

The current state of pain management within the oncology setting, effectiveness of opioids for the relief of pain, and limited alternatives for chronic pain management have produced reliance on opioid medications with an inherent risk for aberrant behavior. Although standardization is lacking among prescribers who manage cancer-related pain, advanced practice RNs must act according to the available evidence that suggests assessing and monitoring for abuse and misuse.

AT A GLANCE

- Appropriate and safe prescribing must be at the forefront of practice for every prescriber.
- Every patient is exposed to a degree of risk when treated with opioids for pain.
- Interventions and diagnostic tools assess risk and monitor for aberrant behavior related to chronic opioid therapy.

KEYWORDS

safety; chronic opioid therapy; pain management; misuse; abuse

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Pain Management

Strategies for screening and monitoring patients receiving chronic opioid therapy

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Opioids offer significant benefit to patients with pain when used as prescribed, but they cause immense harm when misused and abused (Gottlieb & Woodcock, 2017). Although cancer-related pain management often includes opioids, appropriate and safe prescribing must be at the forefront of practice for every prescriber (National Comprehensive Cancer Network [NCCN], 2017). Prescribers may lack confidence about how to safely prescribe opioids, detect abuse or addiction, and discuss these issues with their patients (Pearson, Moman, Moeschler, Eldrige, & Hooten, 2017). Prescribers most effectively practice when using clinical strategies to screen and monitor for aberrant behavior among patients with cancer who receive chronic opioid therapy (COT).

The clinical guidelines of several societies (Chou et al., 2009; Dowell, Haegerich, & Chou, 2016; Paice, 2016) provide recommendations to reduce the risk of aberrant behavior in patients who receive COT. However, no guidelines from professional organizations exist specifically for the assessment and management of opioid-use disorder for patients with cancer (Carmichael, Morgan, & Del Fabbro, 2016). The U.S. Food and Drug Administration ([FDA], 2017) developed the Risk Evaluation and Mitigation Strategy (REMS) programs to detail provider responsibilities for select opioids used for chronic pain. The most recent NCCN (2017) guidelines specifically describe the application of REMS

for patients with cancer. These guidelines outline strategies to identify patients' potential for misuse and abuse of opioids. No one strategy is sufficient to detect aberrant behavior; therefore, multiple sources of data are a foundation for consideration (Carmichael et al., 2016). The purpose of this article is to discuss screening and monitoring strategies to implement when prescribing COT for patients with cancer-related pain (see Figure 1). The data collected from these strategies can guide prescribing practices. Interpretation and coordination of care plans are beyond the scope of this article.

Universal Precautions

Patients with cancer are as likely as the general population to have a preexisting problem with substance misuse (Barclay, Owens, & Blackhall, 2014). In addition, many may be cared for by family members with a history of drug abuse or addiction (Barclay et al., 2014). Every patient, regardless of whether he or she has cancer, is exposed to a degree of risk when treated with opioids for pain (Passik, 2009). A cancer diagnosis does not preclude the possibility of misuse, abuse, addiction, or diversion (Angheliescu, Ehrentraut, & Faughnan, 2013). The currently accepted approach for screening and monitoring of patients undergoing COT is based on the principle of "universal precautions" (Paice et al., 2016). Application of universal precautions implies that interventions and diagnostic tools assess risk and monitor for aberrant behavior related to COT, regardless of having a cancer diagnosis (Passik, 2009).