

Diagnosing Opioid Use Disorder (OUD)

OUD is problematic opioid use that leads to clinically significant impairment or distress.¹

It is marked by at least TWO of the following over the past 12 months:

- using opioids at higher doses or longer than prescribed
- unsuccessful attempts to control or reduce use
- significant time lost obtaining, consuming, or recovering from opioids
- craving for opioids
- failure to fulfill obligations because of opioid use
- persistent social or interpersonal problems caused by opioids
- opioid use displaces social, work, or recreational activities
- opioid use creates hazardous situations (e.g., while driving)
- use continues despite physical or psychological problems caused or worsened by opioids
- tolerance: a reduced effect of the drug despite increasing dosages (in patients taking opioids other than as prescribed)
- withdrawal (in patients taking opioids other than as prescribed)

The severity of OUD is defined by the number of these criteria that are present: mild: 2-3; moderate: 4-5; severe: 6 or more

Visit AlosaHealth.org/OUD for more information and resources.

(1) *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Association;2013.
(2) Substance Abuse and Mental Health Services Administration. *Medications for opioid use disorder. Treatment Improvement Protocol (TIP) Series 63, Full Document*. Rockville, MD: Substance Abuse and Mental Health Services Administration;2018. (3) McNeely J, Wu L, Subramaniam G, Sharma G, Cathers LA, Svikis D, et al. Performance of the Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool for Substance Use Screening in Primary Care Patients. *Ann Intern Med*. 2016;165:690-699.



Pharmaceutical Assistance
Contract for the Elderly

Balanced information for better care

These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition. This material is provided by Alosa Health, a nonprofit organization which is not affiliated with any pharmaceutical company. This material is supported by the PACE Program of the Pennsylvania Department of Aging and by the Pennsylvania Department of Health, through funding from the Centers for Disease Control and Prevention. An earlier version of this material was made possible by an unrestricted educational grant from Aetna. Copyright 2019 by Alosa Health. All rights reserved.

Identifying patients with problematic opioid use¹⁻³

Screening

- **Ask** all patients about substance misuse at least annually: “In the past year, have you used alcohol, tobacco products, prescription drugs for non-medical reasons, and/or illegal drugs?”
If the answer is “Yes” for drug use:
 - Ask about the drug being misused.
 - Use a standardized tool to screen patients reporting misuse (e.g., Drug Abuse Screening Test [DAST]-10).
Go to AlosaHealth.org/ODU for DAST.
- **OR** use the Tobacco, Alcohol, Prescription medication, and other Substance use tool (TAPS). Go to drugabuse.gov/taps/#/.
- **Assess** for OUD in patients who screen positive.



Initiate a Brief Intervention

- **Advise** the patient about your concern and recommendations.
- **Assist** with setting goals of care.
 - Use motivational interviewing techniques to encourage safer behavior and engage the patient in effective treatment.
- **Arrange** follow-up and support.



Refer to or initiate Treatment for those with OUD

Ideally, medication-based treatment,
with psychosocial support as appropriate



Follow-up and monitor.