

Assessment of Psychiatrists' Practice Patterns for the Recognition and Management of Opioid Use Disorder

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BACKGROUND

Prescription opioid abuse and addiction have become a serious problem in the United States, with potential consequences of transition to heroin use, overdose, and/or death.¹

The 2015 National Survey on Drug Use and Health revealed that about 591,000 people aged 12 or older have a heroin use disorder.² Despite the severity of the problem, the majority of patients with opioid use disorder (OUD) do not receive treatment, and clinicians lack confidence in screening for OUD.^{3,4} The goal of this study was to identify and define the precise nature of gaps in knowledge and competence of psychiatrists regarding the evidence-based diagnosis and management of OUD.

METHODS

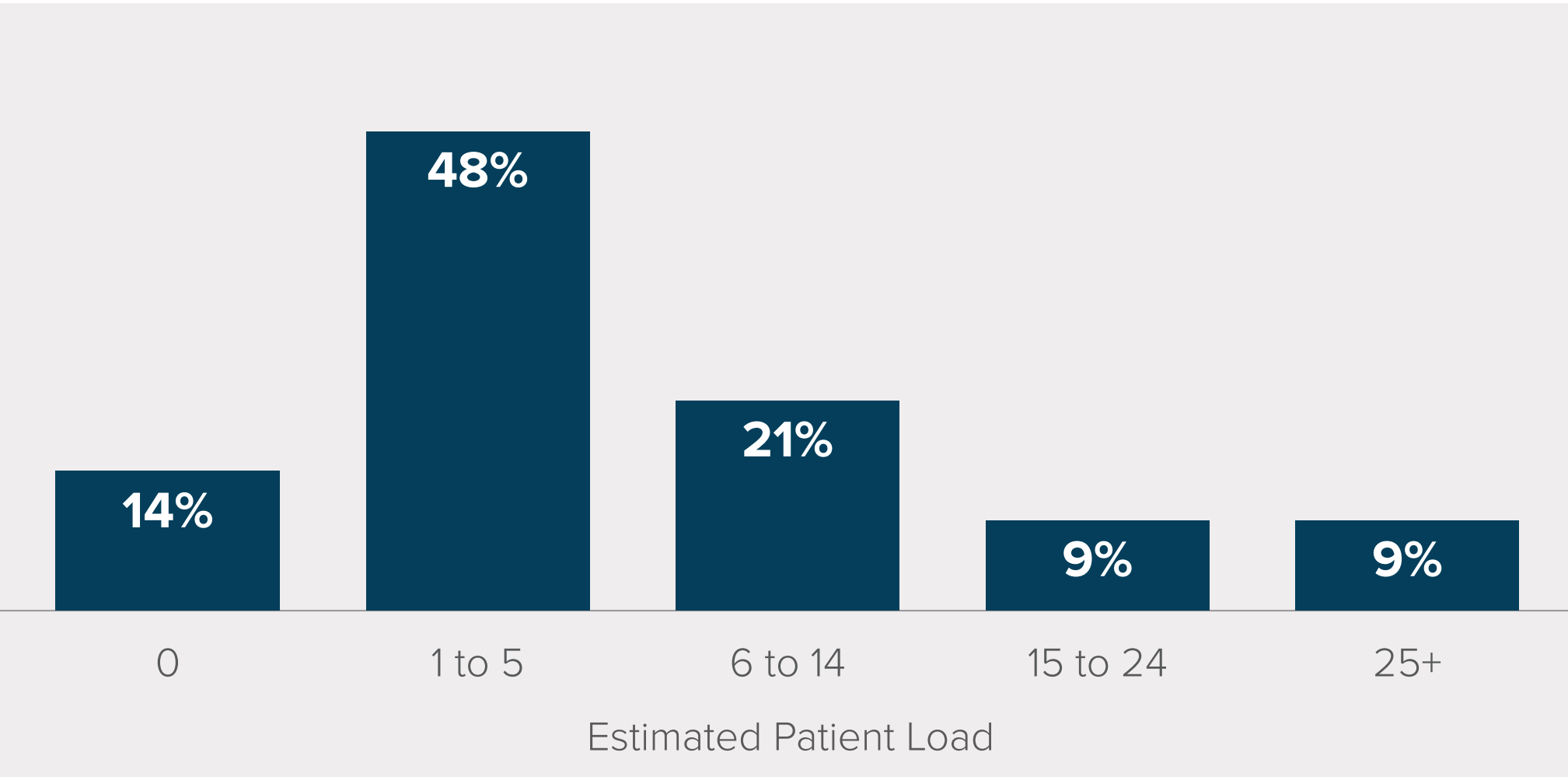
A 25-question, multiple-choice survey was administered to determine baseline approaches to clinical practice related to the awareness, diagnosis, and current management strategies for the care of patients with OUD:

- The survey questions measured knowledge, skills, attitudes, and competence of psychiatrists
- The survey, housed on Medscape Education, was made available to healthcare providers without monetary compensation or charge⁵
- The survey launched as a continuing medical education (CME)-certified activity on June 23, 2016 with data collected through August 2, 2016
- Confidentiality was maintained and responses were de-identified and aggregated prior to analyses

