

## Practical elements for keeping the chronic pain patient and you safe

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Disclosure:  
Takeda Advisory  
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## A little about my practice...

- My clinical practice is focused on chronic pain management, spine and nerve.
- Background also includes non-surgical orthopedics and family practice.
- My care includes the evaluation and management of patients with previous and new diagnosis of chronic pain concerns.

## Objectives

- Name important elements in pain care evaluation, assessment and management
- Discuss Pharmacologic and Non-pharmacologic management of pain
- Discuss different methods of pain care management and treatment
- Apply principles of pain care evaluation and management in clinical practice

## What is the big deal?

- Who is affected?
  - It is believed that over 100 million US citizens experience chronic pain
- What are the costs?
  - It is estimated that chronic pain costs the US economy over \$500,000,000,000 annually!
- Chronic pain affects the many aspects of daily life.

<http://www.jom.edu/-/media/Files/Report%20Files/2011/Relieving-Pain-in-America-A-Blueprint-for-Transforming-Prevention-Care-Education-Research/Pain%20Research%202011%20Report%20Brief.pdf>

## When the tough get goin'



## Have a systematic approach....

- You need to have standards established so that all patients are treated fairly
- This is meant to keep the patient safe
- This is meant to protect the Nurse Practitioner
- Many things to consider...
  - ...liver, renal function
  - other co-morbid (physical & emotional)
  - other challenges
  - prior risks of addiction, diversion
  - This patient population can be challenging

• Chou, R., G. Fanciullo, et al. (2009). "Opioid treatment guidelines clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain." *The Journal of Pain* 10(2): 115-130.

## Challenges...

- The sensation of pain is viewed as a normal physiologic response.
- Acute pain commonly can last less than three months.
- Chronic pain can be viewed as pain that would last longer than common healing times or in many cases lasting longer than six months.

## Acute Pain + Chronic Pain

- Goal
  - Return to previous level of function and medication use, this is especially important in chronic illness with periodic exacerbations of pain
- [http://www.med-ia.com/files/cme/presentation/pdfs/id\\_587\\_1009.pdf](http://www.med-ia.com/files/cme/presentation/pdfs/id_587_1009.pdf)
- [https://www.icsi.org/\\_asset/bw798b/ChronicPain.pdf](https://www.icsi.org/_asset/bw798b/ChronicPain.pdf)

## Acute Pain

- < 3 months duration
- Typically associated with injury, trauma, surgery, etc.
- Physical signs of pain present
- Serves a purpose

## Acute Pain vs. Chronic Pain

- Anticipation of cessation of pain versus ongoing pain that will be experienced for an indefinite period of time shapes patients perceptions
- The patient needs to have realistic expectations
- Expectation for duration of pain greatly impacts prescribing practices

## The most common pain complaints...

- Back pain (27%)
- Headache (15%)
- Neck pain (15%)
- Facial ache or pain (15%)

## Concepts to consider

- Three basic concepts that influence the subjective description and subsequent treatment of pain
  - Anatomy, physiology and pathophysiology
  - Cognitive ability
  - Emotional attachment

Rarely will it be any "one" but is more likely going to be a combination.....

You have to ask the correct questions..



## Where to start?

➤ The basics...

- **HISTORY OF PRESENT ILLNESS**
- **CHIEF COMPLAINT**
- **ONSET/LOCATION**
- **PROGRESSION**
- **QUALITY: RADIATION**
- **SEVERITY**
- **TIMING**
- 

## Where to start?

- **PT**
- **TENS UNIT**
- **DRUG MONITORING**
- **NONSTEROIDALS & OTHER MEDICATION**
- **PAST TREATMENTS**
- **EMPLOYMENT**
- **EXERCISE**
- **OSWESTRY INVENTORY**
- **OPIOID RISK TOOL**
- **DEPRESSION SCALES**

## Where to start?

- **PROCEDURAL HISTORY**
- **LIFESTYLE**
- **REVIEW OF SYSTEMS**
- **PAST MEDICAL HISTORY**
- **NEW DATA/CHART REVIEW**
- **MEDICATIONS**
- **MEDICAL ALLERGIES**

## This Pain Feels Like...

- **Neuropathic pain**
  - Can be describes as stinging, buzzing, burning, may not always be well localized or can be with radiculopathy. What else?
- **Nociceptive/Musculoskeletal pain**
  - Many times localized, sharp, grinding, dull, deep, cramping, worse with movement

## Important Factors Often Forgotten

- **Impact of pain**
  - Sleep
  - Nutrition
  - Functional ability
  - Pleasure
- **Expectations of medications**
- **Goals of therapy**

Be brave.....



