Monitoring Patient Progress
Why Monitor in Clinical Practice?

- To determine whether your intervention/treatment plan is producing improvement
- To adjust the treatment plan for:
  - Patient variability
  - Increased/maximized efficacy
- To identify side effects/toxicity
- To stop or substantially change the treatment if it is producing harm
Discuss the risks of opioid medications.

Discuss agreements, pill counts, drug tests, etc., as ways to protect the patient from harm (statin—LFTs monitoring analogy).

Use a consistent approach, but set the level of monitoring to match the patient’s level of risk.
Monitor When Initiating Treatment

- Identify a clear diagnosis.
- Document an adequate workup.
- Ensure that nonopioid therapy failed or is not appropriate (treatment rationale).
- Identify the anticipated outcome (treatment goal).
- Use an Informed Consent Form.
- Consult (possibly) with a physician who is expert in the organ system or disorder involved.
Ask the Patient to Demonstrate Progress

- Bring in family members
- Show a gym membership card
- Describe an exercise program
- Show that he/she is obtaining needed support
Monitor for Functional Improvement

- Analgesia: pain level 0–10 but subjective
- Affect: Beck Depression Inventory, Zung, Hamilton Depression Rating Scale
- Activity level: Pain Disability Index, Oswestry
- Adverse effects: cognition, alertness, depression
- Aberrant behaviors: multisourcing, lost drugs

If not effective, change or STOP
Monitor for Side Effects

**Short-term side effects:**
- CNS: euphoria, anxiety, miosis, sedation
- Respiratory: respiratory depression and overdose
- CV: hypotension, edema
- GI: anorexia, vomiting

**Long-term side effects:**
- Sleep disturbance, including obstructive sleep apnea
- Decreased testosterone, libido
- QTc prolongation
- Constipation
- Urinary retention
- Sweating
- Depression and other psychiatric comorbidities
Monitor for Misuse—Universal Precautions²

- Make a diagnosis with an appropriate differential.
- Conduct a patient assessment, including risk for substance use disorders.
- Discuss the proposed treatment plan with the patient and obtain informed consent.
- Have a written treatment agreement that sets forth the expectations and obligations of both the patient and the treating physician.
- Initiate an appropriate trial of opioid therapy, with or without adjunctive medications.
- Perform regular assessments of pain and function.
Reassess the patient’s pain score and level of function.

Regularly evaluate the patient in terms of the “5 A’s.”
- Analgesia
- Activity
- Adverse effects
- Aberrant behaviors
- Affect

Periodically review the pain diagnosis and any comorbid conditions, including substance use disorders, and adjust the treatment regimen accordingly.

Keep careful and complete records of the initial evaluation and each followup visit.
Keys to Patient Acceptance of Universal Precautions

- Conduct a biopsychosocial assessment of the patient.
- Discuss symptoms and history in a nonjudgmental way.
- Reduce the patient’s fear or anxiety level.
Use of Urine Toxicology as Part of Patient Monitoring

- Urine should contain the prescribed drug(s).
  - If not, the patient may be diverting or providing a fake sample to cover other substances.
  - Know what your urine drug screen is capable of detecting.

- Urine should be free of nonprescribed substances.
  - If test results detect illicit or other drug misuse, results should be discussed with the patient in a supportive fashion, and the discussion and treatment interventions should be documented in the medical record.²
Urine Toxicology in Monitoring

- Test for what you are seeking.
  - Immunoassays typically miss synthetics and semisynthetics—**SO ASK FOR THEM!**
  - GC/MS detects these but is expensive.
  - You may need to specify the compounds sought (e.g., methadone).

- Use “therapeutic drug monitoring” codes.
  - Treat the test clinically like a Digoxin or aminophylline level.
Urine Toxicology in Monitoring continued

- Testing should be random.
- Testing should be routine AND “for cause.”
  - Open to biases (e.g., disproportionate testing of minorities)
  - Misses 50 percent of those using unprescribed or illicit drugs
- Excellent review of urine drug testing available in online monograph
Opioid Risk Monitoring: COMM™
Current Opioid Misuse Measure

- A patient self-administered, validated questionnaire
- Seventeen items, takes about 10 minutes to complete
- It is helpful in deciding on level of monitoring
- It is NOT a lie detector!
- Key elements: oversedation, consequences of overuse, multiple prescribers, medication misuse, active mental health issues, compulsive use, obtaining meds from someone else, loss of control

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Practical Advice: How Not to Go Broke Obeying the Rules

- Practitioners may find the requirements for monitoring and documenting onerous.

- Potential unfortunate responses:
  - Ignore the rules
  - Stop providing the service

- Option:
  - You can use quick forms that patients can complete while waiting in less than 5 minutes.
  - You can review the forms and enter them in the chart in less than 1 minute.
Use a Systems Approach

- Engage the office staff in monitoring.
  - Have the receptionist:
    - Document the patient’s followup with lab testing.
    - Verify that lab results have been received.
    - Determine whether patients have followed through with physical therapy, consultations, etc.
    - Track the frequency of followup office visits.

- Have the nursing staff monitor prescription refills and other clinical information.
Summary: Use a Monitoring Strategy When Prescribing Opioids

- Document functional improvement.
- Titrate opioids to improved function.
- Monitor medications (pill counts).
- Use urine testing as indicated.
- Document monitoring results.
- Adjust the treatment plan as needed.
References


2Federation of State Medical Boards (July 2013). Model policy on the use of opioid analgesics in the treatment of chronic pain. Euless, TX: Author.