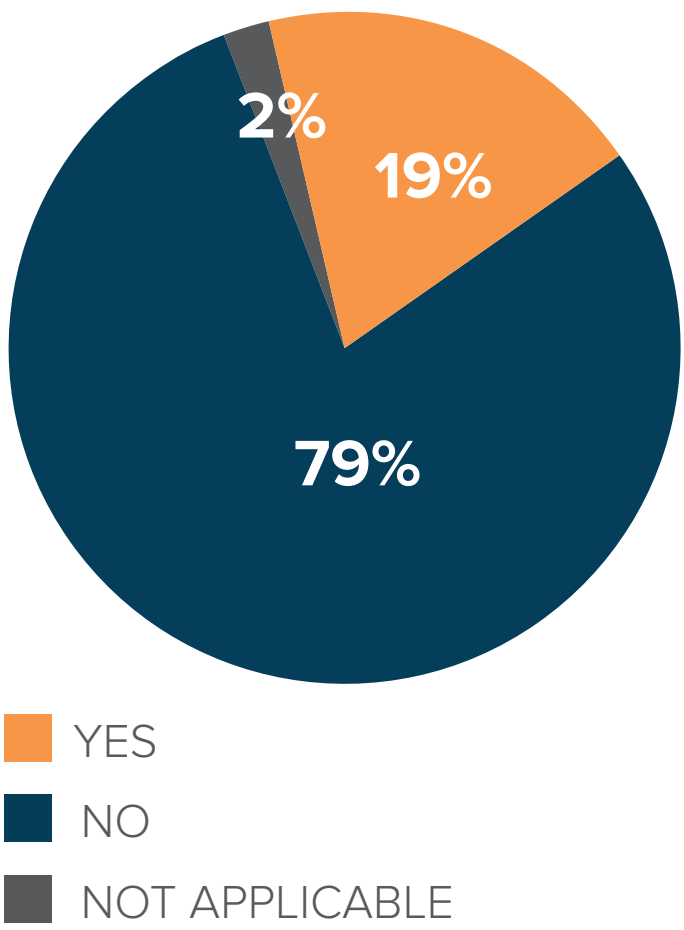
RESULTS

1 DEMOGRAPHICS

How many patients do you see each week who have (or whom you suspect may have) an opioid abuse disorder?

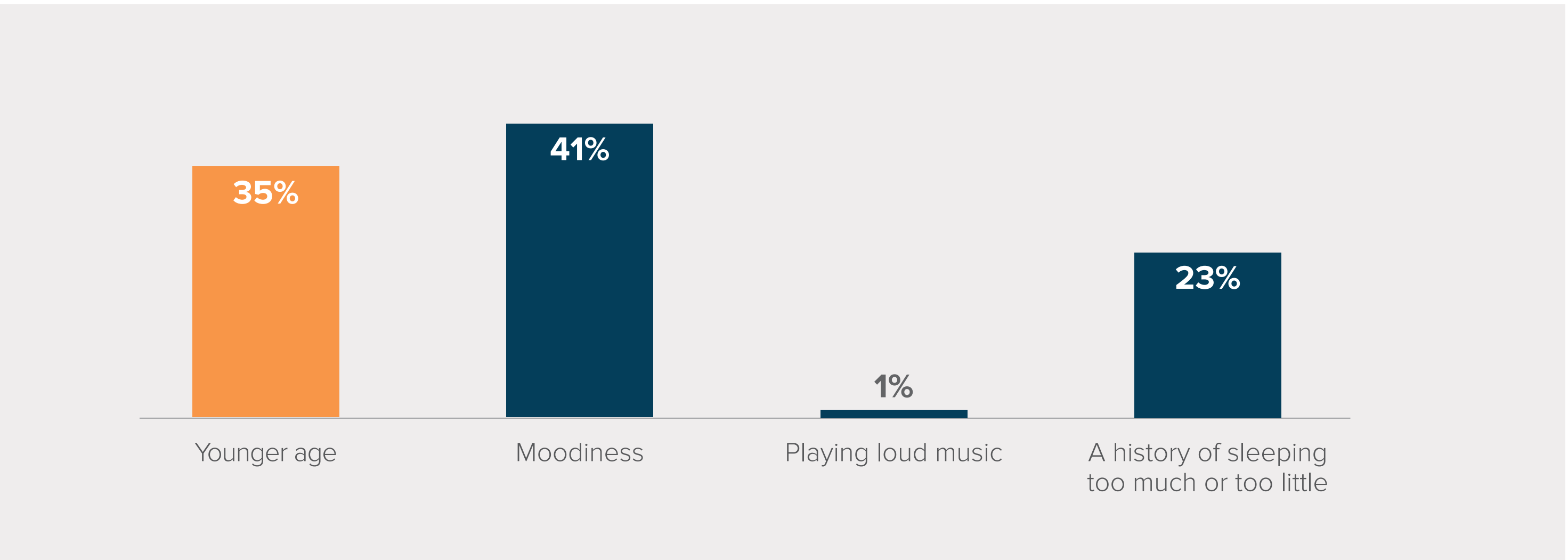


Are you an addiction medicine specialist?



