treatment
  - Medications
  - Therapy
  - Hospitalizations

Concurrent Medications

- Includes other medications prescribed or used last 2 weeks
- Continued need for opioid pain meds are an exclusion
- Medication reconciliation
- Evaluate for concurrent sedative use

Physical Exam

- Vitals
- Physical Exam
  - Mental status
  - Skin abscesses



Withdrawal Scoring: COWS

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**GI Upset**: *over last 1/2 hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	**Tremor** *observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	**Yawning** *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability** 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin** 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

- Subjective v. Objective symptoms
- Polysubstance use may effect this (effect of meth on pupils)

DSM-5 (vs. DSM-IV)

- Screening assessment
- DSM-IV = Opioid Abuse and Dependence
- DSM-5 = Opioid Use Disorder (mild, moderate, severe)
  - 11 criteria
    - 2-3 / 11 = MILD
    - 4-5 / 11 = MODERATE
    - 6+ / 11 = SEVERE
- CTN-0051 includes ANY Opioid Use Disorder
  - 2+ of 11 criteria

DSM-5 Substance Use Disorder

In the last 12 months?

1. Major role obligations at work, home, school
2. Physically hazardous situations (DWI)
3. Social or interpersonal problems
4. Tolerance
5. Withdrawal
6. Amounts larger than intended
7. Persistent desire or unsuccessful efforts to cut down
8. Time commitment: acquiring, using, recovering
9. Activities reduced: social, occupational, recreational
10. Drug Craving (newly added to DSM-5)
11. Continued use despite knowledge of problems

Laboratory Tests

- Review prior tests
- Consider
  - LFTs
  - Infectious diseases / Bloodborne: HIV, Hepatitis B, Hepatitis C
  - Sexually transmitted infections: Syphilis, GC/Chlamydia triple screen
  - Age-appropriate labs: Cholesterol, basic metabolic panel, thyroid
  - Pregnancy
- Vaccinate

Urine Toxicology Screens

- Pros
  - Identify / confirm concurrent substance use
  - Confirmation of reported substance
- Cons
  - “Medication first”
  - Rapport building
- Variations with Tele-health

Medical Management

- Common-sense, generalizable approach to encourage adherence to medication specifically, and to the treatment plan in general
- Patient-clinician rapport and partnership
- Education surrounding opioid use disorder diagnosis and treatment
- Supportive counseling surrounding the goal of decreasing opioid use
- Monitoring medication side effects and making dose adjustments
- Treating co-occurring mental health disorders

Buprenorphine Induction

- *Home induction vs in-clinic induction*
- Day 7: See them back in clinic and consider dose adjustment
- Dose range 8-24mg

Variations

- Medication First approach vs other philosophies
- Timing of workup
- Inductions
- Follow-up frequency
- Use of urine toxicology screens

MAT
WAIVERED PRESCRIBER SUPPORT INITIATIVE

Could you benefit from physician consultation to provide Medications for Addiction Treatment (MAT)?

Are you seeking additional resources to help patients struggling with opioid use?

Do you have questions about best practices to provide MAT for patients with complex needs?

Request Free Technical Assistance TODAY

Make a request at www.uclaisap.org/MATPrescriberSupport/

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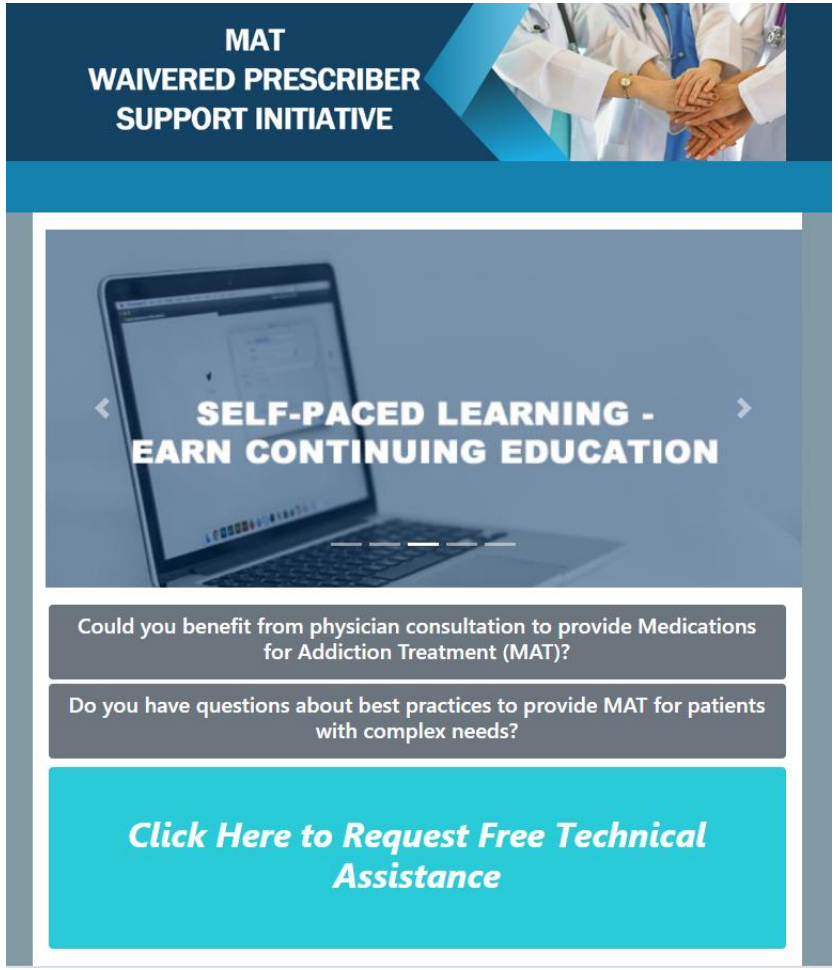
Additional Learning Opportunities



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