Objective aspects.....

- **GENERAL:**
- **HIGHER FUNCTION:** \_\_\_\_\_
- **MOOD:**
- **CRANIAL NERVES:**
- **SKIN:**
- **HEENT:**
- **NECK:** \_\_\_\_\_
- **CARDIOVASCULAR:**
- **LUNGS**
- **ABDOMEN:**

Objective aspects.....

- **MOTOR:**
- **SPINE AND MUSCULOSKELETAL:** \_\_\_\_\_
- **SIGNS:**
- **SENSORY:**
- **DEEP TENDON REFLEXES:**
- **COORDINATION:**
- **GAIT AND STATION:** \_\_\_\_\_
- \_\_\_\_\_

Pulling it together.....

- **IMPRESSION/PLAN:**
- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- \_\_\_\_\_

Everyone likes choices...



Does Every Pain need a Pill?

- "Doing Something" does not always mean a prescription or another prescription...
- What are the pain treatment adjuncts besides medications?

## Basic Pain Treatments (EVERY plan could/should include a discussion regarding these)

- Movement
- Heat and Ice
- Active versus Passive forms of therapy
- Physical Therapy
- Acupuncture
- Chiropractic
- What else.....?

Different methods of pain management that should be considered and sometimes recommended.

- Complementary medicine many times refers to non-mainstream methods of treating illness in combination with more common treatments and approaches.
  - May include:
    - Bio feedback
      - <http://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeId=1&ContentID=2645>
    - Guided imagery
      - [http://www.journalofpsychiatricresearch.com/article/S0022-3956\(02\)00003-1/abstract?via=ih](http://www.journalofpsychiatricresearch.com/article/S0022-3956(02)00003-1/abstract?via=ih)
    - Relaxation therapy
      - <http://europepmc.org/abstract/ME/D7901637>
    - Massage
      - <http://informahealthcare.com/doi/abs/10.3109/00207450109149744>

Different methods of pain management that should be considered and sometimes recommended.

- Complementary medicine many times refers to non-mainstream methods of treating illness in combination with more common treatments and approaches.
  - May include:
    - Meditation
      - <http://www.sciencedirect.com/science/article/pii/S0304395907002436>
    - Yoga
      - <http://www.sciencedirect.com/science/article/pii/S0304395905000722>
    - Chiropractic
      - <http://ajph.apublications.org/doi/abs/10.2105/AJPH.92.10.1604>

Different methods of pain management that should be considered and sometimes recommended.

- Integrative medicine and health care.
  - May include:
    - Combining therapies such as massage and biofeedback
    - Combining acupuncture and meditation
    - Many times looking at making a connection between nutrition, complementary medicine, manipulation and exercise.

## Acute Pain Treatment

- Goal
- Analgesic options – Outpatient treatment
  - Start with non-opioid
  - Advance based on response
  - Keep in mind normal healing times for a given concern/diagnosis
  - Multimodal therapy
    - <http://ether.stanford.edu/ascdocuments/pain.pdf>

## Historical Perspectives

- Pain medicine is BAD – give NONE
- Pain medicine is GOOD – give A LOT
- Pain medicine is good and bad – be very thoughtful in your prescribing practices

## Start With These

- **Tylenol:** Be aware of comorbid concerns and maximum recommended dosing. Avoid recommending if already using products with like ingredients.
- **NSAIDS:** Insure that the patient is knowledgeable as to what a NSAID is! Many do not understand.

Sometimes simpler can be better! What has been tried?