2 RISK FOR OUD

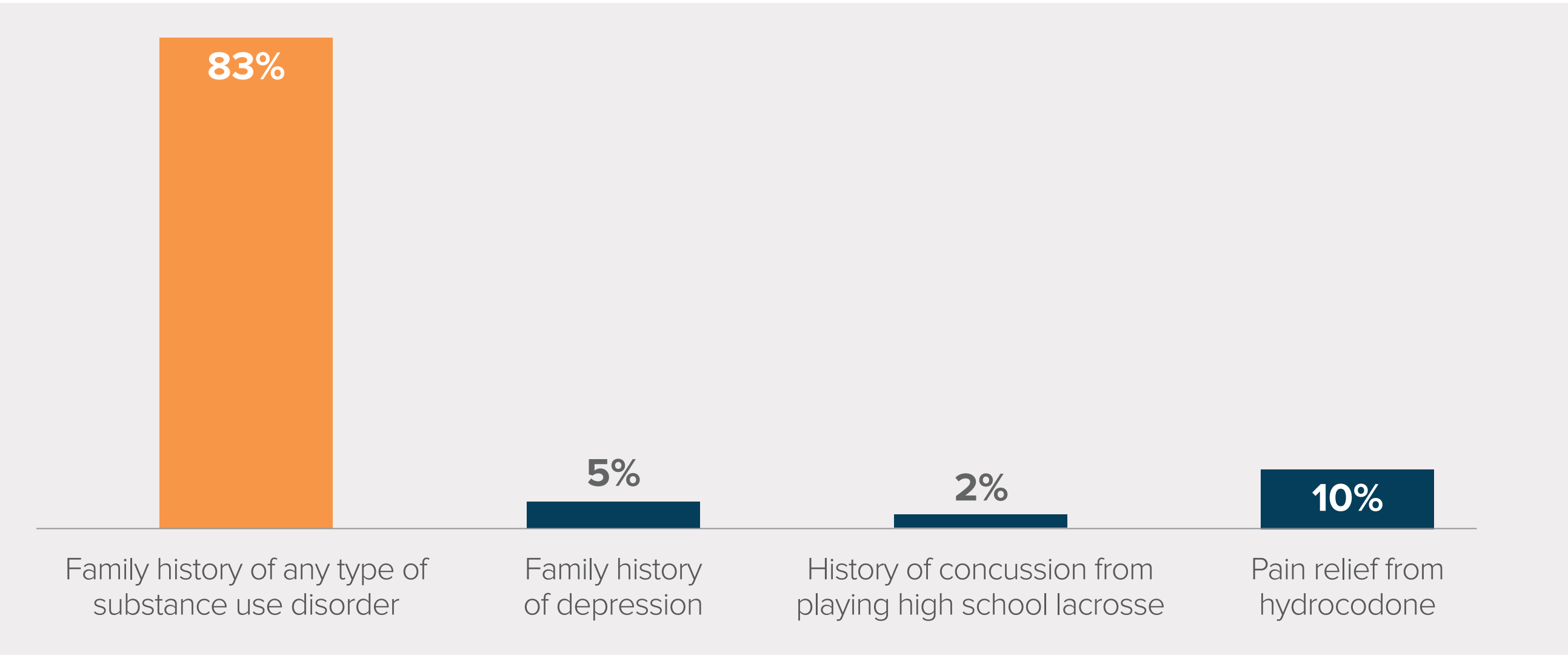
In individuals who do not have a pain disorder, which of the following factors has been associated with an increased risk of OUD? (Orange bar, correct answer)



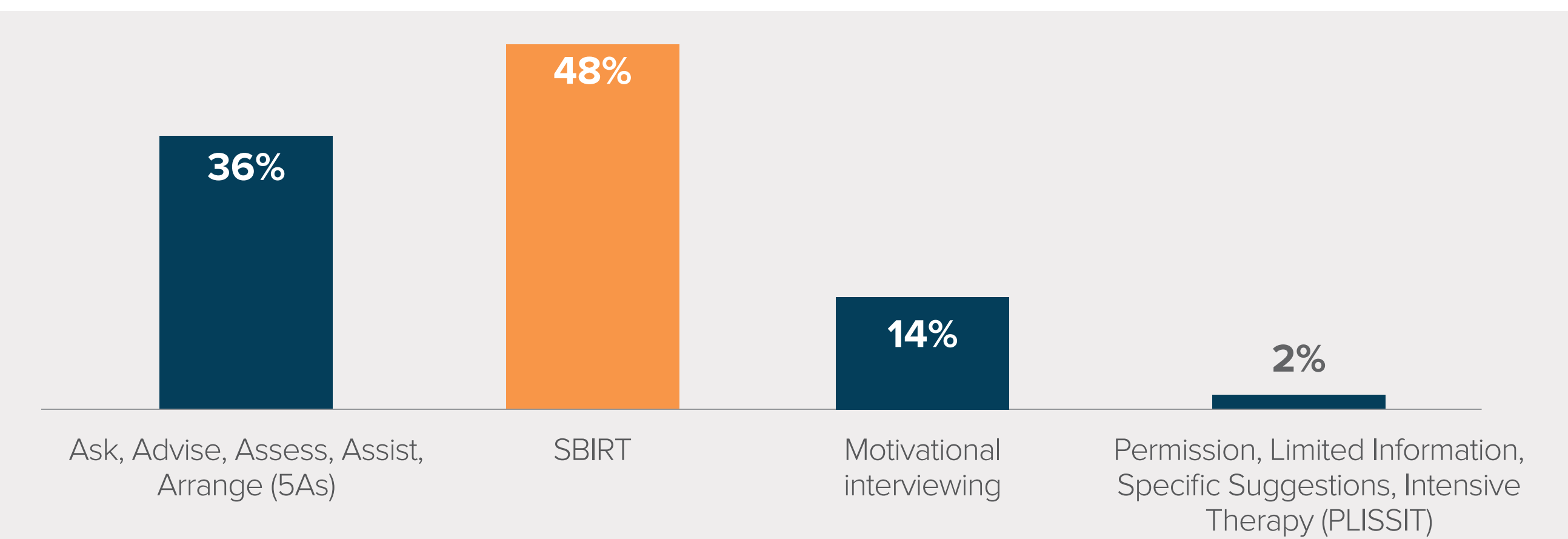
3 SCREENING AND DIAGNOSIS

How confident are you in performing Screening, Brief Intervention, and Referral to Treatment (SBIRT)?

