Screening and Recognition of Addiction in Primary Care

Collaborative Care Institute

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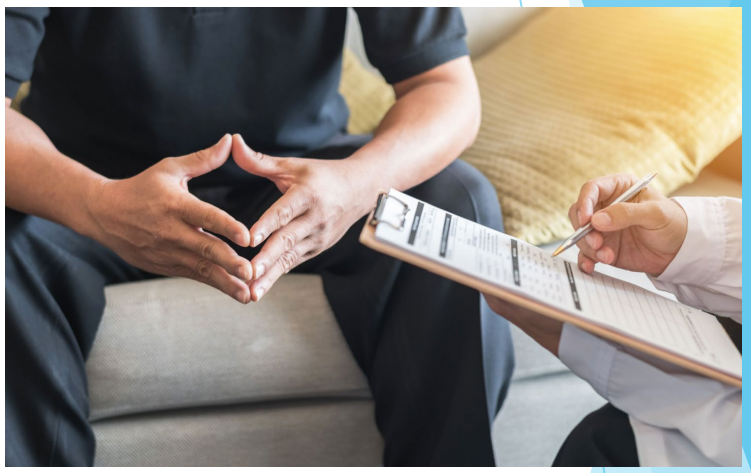
Goals of this Talk

- Encourage you to use screening tests as needed
- AND/OR use your EYES, EARS and INSTINCTS to tease out patients using substances

Effectiveness of Screening

- The effectiveness of a substance use history or any screening tool developed to detect SUD’s is 0 if they are not done.
- In my opinion, either one done carefully and thoughtfully is great
- There is no way to detect all SUD’s all the time, but each time we succeed there is the chance you will save or improve someone's life.

Screening Tools for SUD



- CAGE
- Audit
- CRAFFT
- Opioid Risk Tool (ORT)

CAGE

- Cut down
- Annoyed
- Guilty
- Eye opener

CAGE

- Valid tool for detecting alcohol misuse in medical and surgical inpatients, as well as psychiatric inpatients
- Less effective in white women, prenatal women and college students
- Sensitivity of 0.71 and Specificity 0.90
- Positive Screen followed by further evaluation

Audit Screen

- Two versions: Self report and interviewer version.
- Each is 10 questions
- Each question has 5 possible answers scored 0-4 points
- Points are added up and you are then put into a risk category

Audit Screen

- Score of 0-3 is low risk
- Score of 4-9 is risky
- Score of 10-13 is considered harmful
- Score of greater than 14 is severe

- *Correlates well with CAGE

Audit-C (concise)

- 3 Question Brief questionnaire
- 5 potential answers for each question
- Reliably identifies people with “hazardous” drinking or alcohol use disorder
- Quicker, easy to score

CRAFFT Part A
In the last 12 months have you…

- Drank any alcohol
- Smoked any marijuana (?taken edibles)
- Used anything to get high…which would include dex, keyboard dusters, meth, opioids, mushrooms, gabby's, huffed and so on…

CRAFFT Part B

- C-been in a Car with a high driver
- R-use substances to Relax
- A-use Alone
- F-Forget what you did
- F-do Family and Friend think you have a problem
- T-Have you gotten into Trouble

CRAFFT

- Reliable in adolescents
- If answers are thoughtfully discussed will likely lead to other questions and concerns
- College students may also benefit
- Being non-judgmental when discussing
- Instead of “that’s not smart” consider “does this ever feel dangerous to you”

Brief Screener for Tobacco, Alcohol, and other Drugs

- Computer driven and scored
- Easily accessible at Nida.nih.gov
- Simple and short
- Three questions
- Positive responses to use of Tobacco, Alcohol or Marijuana trigger a screen for other substances

Brief Screener for Tobacco, Alcohol, and other Drugs

- In the past year, how many days did you smoke cigarettes or use other tobacco products
- In the past year, on how many days did you have more than a few sips of beer, wine or any drink containing alcohol
- In the past year, on how many days did you use marijuana

Brief Screener for Tobacco, Alcohol, and other Drugs

- In the past year, which of the following substances have you used
- Cocaine/crack
- Heroin (should be changed to Fenanyl)
- Hallucinogens
- Inhalants
- None of the above

Can We Recognize SUD Without a Screening Tool?

- What do we see?
- What do they say?
- How do they act?
- What is there presentation/CC?

The Answer is Probably “Yes” but What are the Barriers?

- Time
- Sometimes we don’t consider SUD as we know the patient and family
- Patients often don’t disclose key history unless asked or are comfortable with the provider

The Answer is Probably “Yes” but What are the Barriers?

- Family member may be present and patient may not want to disclose issues to them
- It may seem like a difficult conversation to start
- Lack of education on addiction and substance use in general

The Answer is Probably “Yes” but What are the Barriers?

