

## **A Comparison of Various Risk Screening Methods for Patients Receiving Opioids for Chronic Pain Management**

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### **Purpose**

Despite recent guidelines and authors that call for practitioners to perform a risk assessment on all pain patients who are being considered for continuous opioid therapy, there is scant empirical data on the sensitivity and selectivity of the risk assessment measures currently available. This poster presents two recent studies by our group that compares the accuracy of four commonly used risk assessment measures: The Opioid Risk Tool (ORT), the Screener and Opioid Assessment for Patients with Pain (SOAPP), the Pain Medication Questionnaire (PMQ) and a clinical interview.

### **Method**

Study One investigated all discharges from a pain practice in Knoxville, Tennessee over a one-year period. Subjects were included in the study if they had had an initial risk assessment with each of the above measures. This created a total sample of 132 patients. The discharged patients' initial risk rating was dichotomized into "high risk" and "low risk." Study Two involved a slightly overlapping sample of all patients being considered for continuous opioid therapy at the pain practice. Six-month follow-up data were gathered on 293 patients who had been assessed initially with the ORT, SOAPP-R, PMQ and clinical interview. Follow-up data collected included whether the patients had engaged in medication aberrant behavior and/or been discharged from opioid therapy at the follow-up time.

### **Results**

The data from Study One reveal that the SOAPP and clinical interview were much more accurate in predicting discharge from opioid therapy due to violation of the pain agreement than the PMQ and ORT (77%, 70%, 44% and 29% successful prediction, respectively). Analysis of the reasons for discharge found that the ORT and PMQ did not miss only certain types of medication aberrant behavior but instead were poor predictors of all types of reasons for discharge. Results from Study Two found that the SOAPP-R and clinical interview were again much more successful in predicting future medication aberrant behavior and discharge than the PMQ and ORT (74%, 74%, 50%, and 36% successful prediction, respectively). The SOAPP-R however showed a higher rate of falsely predicting future problems in patients that had successfully adhered to their pain agreement and not engaged in medication aberrant behavior (69%). Overall, the clinical interview showed the best balance in successfully predicting future medication aberrant behavior without overrating risk. Preliminary data also found that there are significant individual differences among clinicians' ability to predict risk.

### **Conclusions**

The data indicate that risk assessment measures vary greatly in their ability to accurately predict future medication aberrant behaviors. Measures may need to have more subtlety and less obvious "right answers" to be successful in accurately predicting medication aberrant behavior, particularly in geographical areas with higher rates of opioid addiction and medication misuse. Overall, these studies offer the first comparative data of different risk measures' ability to predict medication misuse and nonadherence to a pain contract.