Marc is a 23-year-old man recovering from a compound fracture of his left leg from snowboarding. He was initially prescribed hydrocodone for the pain. His leg has healed and he has completed his physical therapy; however, he is still taking the pain medications and is requesting more. Which of the following factors is most predictive that this patient should undergo additional screening for possible OUD? (Orange bar, correct answer)



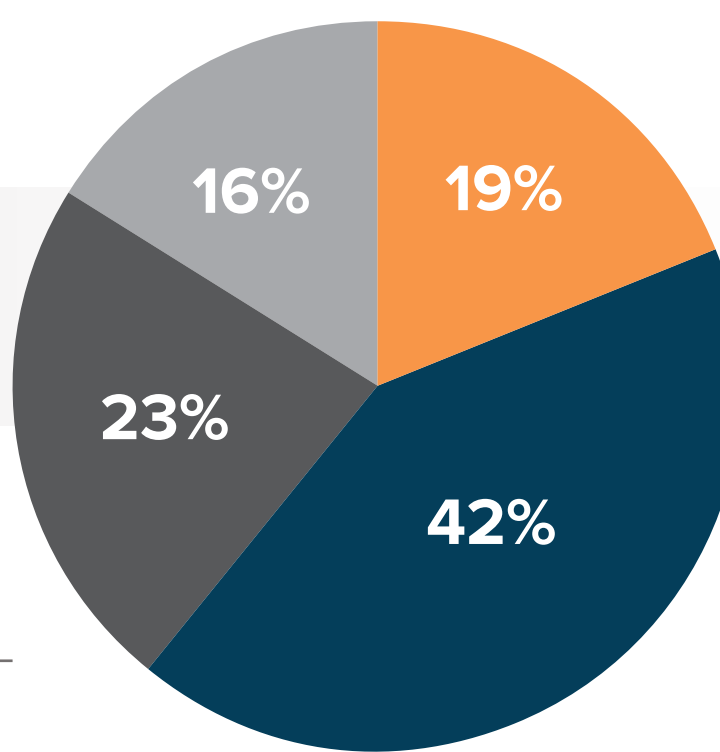
Which of the following tools would you use to identify problematic substance use in Marc? (Orange bar, correct answer)



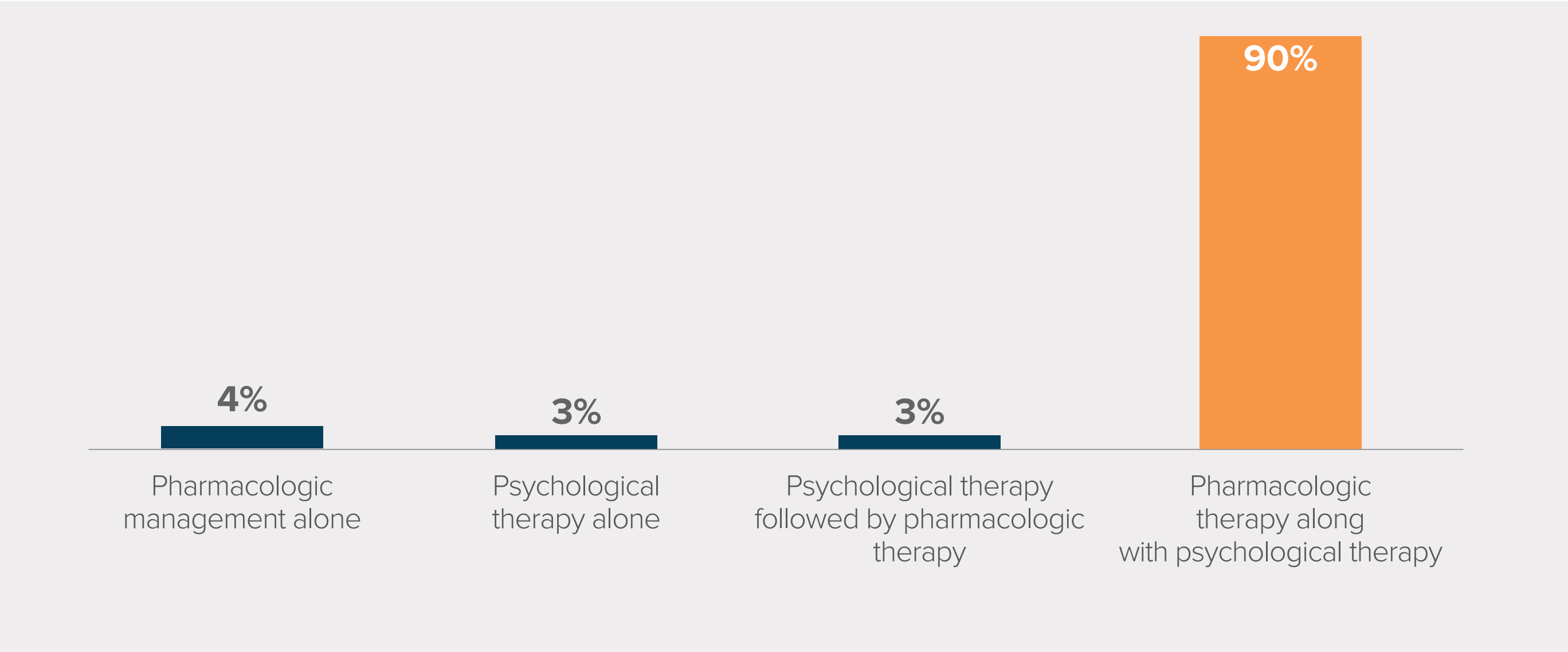
4 TREATMENT OF OUD: GENERAL

How confident are you in treating a patient with an OUD?