“MAY  
YOUR CHOICES  
REFLECT YOUR  
*HOPES,*  
NOT YOUR  
FEARS”

- Nelson Mandela

## Chronic Pain

- > 3-6 months duration
- Associated with chronic pathological process (recurs at intervals)
- May be associated with progressive illness
- Can be present in the absence of pathology
- Physical signs of pain generally absent

## Chronic Pain Treatment

- Goal
- Analgesic Options
  - Most have been through the acute pain protocols already
  - Addition of adjuvants depending on quality of pain
  - Regular delivery of medication unless event pain only

## Chronic Pain Treatment

- Analgesic Options
  - Affordability important
  - Increase dose vs. opioid rotation
  - Equianalgesic dosing
  - Provide something for breakthrough pain
- Anticipate and Treat Side Effects

## Chronic Pain Treatment

- Analgesic Options
  - Short versus Long Acting Opioids
    - Must be able to validate need.
  - Must consider actual and potential co-morbid (sleep apnea)
  - Must take into consideration other medications
    - Consider use of long acting medications (12 hour, 24 hour, 72 hour) when short acting not affective.

## Adjuvant Medications

- Anticonvulsants
  - Neuropathic pain
    - Gabapentin: 100 mg and 300 mg, begin low and slow.
    - Pregabalin: 25 mg, begin low and slow
    - Check renal function

## Adjuvant Medications

- Antidepressants
  - Neuropathic pain, co-analgesic for cancer pain, concurrent treatment of depression
    - TCA – Amitriptyline, 10 mg prior to bedtime (caution with elderly, cardiac,...what else?)
    - SSRI – Paroxetine 20 mg daily, Citalopram 20 mg daily
    - SNRI – Venlafaxine 37.5 to 75 mg daily, Duloxetine 20 mg (liver)

## Adjuvant Medications

- Local Anesthetics
  - Topical / Local discomfort, Neuropathic pain
    - Lidoderm Patch
    - Lidocaine Injections

## Adjuvant Medications

- Steroids
  - Inflammatory neuropathic pain, chronic cancer pain
  - Short term only, many times a four day burst.
  - IE, Dexamethasone, 4mg day1, 3 mg day 2, 2mg day 3, 1 mg day 4....done (not to be used with associated trauma)

## Adjuvant Medications

- Muscle Relaxants
  - Temporary relief of acute muscle injury
    - Cyclobenzaprine, 10 mg every 8 hours
  - Methocarbamol 750 mg every 6 hours
  - More associated with spasticity
    - Baclofen 5 mg every 8 hours
    - Tizanidine, 4 mg every 6-8 hours
    - *By nature of habit and experience, I want to review liver and renal function with any medication regimen that would be considered for long term use.*

For some it is vogue....



## The whole “schedule” thing

- ❑ Controlled Substance Act – drugs are placed in a category based on potential for abuse.  
<http://www.deadiversion.usdoj.gov/schedules/>
- ❑ Schedule I-V (some states VI)
  - I - Heroin, Cannabis
  - II - Morphine, Fentanyl, Oxycodone, Methadone, Hydrocodone/Acetaminophen comb.,
  - III - Marinol
  - IV - Benzodiazepines, Restoril, Ambien, Provigil
  - V - Cough suppressants w/codeine, Lomotil, Lyrica

## Opioid Analgesics

- Codeine
- Hydrocodone
- Oxycodone
- Morphine
- Hydromorphone
- Fentanyl
- Methadone

## Tramadol

- Is considered a Schedule IV drug
- Classified as a “weak” opioid
- Also blocks serotonin & norepinephrine reuptake
- 50-100mg q 4-6 hours
- Increased risk of seizures in doses >400mg/day
- Should this medication be used in the patient with a seizure history?

## Be careful....

- Fentanyl – transdermal/transmucosal
  - Dosing
  - When to use / when not to use
    - [http://www.vchca.org/docs/hospitals/fentanyl-patch-protocol-\(1\).pdf?slvrsm=0](http://www.vchca.org/docs/hospitals/fentanyl-patch-protocol-(1).pdf?slvrsm=0)
- Methadone (not recommended for the inexperienced)
  - Usually only provided by those specially trained.
  - Titrate very carefully, toxicity secondary to accumulation can occur.
  - For these patients recent recommendations have increased the frequency of regular EKG evaluations and modifications based on results.
  - [http://www.jpain.org/article/S1526-5900\(14\)00522-7/fulltext](http://www.jpain.org/article/S1526-5900(14)00522-7/fulltext)

## Be careful....

- Would a oral long acting be better?  
Just asking.....before doing so, consider what?
- Must be vigilant regarding abnormal behavior and divergence of medication concerns.