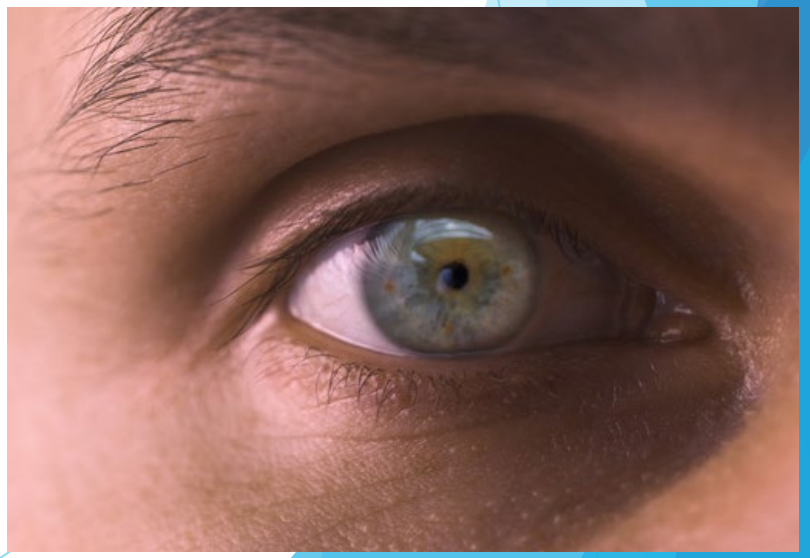
- They are a long term patient that you are afraid might be offended by your questions
- They are a friend of your family and probing questions may affect your relationship

Bonus Goals of this Talk

- Look at common presentations to primary care and what might make you think more about SUD's
- Give you some "soft" ways to ask questions that won't seem accusatory or threatening
- Give examples of patterns that may suggest an issue

What You Might See: You Notice Pinpoint Pupils

- Does presenting complaint correlate?
- How bright is it in the room, and what do your pupils look like?
- Having trouble staying awake
- Sniffing? Teeth Condition
- Appearance



What You Might See: You Notice Pinpoint Pupils

- Review of systems
- Work? Cash job?
- Weight fluctuation
- ED visits and reason
- STI's
- Branding?

Presenting Complaint: Constipation

- If pupils are pinpoint that should make you think…and guide your observation. Make it a habit to look at eyes!
- Long sleeves-it can be a clue
- Sniffing, poor dentition
- Cough-they might blame tobacco but…
- Sleepy, talking slowly or may be normal and attentive.

Presenting Complaint: Constipation

- Medications to explain issue?
- Symptom onset pretty sudden?
- Occasional diarrhea?
- What has their weight done? May need to look back over months, years
- What do they think is causing it?
- Are they taking anything they consider a supplement?

Presenting Complaint: Constipation

- Personal or family hx of SUD. This can make it easier to ask about any relapse or if they have had any issues like other family members
- Age?
- ED visits for anything substance related can also make it easier to ask about other substances.

Presenting Complaint: Gastroenteritis

- 22 y/o female presents to ED with abdominal pain, loose stools, vomiting and tachycardia. She is given fluids, and abd CT is done and is normal. Lab normal except elevated BUN. She was given Hydromorphone prior to CT and is feeling much better…and is discharged to home

Presenting Complaint: Gastroenteritis

- She was never asked about substance use, and did not volunteer other info.
- She had run out of money and was in withdrawal from heroin
- After the hydromorphone her symptoms resolved, so she went home and continued to use for a few more months

Presenting Complaint: Gastroenteritis

- Pupils? Were likely dilated as she was in withdrawal, and easily noted
- Is she irritable
- Other signs of use as mentioned with constipation including, injection sites, sniffing, coughing
- If lab testing done including urine drug screen, may be helpful

Presenting Complaint: Gastroenteritis

- Again, review the chart for previous ED visits with similar story
- Family and Personal history of SUD
- MH history may also be helpful
- Did patient recently stop a supplement?
- Weight loss over time

Presenting Complaint: Injuries

- Is it a pattern? Falling down stairs, tripping, facial injuries
- Frequent ED visits?
- Medications that might affect balance
- Alcohol may be obvious, but if not consider other substances

Presenting Complaint: Injuries

- Pupils important again especially if dilated
- Is the patient talkative or quiet
- How did the patient get to your office
- How is their motor function?

Presenting Complaint: Injuries

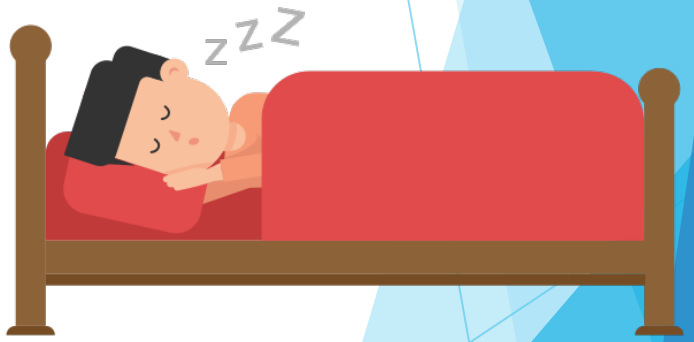
- Benzo's are a common cause of falls as people age, especially if combined with opioids
- Benzo's are a common medication diverted and used by younger adults
- Benzo's are frequently overused
- Designer Benzo's are easy to get

Presenting Complaint: Injuries

- If you suspect a patient is under the influence of a Benzo or you have proof from a urine sample, the main concern is are they safe to leave your office

Presenting Complaint: Sleep issues

- A very good sleep history is important
- Does the patient have a history of an SUD in the past?
- What does their partner say?
- There are many legal and illicit substances that affect sleep
- What medications are they on?