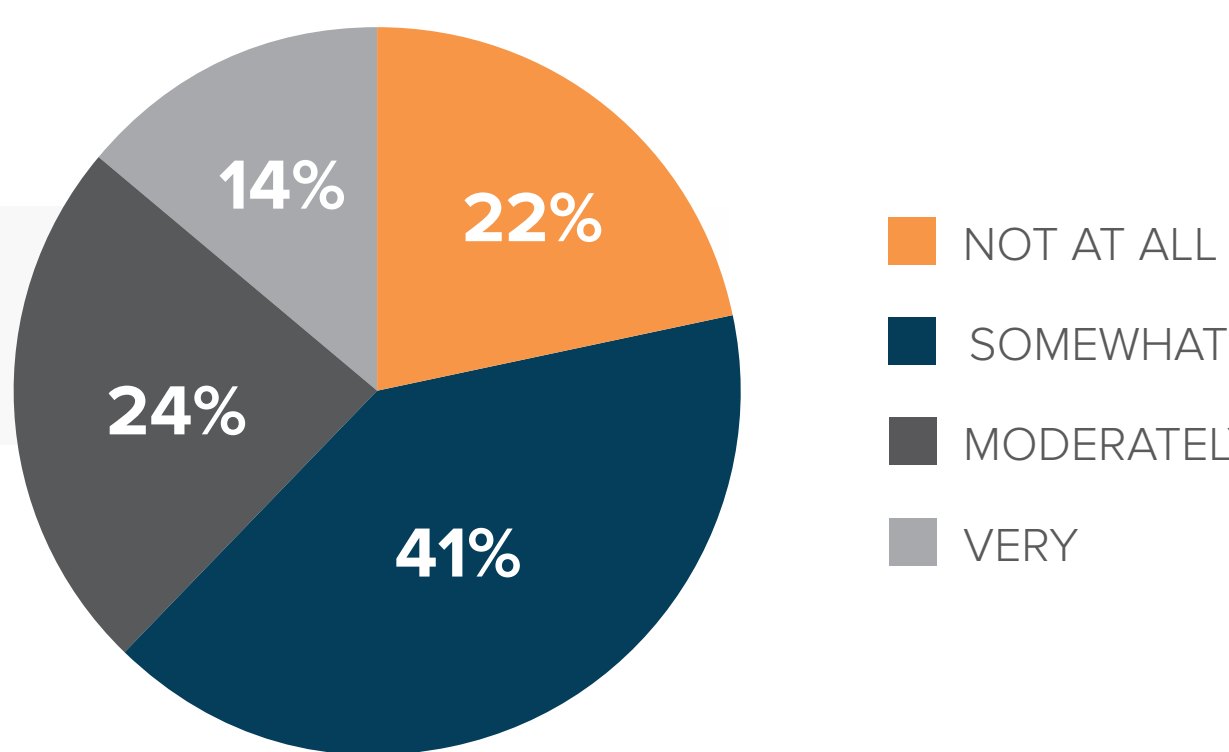
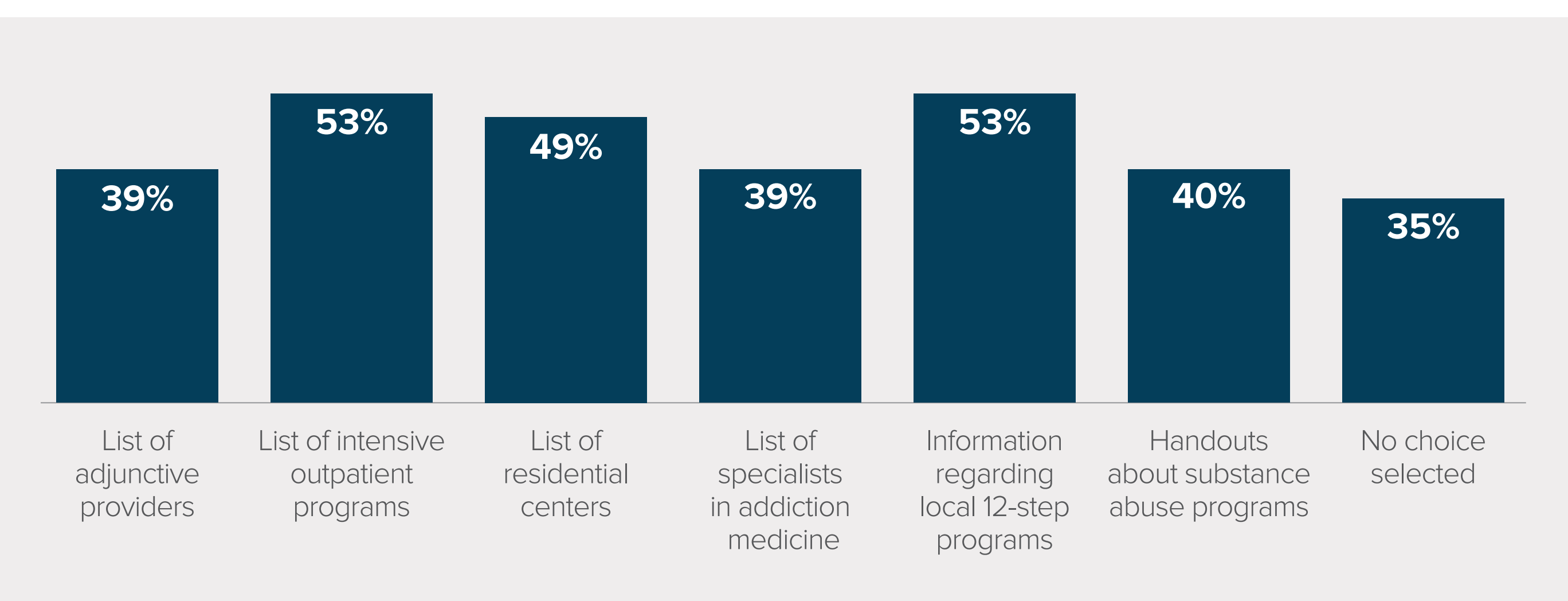
NOT AT ALL SOMEWHAT MODERATELY VERY



Which of the following approaches has been found to be most effective in managing OUDs?

