Fareed, Drug Intox Detox: Novel Approaches 2012, 1:1
http://dx.doi.org/10.4172/2327-4557.1000e104

Drug Intoxication & Detoxification: Novel Approaches

Editorial

A SCITECHNOL JOURNAL

The Thin Line to Prescribed Opioid Addiction, how to Identify and Prevent the Risk for the Deviant Behavior and Opioid Overdose

Ayman Fareed[1*]

[1]*Department of Psychiatry, Emory University School of Medicine, USA*

There is a thin line between being on prescribed opioids for long term treatment of chronic non cancer pain and being addicted to opioids. Some patients may cross this thin line. Their primary care providers would be in a dilemma either to deny the treatment of pain or to support their addictive behavior. How to address this dilemma is the first important question to answer. To address this dilemma there is a need for collaboration between primary care providers, pain specialists and addiction specialist. First, primary care providers need to understand the difference between physiological dependence versus being addicted to opioids i.e., opioid abuse or dependence. Physiological dependence means the development of tolerance to the analgesic effect of the opioid medication used for treatment of pain and the appearance of opioid withdrawal syndrome upon sudden discontinuation of the opioid. It usually happens for patients who have been on opioids for a long time for treatment of chronic pain. They request dose increase due to inadequate control of their chronic pain. At this point the primary care provider needs to decide if the patient crossed the line from being physical dependent on the opioid to being addicted. In order to answer this question, the provider needs to figure out if the patient has the behavior manifestations of the loss of control over the opioid use. The loss of control behavior may include drug seeking like trying to obtain the opioid from multiple providers at the same time or frequent visitations to the emergency room to get the opioid. This is called doctor shopping. It can also include calling his/her provider to obtain an early refill. Some patients may report frequent excuses, for example reporting lost or stolen medication to obtain an additional prescription. Others may obtain the opioid from relatives, friends, on the street or via the internet. Providers also need to check for concurrent use of illicit drugs like marijuana or cocaine. These behaviors usually lead to impairment of important areas of functioning. So, patients may not be able to care for self or others. The deviant behaviors also jeopardize patient's safety and increase their risk for drug overdose. At this point a consultation with an addiction specialist is warranted. The addiction specialist will examine the patient and will decide if the patient meets criteria for opioid abuse or dependence. Abuse may reflect a milder degree of the deviated behavior associated with opioid use. The American Psychiatric Association [1], diagnostic and statistical manual of mental disorders 4th edition text revision (DSM-IV-TR) defines opioid abuse as a maladaptive pattern of opioid use leading to clinically significant impairment or distress as manifested by one or more of the following occurring within a 12 month period: recurrent opioid use resulting in a failure to fulfill major role obligations at work, school or home, recurrent opioid use in situations in which it is physically hazardous, recurrent opioid related legal problems, continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids. It is important to note that opioid abuse does not include a pattern of use that could lead to physical impairment i.e. tolerance and withdrawal. Therefore, this pattern of the opioid use is mostly associated with loss of control which may impair important areas of behavioral functioning. On the other hand, opioid dependence reflects severer forms of loss of control that could affect behavioral and physical functioning as well. DSM-IV-TR defines opioid dependence as a maladaptive pattern of opioid use leading to clinically significant impairment or distress as manifested by three or more of the following occurring at any time in the 12 month period: tolerance, as defined by a need for markedly increased amounts of opioids to achieve intoxication or desired effect, or markedly diminished effect with continued use of the same amount of opioids, opioid withdrawal signs and symptoms upon discontinuation of opioid use, the opioid is often taken in larger amounts or over a longer period than was intended, there is a persistent desire or unsuccessful efforts to cut down or control use, a great deal of time is spent in activities necessary to obtain the opioid, use of opioid or recover from its effects, important social, occupational, or recreational activities are given up or reduced because of opioid use, opioid use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioid. It is also important to note that the signs and symptoms of physical dependence i.e., tolerance and withdrawal without other behavioral manifestations of the loss of control over use would not be considered problematic use. Primary care providers need to be able to differentiate physical dependence from opioid abuse or dependence before deciding to refer patients to addiction specialists. They need to collaborate with addiction specialists to confirm or role out addiction when needed. They also need to collaborate with pain specialists to refer patients who would not respond to current pain regiment before crossing the line from being physically dependent to being addicted. This practice may help contain the current epidemic of prescribed opioid overdose without denying treatment for pain patients when needed.

Reference

1. American Psychiatric Association (2000) Diagnostic and Statistical Manual of Mental Disorders, Text Revision. (4th edn), American Psychiatric Publishing, Arlington, VA.

***Corresponding author:** Ayman Fareed, Department of Psychiatry, Emory University School of Medicine, USA, Tel: 404-321-6111; E-mail: ayman.fareed@va.gov

Received: December 01, 2012 **Accepted:** December 04, 2012 **Published:** December 07, 2012

SciTechnol International Publisher of Science, Technology and Medicine

All articles published in Drug Intoxication & Detoxification: Novel Approaches are the property of SciTechnol, and is protected by copyright laws. Copyright © 2012, SciTechnol, All Rights Reserved.