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Patient Self Report vs. Urine Toxicology upon Entry into Chronic Pain Management

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Purpose

The purpose of this project was to evaluate the usefulness of implementing urine drug screens in a selected chronic pain clinic for each new patient at intake. The patient's self-reported drug use was compared to the confirmed results of urine toxicology.

Method

IRB was obtained from the University of Alabama prior to this secondary data review. A retrospective chart review of all new patients entering this selected site between November 30, 2008 through December 30, 2009 was conducted utilizing a computerized filter to identify the sample. After excluding patients that either had refused or were physiologically unable to provide a urine sample, the resulting sample for this project was 500

Results

The findings suggested that for this selected clinical site, the practice of urine toxicology at intake provided the health care practitioners on greater than 50% of the sample with information that otherwise would have been unknown and, thus, not conducive to safe therapeutic decision making.

Conclusions

As indicated in many studies, urine drug screens provide a consistently more accurate indicator of licit and illicit drugs in a person's system when compared to patient self-report. Patient self-report of controlled substance use, licit and illicit, has been found to be inaccurate and unreliable in many populations. Evidence based practice calls for more than a vague recommendation for pain management. Implementing urine drug screens and making therapeutic treatment decisions at patient intake in the sample reviewed for this study had the potential to avoid dangerous outcomes related to unreliable self reported use of controlled substances by greater than 50%.