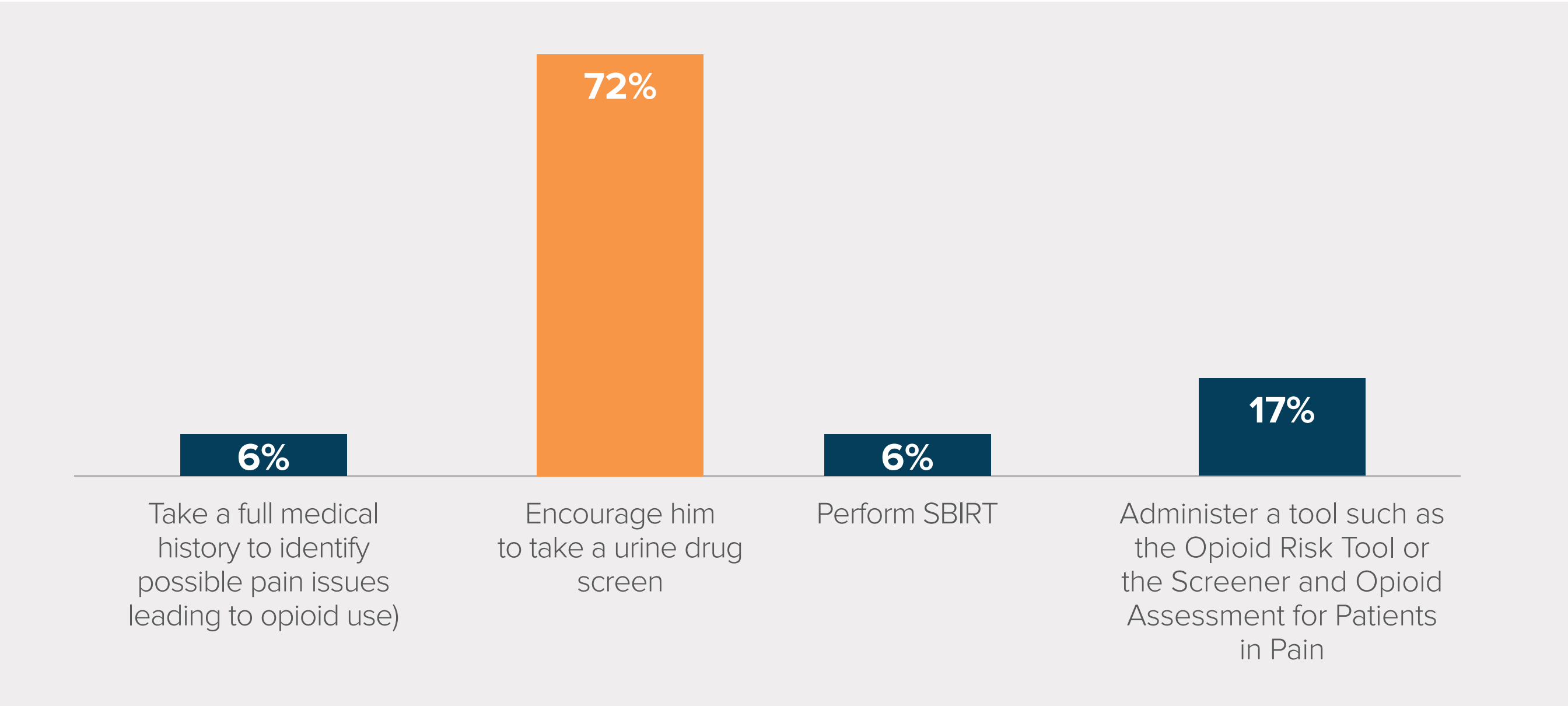


Which of these (physician) supports do you have in place? (check all that apply)



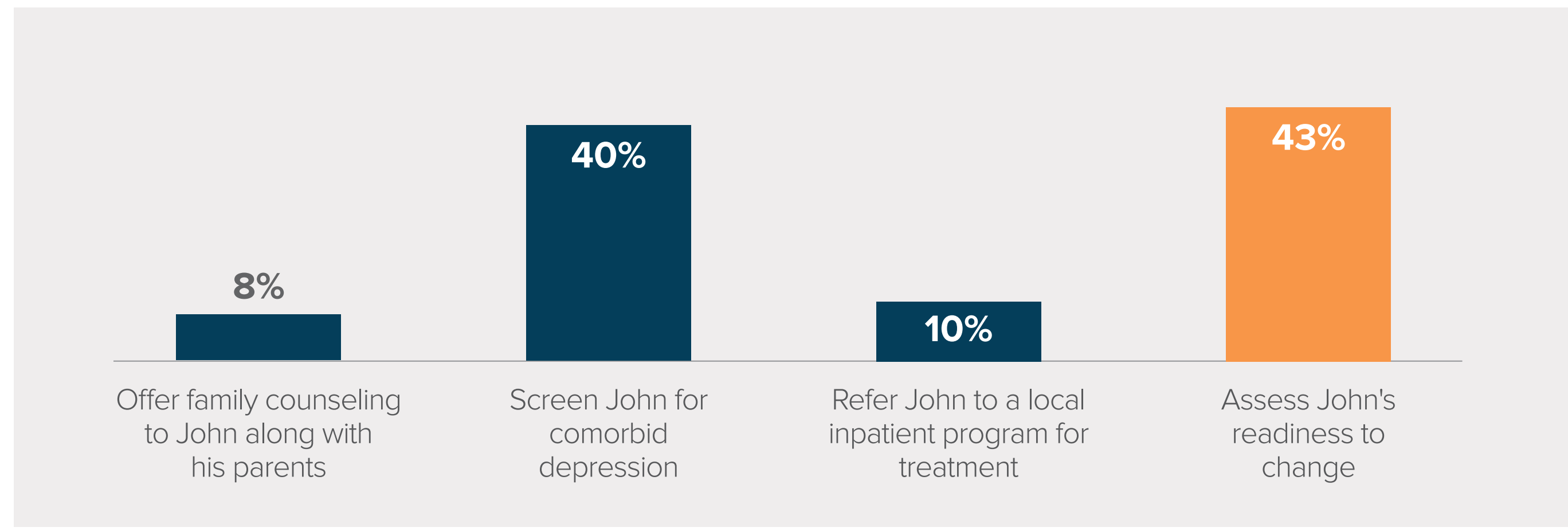
John, a 20-year-old college student, is brought in to see you by his parents. He attends the local community college and lived in an apartment near campus for his sophomore year but moved back home for the summer. He moved his bedroom from the second floor to the basement and spends most of his time there listening to loud music. He is increasingly moody and seems to have few friends, and the friends who come over are a new group of people who his parents dislike. He has a history of marijuana use in high school. He has lost some weight, has no motivation, and is unable to get out of bed some days. He has occasionally fallen asleep at the dinner table. He denies using drugs or having any problems, and he says he's just "going through a phase." However, his mom noticed that her hydrocodone pills (from a recent surgery) were missing, which led to this appointment with you.