Must protect the patient...sometimes from themselves.





## What About Addiction?

- **Addiction**  
Pathological reward relief system
- **Tolerance**  
The situation where medication becomes less affective related to physiologic reasons over time.
- **Dependence**  
The state of being (physiologic and psychological) where withdrawal can occur with rapid cessation of medication
- **Withdrawal**  
Acutely can sometimes result in a medical crisis....incredibly uncomfortable.
- **Note aberrant behaviors** – don't avoid treating pain because of fear of addiction
- **Become an expert of evaluation, assessment**

<http://www.samhsa.gov/>

## Interventional Pain Management

- Can be performed in primary care under the right circumstances
  - Trigger Point Injections
  - Joint Injections
- Interventions commonly referred
  - SI joint
  - Epidural steroid injections
  - Intrathecal pumps
  - Spinal cord stimulators

## Situations that Challenge Me

- Just one more dose (when there is not a medically indicated reason).
  - Sit, **Listen**, **Examine**, Be Open, Supportive but Steady.
- Be brave! These patients have real needs but can be a challenge to manage!
- May require co-treatment for underlying depression and anxiety needs

## Protect the patient and yourself



## Good Practices

- You must be systematic in your approach
- Develop standards that are written with a "contract".
- Use established tools
- Documentation is key
  - Treatment plan with goals
  - Education of patient and family
  - Progress towards goals
  - Monitor compliance

## Good Practices

- Quantified Urine Drug Screens
- Go over the contract with patient and have them sign it.
- Provide a copy to the patient.
- This protects the patient and you.
- Use established tools to measure pain, depression, disability and addictive concerns.
- Have planned times to re-do these evaluations and contracts.

## Good Practices

- PHQ Depression Tool
- Oswestry Low Back Disability Tool
- Drug Abuse Screening Test, DAST – 10
- The Alcohol Use Disorders Identification Test (AUDIT)
- Pain Scale Description

## Case Studies

- My Examples
- Your examples?

## Additional Resources

- Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain – 6<sup>th</sup> edition (2008)
- Pain Control in the Primary Care Setting (2006)
- American Pain Society. [www.ampainsoc.org](http://www.ampainsoc.org)
- Pain Assessment & Clinical Management (2010). Pasero, C. & McCaffery, M.
- Clinical Coach for Effective Pain Management (2010). Arnstein, P.
- Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain.  
<http://health.utah.gov/prescription/pdf/guidelines/final.04.09opioidGuidlines.pdf>

## Additional Resources

- A special shout out to
- Michelle McKay, MSN, APRN, FNP-C
- AANP Education Specialist for a special eye and great assistance with the pictures presented today.
- Can't say enough about her or the rest here at AANP
- What an organization!



Basic Language:

- 1) Never take a prescription pain medication unless it is prescribed to you.

I will not share, sell or trade my medication with anyone, nor attempt to obtain any controlled medicines including opioid pain medicines, controlled stimulants or anti-anxiety medicines from any other provider unless authorized to do so by my pain management provider.

- 2) Do not ever take your pain medication with alcohol
- 3) Do not take more than the prescribed dose
- 4) Use of other sedative or anti-anxiety medications while taking narcotic pain medication can be dangerous.
- 5) Avoid using narcotic medications to facilitate sleep
- 6) Lock up and control all prescription pain killer medications.

Violations will result in dismissal from practice

You are required to update your drug contract on an annual basis.

You are required to provide a urine drug screen annually at your expense and any time requested.

You are required to provide a urine drug sample within 24 hours of anytime requested

You are required to be evaluated every three month while under contract

Missing more than three scheduled appointments within a year will result in dismissal from practice

Loss of prescriptions or medications resulting in the need for early refills could result in dismissal

Abnormal urine drug screens will result in dismissal.