Presenting Complaint: Sleep issues-Clues

- Pulse
- Pupils-Yep always look
- HTN?
- Weight loss/Weight gain
- Does the chart give any clues-Jail Med, or ED visits for OD or toxicity
- MH issues or concerns especially paranoia, psychotic presentations in the past

Presenting Complaint: Sleep issues-Things to Consider

- Marijuana is associated with poor REM sleep
- ETOH in the evening may cause poor REM sleep
- Meth is associated with poor sleep or no sleep during binges
- Opioid cause central sleep apnea and may cause significant impairment during the day
- Withdrawal syndromes effect sleep differently depending on the drug

Take a Careful SU History if You See This in the Chart…

- PTSD
- Sexual Assaults
- Childhood Adverse Events
- Family History of SUD's
- Gastric Bypass
- Previous history of any SUD
- Job history of long term construction work, restaurant work (highest risk)

Take a Careful SU History if You See This in the Chart…

- Significant MH concerns especially Schizophrenia, Bipolar Disorders or History of Suicidality
- Chronic pain
- Extensive surgeries
- PDMP with many prescribers

Hypertension: When to Think SUD

- Age
- Significant weight changes
- High risk jobs for SUD
- Tachycardia
- Pupils helpful?
- Poor response to medications
- Chronic cough?

Hypertension: When to Think SUD Stimulants or ETOH?

- Cocaine and Alcohol are frequently used together
- Alcohol patients may more often gain weight, but are actually malnourished
- Methamphetamine users generally lose weight and can maintain employment, it is like their morning coffee
- Cocaine is less common, and from a cost standpoint is more expensive

Anxiety
What might suggest SUD?

- Unable to sleep or stay asleep
- Weight loss or weight gain
- Paranoia or other unusual things like auditory hallucinations
- May admit to MJ as the only thing that helps them fall asleep
- May be on medications that are not helping because of substance use

Anxiety
What questions might be helpful

- Do you use MJ products, and what effect does it have
- Have you ever used any medication that a friend or a family member had that helped? And then maybe ask if they have bought any medication on the street that helped or worsened?
- What affect does alcohol have on your anxiety?

Anxiety
Things to Consider

- Sometimes the question is not if something they are taking is causing anxiety, but what are they taking illicitly to help the anxiety they think they have
- Substance holiday may be the only way to know for sure. For instance, stopping MJ for 30 days will help us evaluate whether it was worsening anxiety and sleep issues
- In general people feel that substances they are using help them in some way so attempts to convince them otherwise may be difficult

Anxiety
Things to Consider

- Sometimes patients will be taking things for their anxiety that they are buying off the internet or on the street. A urine test may be the only way to have any idea what they are getting
- Common substance easily obtained include Kratom, phenibut, xylazine, poppy seeds, and designer benzodiazepines.
- Be aware that a majority of x-bars (alprazolam) are really fentanyl, so urine testing is the smart thing to do if they say they are buying a Benzo on the street.

The Patient on Chronic Opioids Things to consider

- Alcohol use is common in patients on chronic opioids…ask
- When they present for refill visit look at their pupils
- Pay close attention to early refills, lost pills
- Older adults often sell pills to improve finances, many of my addiction patients buy them from older people who have a prescription. UA's and pill counts help decrease this issue

The Patient on Chronic Opioids Recognize OUD and Misuse

- ED visits at the end of the month for "gastroenteritis"
- Weight loss
- Jail stay
- Pain uncontrolled
- Patient with history of previous history of another SUD are the highest risk

The Patient on Chronic Opioids Management

- Consider occasional random ua's the longer they are on Opioids, OUD risk increases with time
- If you find clear evidence of OUD, have a frank conversation and don't "cut off medication"
- Be aware this is a common issue and my clinic has taken on many of these cases and transferred to Buprenorphine if clear evidence of chronic pain

Summary

- Both Substance use history and screening tool are important to patient care
- Often our observations can be critical to recognizing a patient struggling with substance use
- Make sure the patient understands your concern is their health and safety
- Most importantly avoid judgmental or stigmatized statements

Questions?

- Join Wednesday SOAR Addiction ECHO every week at 12:15-1:15
  - Weekly education on topics related to addiction and substance use
  - One ***FREE*** hour of CME weekly
- Contact kstangl@stratishealth.org for more information

- Contact me for any question or help Kurt.devine@centracare.com
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