How might you determine whether John is consuming opioids? (Orange bar, correct answer)



5 TREATMENT OF OUD: NONPHARMACOLOGIC THERAPIES

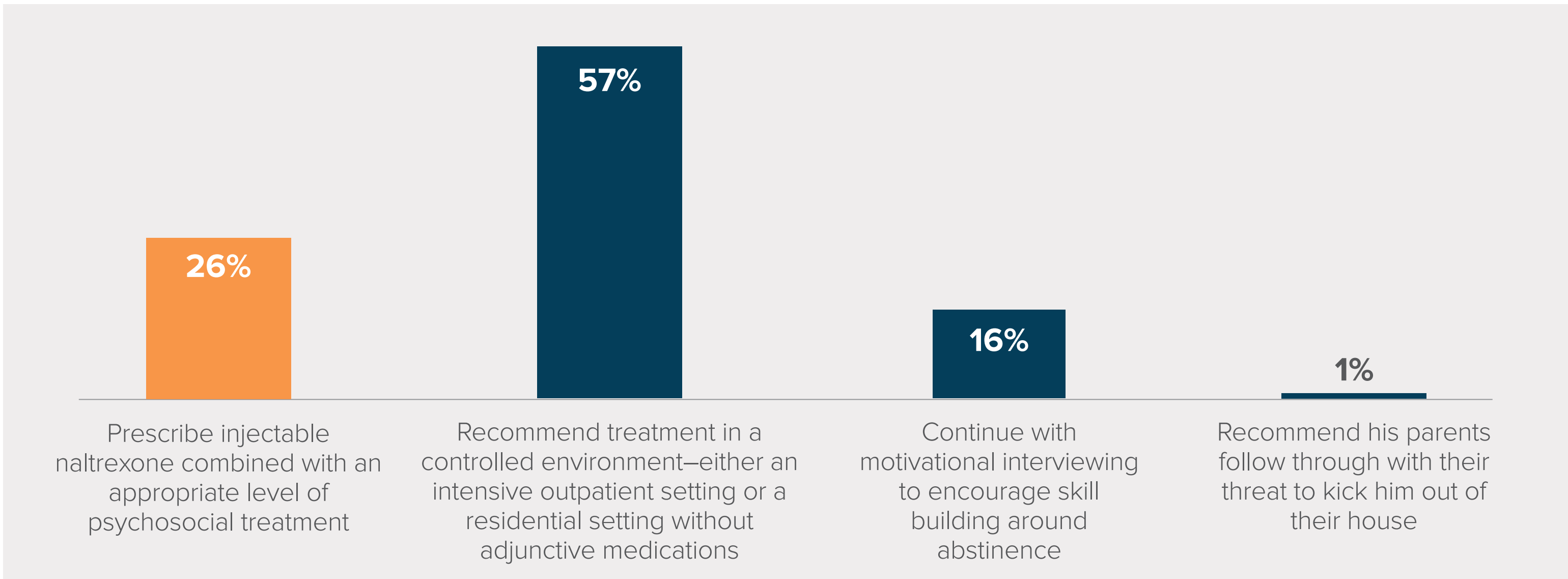
You ask John to provide a urine drug screen, at which point he acknowledges misusing prescription opiates, saying that "it numbs him from his life." He then admits his drug use to his parents and seems almost relieved for everyone to know. What is your next step? (Orange bar, correct answer)