Having prescriptions filled at any other than the designated pharmacy will result in dismissal



# CONTROLLED MEDICATION CONTRACT

This agreement between \_\_\_\_\_ (“Patient”) DOB \_\_\_\_\_ and XXXXXX Health Pain & Neurology (“Doctor”) is for the purpose of establishing agreement between the Doctor and the patient, and the establishment of clear conditions for the prescribing and use of pain controlling medications prescribed by the Doctor for this patient. Doctor and patient agree that this Agreement is an essential factor in maintaining the trust and confidence necessary in a doctor/patient relationship. The patient agrees to and accepts the following conditions for the management of pain medication prescribed by the Doctor for the patient. I understand that a reduction in the intensity of my pain and improvement in my quality of life are the goals of this program. The healthcare provider has discussed alternative treatments with me including but not limited to alternative medications, NSAID’s, SSRI’s (antidepressants), anti-seizure medications, physical therapy/ home exercise program, TENS unit, and cognitive / behavioral modification (biofeedback, acupuncture).

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**NEVER TAKE A PERSCRIPTION PAIN MEDICATION UNLESS IT IS PERSCRIBED TO YOU.** EVERYONE RESPONDS DIFFERENTLY TO PAIN MEDICATION. WHAT IS SAFE FOR ONE PERSON MAY NOT BE SAFE FOR ANOTHER. **I WILL NOT SHARE, SELL OR TRADE MY MEDICATION WITH ANYONE, NOR ATTEMPT TO OBTAIN ANY CONTROLLED MEDICINES, INCLUDING OPIOID PAIN MEDICINES, CONTROLLED STIMULANTS, OR ANTI ANXIETY MEDICINES FROM ANY OTHER DOCTOR UNLESS AUTHORIZED TO DO SO BY MY XXXXXX HEALTH PAIN & NEUROLOGY DOCTOR.** I WILL NOT USE ANY ILLEGAL CONTROLLED SUBSTANCES, INCLUDING MARIJUANA, METHAMPHETAMINE, COCAINE, AND MEDICATIONS PRESCRIBED TO ANOTHER PERSON. MULTIPLE PRESCRIPTIONS AND/OR MULTIPLE PROVIDERS IS A VIOLATION OF THIS CONTRACT AND WILL BE CAUSE FOR IMMEDIATE DISMISSAL FROM THIS PRACTICE.

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**DO NOT EVER TAKE YOUR PAIN MEDICINE WITH ALCOHOL.** NEVER MIX THE TWO; IT IS A DANGEROUS COMBINATION THAT CAN BE DEADLY. ALCOHOL INCREASES THE SIDE EFFECTS OF PAIN MEDICATIONS.

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**DO NOT TAKE MORE THAN THE PRESCRIBED DOSE.** EVEN AFTER THE EFFECTS OF PAIN MEDICINE SEEMS TO HAVE WORN OFF, IT IS STILL DEPRESSING THE RESPIRATORY (BREATHING) SYSTEM. SOME MEDICATIONS LIKE METHADONE MAY RELIEVE PAIN FOR A FEW HOURS BUT WILL HAVE A PROLONGED RESPIRATORY (BREATHING) DEPRESSANT EFFECT. THE BODY MUST DEVELOP A TOLERANCE TO THE RESPIRATORY (BREATHING) DEPRESSANT EFFECTS BEFORE THE DOSE CAN BE INCREASED AND **IN SOME CASES THIS TOLERANCE MAY NEVER OCCUR.** I AGREE THAT I WILL USE MY MEDICINE AT A RATE NO GREATER THAN THE PRESCRIBED RATE AND THAT USE OF MY MEDICINE AT A GREATER RATE WILL RESULT IN MY BEING WITHOUT MEDICATION FOR A PERIOD OF TIME. OTHER SIDE EFFECTS OF CHRONIC PAIN MEDICATION INCLUDE BUT ARE NOT LIMITED TO CONSTIPATION, NAUSEA/VOMITING, DIZZINESS, FALLS WITH OR WITHOUT INJURIES, SLEEP APNEA, AMMENORHEA, TESTERONE DEFICIENCY, DECREASED SEX DRIVE. ETC...

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**USE OF OTHER SEDATIVE OR ANTI-ANXIETY MEDICATIONS CAN BE DANGEROUS.** COMBINING PAIN MEDICATIONS WITH OTHER SEDATIVE DRUGS, SUCH AS VALIUM, CAN INCREASE THE TOXICITY OF THE PAIN MEDICATION. ONLY TAKE OTHER MEDICATIONS IF DIRECTED BY THE PRESCRIBING DOCTOR.

