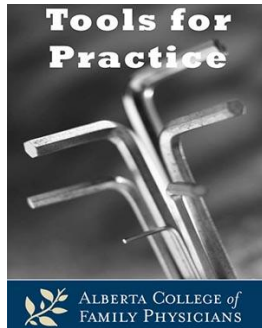


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Does this patient taking prescription opioids have opioid use disorder?

Clinical Question: What is the best tool to help identify patients with prescription opioid use disorder?

Bottom Line: Despite over 50 studies in the literature, only two have compared case-finding tools to the Diagnostic and Screening Manual for Mental Disorders (DSM), the most commonly used diagnostic criteria for patients with opioid use disorder (OUD). A single, small study demonstrates that the Prescription Opioid Misuse Index (POMI), a 6-point questionnaire with strong predictive ability for OUD, may be a reasonable case-finding tool.

Evidence:

- 14 systematic reviews, 6-50 studies, 16 different tools, and 23 different diagnostic criteria.¹⁻¹⁴ Without clear diagnostic gold standard for OUD in the literature, we focused on studies comparing screening tools to DSM IV/5 criteria: POMI and COMM (Current Opioid Misuse Measure).^{15,16}
 - POMI, 6-question clinician-administered checklist, ≥ 2 points indicates potential OUD (Appendix).¹⁵
 - One cohort study (74 patients prescribed oxycodone for pain):
 - Area-Under-the-Curve (AUC)=0.89 (high predictive ability).
 - By comparison, AUC for most cardiovascular calculators= $\sim 0.75-0.80$ (closer to 1.0 is best).¹⁷
 - Positive Likelihood Ratio=10.3 (large help ruling-in):
 - Specificity=0.92.
 - Negative Likelihood Ratio=0.20 (moderate help ruling-out):
 - Sensitivity=0.82.
 - COMM is a 40-point scale with 17 questions, greater or equal to 13-points suggest potential OUD:¹⁶
 - One cohort study (238 patients prescribed an opioid in ≤ 12 months):
 - AUC=0.84.
 - Positive Likelihood Ratio: 3.35 (small help ruling-in):
 - Specificity=0.77.
 - Negative Likelihood Ratio: 0.30 (small-moderate help ruling-out):

- Sensitivity=0.77.
- Length of the tool could limit practical application.
- Limitations: One small validation study for each tool.
- Other tools were long (examples SOAPP/SOAPP-R),^{18,19} had weak predictive ability (example PDUQp),^{20,21} or were not studied in an OUD population (CAGE-AID).²²

Context:

- Recent Canadian guidelines reference DSM-5 criteria for diagnosis of OUD.²³⁻²⁵
- DSM IV/5 criteria for OUD may be met by patients with chronic pain on opioids (with tolerance, withdrawal, unsuccessful efforts to cut down) but do not misuse the medication. We likely lack a true diagnostic standard for OUD in these patients.²⁶
- There is no evidence to support a population-wide screening program. Case-finding in patients using prescription opioids with POMI may help management.

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Disclosure:

Authors do not have any conflicts of interest to declare.

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Appendix:

Prescription Opioid Misuse Index (POMI)

(From Knisely. Journal of Substance Abuse Treatment. 2008 Dec;35(4):380-6. [Appendix 1])

Two (2) Yes answers indicates a positive screen (possible diagnosis of Opioid Use Disorder)

	Question	Yes	No
1	Do you ever use more of your medication, that is, take a higher dose, than is prescribed for you?		
2	Do you ever use your medication more often, that is, shorten the time between doses, than is prescribed for you?		
3	Do you ever need early refills for your pain medication?		
4	Do you ever feel high or get a buzz after using your pain medication?		
5	Do you ever take your pain medication because you are upset, using the medication to relieve or cope with problems other than pain?		
6	Have you ever gone to multiple physicians, including emergency room doctors, seeking more of your pain medication?		

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