6 TREATMENT OF OUD: PHARMACOLOGIC THERAPIES

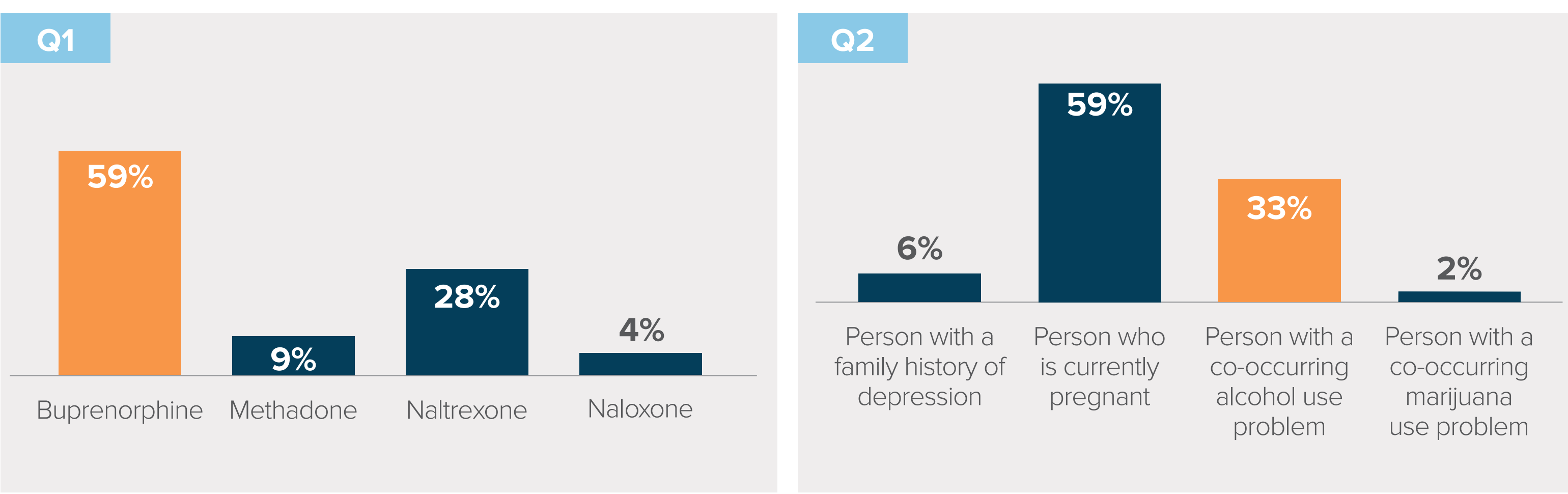
Isaac, 26 years old, completed community college but can't hold a job. He recently moved back home with his parents. He has recently gained weight and has changed his group of friends. His parents suspect that he has begun using drugs again, but he continues to deny it. When a few higher-cost items went missing from his parents' house (a television, a snowboard, and some of mom's jewelry), the parents issued him an ultimatum: either get help or get out.

You provide motivational interviewing for 6 sessions but do not see sufficient change. Isaac says he wants to get better, but despite being able to stop using opioids for several weeks, he cannot commit to sustained abstinence at this time. What would you do to take the treatment to the next level of care? (Orange bar, correct answer)



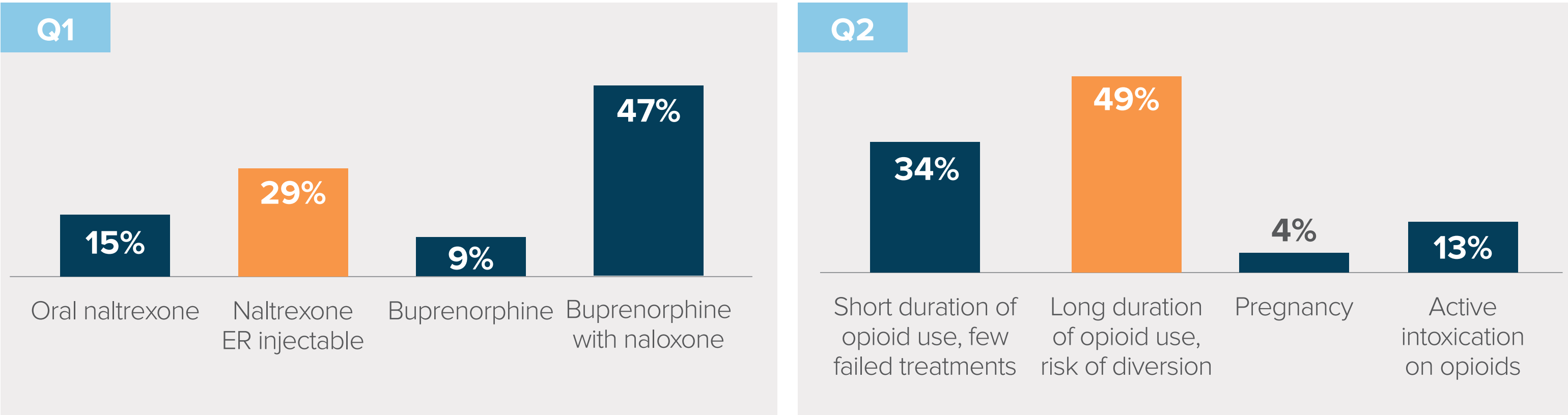
Carla, aged 19 years, has made an emergency appointment with you after her boyfriend almost dies of an opioid overdose. She admits that she recently began using heroin with him, and his overdose terrified her. Her urine drug screen is positive for heroin and marijuana. She meets the criteria for opioid addiction. She wants your help to stop using.

Q1: Which of the following pharmacologic agents might you prescribe right away? (Q1 Orange bar, correct answer)
Q2: Which of the following patients diagnosed with OUD would not be an appropriate candidate for treatment with buprenorphine? (Q2 Orange bar, correct answer)



Joanne is a 23-year-old woman who was date-raped during her junior year of college. Shortly after the incident she began abusing alcohol but has since become addicted to opioids. She has completed a withdrawal program with medical supervision.

Q1: In addition to psychotherapy, what medication would be most appropriate for managing her opioid addiction? (Q1 Orange bar, correct answer)
Q2: Which factors suggest the use of buprenorphine with naloxone? (Q2 Orange bar, correct answer)



CONCLUSION

This educational research yielded important insights into clinical practice gaps of psychiatrists regarding the identification and management of OUD. Major gaps were revealed in the following areas: risk factors, clinical use of SBIRT, appropriate use of urine drug screening, use of counseling approaches, and the differences between pharmacotherapies used for the care of patients with OUD. Educational interventions specifically designed to address these gaps are recommended.

ACKNOWLEDGEMENTS

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