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**AVOID USING NARCOTIC MEDICATIONS TO FACILITATE SLEEP.** NARCOTIC MEDICATIONS CAN SUPPRESS RESPIRATION (BREATHING) DURING SLEEP. PLEASE SPEAK

TO YOUR DOCTOR ABOUT METHODS TO MANAGE YOUR PAIN DURING SLEEP.

**LOCK UP PRESCRIPTION PAINKILLERS.** IF CONSUMED BY CHILDREN OR OTHER FAMILY MEMBERS, OR STOLEN AND SOLD ON THE STREET, PRESCRIPTION PAIN MEDICINE CAN KILL. I WILL SAFEGUARD MY PAIN MEDICINE FROM LOSS OR THEFT. NARCOTICS OR NARCOTIC PRESCRIPTIONS LOST, STOLEN, OR OTHERWISE MISPLACED WILL BE THE RESPONSIBILITY OF THE PATIENT. NARCOTIC ANALGESIC PRESCRIPTIONS WILL NOT BE REPLACED IF LOST OR STOLEN.

Patient name \_\_\_\_\_ DOB \_\_\_\_\_

I agree to use: Pharmacy \_\_\_\_\_

Location \_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_ |  
\_\_\_\_\_ for prescription refills on all of my pain medicine. Our office requires a **48** hour notice on all prescription refills. There will be no Friday afternoon, Saturday, or Sunday refills.

I understand that **ANY** violation of this agreement will result in:

- \_\_\_\_\_ 1. **Refusals to write further prescriptions for controlled substances.**
- \_\_\_\_\_ 2. **Prompt notification of appropriate law enforcement agencies of my violation of contract and potential violation of Federal and State Narcotic Laws. XXXXXX Health Pain and Neurology will cooperate with law enforcement for prosecution.**
- \_\_\_\_\_ 3. **We can and will discharge from this practice any patient for violation of this drug contract.**
- \_\_\_\_\_ 4. **We are required by law to see you regularly while you are on prescription pain medication. Cancellation of appointments and not keeping appointments (3 in 12 months) will be cause for discontinuation of the pain medication and dismissal from this practice.**

\_\_\_\_\_ Patient must agree to submit to random Urine and/or Blood medication screening tests, and medication/pill counts at the discretion of the physicians. I realize that all of the medications have potential side effects, and I will have the recommended laboratory studies required to keep the regimen as safe as possible. I realize that it is my responsibility to keep myself and others from harm including the safety of my driving. If there is any question of impairment of my ability to safely perform any activity, I agree that I will not attempt to perform the activity until my ability to do so has been evaluated or I have not used my medication for at least four days.

I have read this agreement and received a copy of it. It has been explained to me. In addition, I fully understand the consequences of my failure to comply with its terms.

Print name \_\_\_\_\_

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

COPY GIVEN TO PATIENT \_\_\_\_\_ patient initials

Persons who may pick up your prescription:

\_\_\_\_\_  
\_\_\_\_\_

# Drug Abuse Screening Test, DAST-10

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months...			Circle	
1.	Have you used drugs other than those required for medical reasons?		Yes	No
2.	Do you abuse more than one drug at a time?		Yes	No
3.	Are you unable to stop abusing drugs when you want to?		Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?		Yes	No
5.	Do you ever feel bad or guilty about your drug use?		Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?		Yes	No
7.	Have you neglected your family because of your use of drugs?		Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?		Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?		Yes	No
<b>Scoring:</b> Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.				<b>Score:</b>

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

*Drug Abuse Screening Test (DAST-10). (Copyright 1982 by the Addiction Research Foundation.)*



The Alcohol Use Disorders Identification Test (AUDIT), developed in 1982 by the World Health Organization, is a simple way to screen and identify people at risk of alcohol problems.

**1. How often do you have a drink containing alcohol?**

- (0) Never (Skip to Questions 9-10)
- (1) Monthly or less
- (2) 2 to 4 times a month
- (3) 2 to 3 times a week
- (4) 4 or more times a week

**2. How many drinks containing alcohol do you have on a typical day when you are drinking?**

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7, 8, or 9
- (4) 10 or more

**3. How often do you have six or more drinks on one occasion?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**4. How often during the last year have you found that you were not able to stop drinking once you had started?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**5. How often during the last year have you failed to do what was normally expected from you because of drinking?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**8. How often during the last year have you had a feeling of guilt or remorse after drinking?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**9. Have you or someone else been injured as a result of your drinking?**

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

**10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?**

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

Add up the points associated with answers. A total score of 8 or more indicates harmful drinking behavior.

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

## OPIOID RISK TOOL

		Mark each box that applies	Item Score If Female	Item Score If Male
<b>1. Family History of Substance Abuse</b>	Alcohol	[ ]	1	3
	Illegal Drugs	[ ]	2	3
	Prescription Drugs	[ ]	4	4
<b>2. Personal History of Substance Abuse</b>	Alcohol	[ ]	3	3
	Illegal Drugs	[ ]	4	4
	Prescription Drugs	[ ]	5	5
<b>3. Age</b> (Mark box if 16 – 45)		[ ]	1	1
<b>4. History of Preadolescent Sexual Abuse</b>		[ ]	3	0
<b>5. Psychological Disease</b>	Attention Deficit Disorder, Obsessive Compulsive Disorder, Bipolar, Schizophrenia	[ ]	2	2
	Depression	[ ]	1	1
<b>TOTAL</b>			_____	_____

### Total Score Risk Category

Low Risk 0 – 3

Moderate Risk 4 – 7

High Risk  $\geq 8$

Reference: Webster LR. Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the opioid risk tool. *Pain Medicine*. 2005;6(6):432-442. Used with permission.

# Oswestry Low Back Pain Disability Questionnaire

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Sources: Fairbank JCT & Pynsent, PB (2000) The Oswestry Disability Index. *Spine*, 25(22):2940-2953.

Davidson M & Keating J (2001) A comparison of five low back disability questionnaires: reliability and responsiveness. *Physical Therapy* 2002;82:8-24.

The Oswestry Disability Index (also known as the Oswestry Low Back Pain Disability Questionnaire) is an extremely important tool that researchers and disability evaluators use to measure a patient's permanent functional disability. The test is considered the 'gold standard' of low back functional outcome tools <sup>[1]</sup>.

## Scoring instructions

For each section the total possible score is 5: if the first statement is marked the section score = 0; if the last statement is marked, it = 5. If all 10 sections are completed the score is calculated as follows:

Example:        16 (total scored)  
                     50 (total possible score) x 100 = 32%

If one section is missed or not applicable the score is calculated:

                     16 (total scored)  
                     45 (total possible score) x 100 = 35.5%

Minimum detectable change (90% confidence): 10% points (change of less than this may be attributable to error in the measurement)

## Interpretation of scores

<b>0% to 20%: minimal disability:</b>	The patient can cope with most living activities. Usually no treatment is indicated apart from advice on lifting sitting and exercise.
<b>21%-40%: moderate disability:</b>	The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are more difficult and they may be disabled from work. Personal care, sexual activity and sleeping are not grossly affected and the patient can usually be managed by conservative means.
<b>41%-60%: severe disability:</b>	Pain remains the main problem in this group but activities of daily living are affected. These patients require a detailed investigation.
<b>61%-80%: crippled:</b>	Back pain impinges on all aspects of the patient's life. Positive intervention is required.
<b>81%-100%:</b>	These patients are either bed-bound or exaggerating their symptoms.

# Oswestry Low Back Pain Disability Questionnaire

## Instructions

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking ONE box in each section for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem.

### Section 1 – Pain intensity

- ☐ I have no pain at the moment
- ☐ The pain is very mild at the moment
- ☐ The pain is moderate at the moment
- ☐ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

### Section 2 – Personal care (washing, dressing etc)

- ☐ I can look after myself normally without causing extra pain
- ☐ I can look after myself normally but it causes extra pain
- ☐ It is painful to look after myself and I am slow and careful
- ☐ I need some help but manage most of my personal care
- ☐ I need help every day in most aspects of self-care
- ☐ I do not get dressed, I wash with difficulty and stay in bed

### Section 3 – Lifting

- ☐ I can lift heavy weights without extra pain
- ☐ I can lift heavy weights but it gives extra pain
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed eg. on a table
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- ☐ I can lift very light weights
- ☐ I cannot lift or carry anything at all

### Section 4 – Walking\*

- ☐ Pain does not prevent me walking any distance
- ☐ Pain prevents me from walking more than 2 kilometres
- ☐ Pain prevents me from walking more than 1 kilometre
- ☐ Pain prevents me from walking more than 500 metres
- ☐ I can only walk using a stick or crutches
- ☐ I am in bed most of the time

### Section 5 – Sitting

- ☐ I can sit in any chair as long as I like
- ☐ I can only sit in my favourite chair as long as I like
- ☐ Pain prevents me sitting more than one hour
- ☐ Pain prevents me from sitting more than 30 minutes
- ☐ Pain prevents me from sitting more than 10 minutes
- ☐ Pain prevents me from sitting at all

### Section 6 – Standing

- ☐ I can stand as long as I want without extra pain
- ☐ I can stand as long as I want but it gives me extra pain
- ☐ Pain prevents me from standing for more than 1 hour
- ☐ Pain prevents me from standing for more than 3 minutes
- ☐ Pain prevents me from standing for more than 10 minutes
- ☐ Pain prevents me from standing at all

### Section 7 – Sleeping

- ☐ My sleep is never disturbed by pain
- ☐ My sleep is occasionally disturbed by pain
- ☐ Because of pain I have less than 6 hours sleep
- ☐ Because of pain I have less than 4 hours sleep
- ☐ Because of pain I have less than 2 hours sleep
- ☐ Pain prevents me from sleeping at all

### Section 8 – Sex life (if applicable)

- ☐ My sex life is normal and causes no extra pain
- ☐ My sex life is normal but causes some extra pain
- ☐ My sex life is nearly normal but is very painful
- ☐ My sex life is severely restricted by pain
- ☐ My sex life is nearly absent because of pain
- ☐ Pain prevents any sex life at all

### Section 9 – Social life

- ☐ My social life is normal and gives me no extra pain
- ☐ My social life is normal but increases the degree of pain
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport
- ☐ Pain has restricted my social life and I do not go out as often
- ☐ Pain has restricted my social life to my home
- ☐ I have no social life because of pain

### Section 10 – Travelling

- ☐ I can travel anywhere without pain
- ☐ I can travel anywhere but it gives me extra pain
- ☐ Pain is bad but I manage journeys over two hours
- ☐ Pain restricts me to journeys of less than one hour
- ☐ Pain restricts me to short necessary journeys under 30 minutes
- ☐ Pain prevents me from travelling except to receive treatment

\*Note: Distances of 1 mile, ½ mile and 100 yards have been replaced by metric distances in the Walking section

## References

1. Fairbank JC, Pynsent PB. The Oswestry Disability Index. Spine 2000 Nov 15;25(22):2940-52; discussion 52.

# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns

	+		+	
--	---	--	---	--

(Healthcare professional: For interpretation of TOTAL, TOTAL: \_\_\_\_\_  
please refer to accompanying scoring card).

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_  
Somewhat difficult \_\_\_\_\_  
Very difficult \_\_\_\_\_  
Extremely difficult \_\_\_\_\_



## PHQ-9 Patient Depression Questionnaire

### For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

### *Consider Major Depressive Disorder*

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

### *Consider Other Depressive Disorder*

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

**Note:** Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

### To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

### Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;  
More than half the days = 2; Nearly every day = 3

### Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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## Pain Numeric Rating Scale

**1. On a scale of 0 to 10, with 0 being no pain at all and 10 being the worst pain imaginable, how would you rate your pain RIGHT NOW.**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>No Pain</b>					<b>Worst Pain Imaginable</b>					

**2. On the same scale, how would you rate your USUAL level of pain during the last week.**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>No Pain</b>					<b>Worst Pain Imaginable</b>					

**3. On the same scale, how would you rate your BEST level of pain during the last week.**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>No Pain</b>					<b>Worst Pain Imaginable</b>					

**4. On the same scale, how would you rate your WORST level of pain during the last week.**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>No Pain</b>					<b>Worst Pain Imaginable</b>					