"I am concerned": What to Say When You Think Your Patient May Have Opioid Use Disorder

Lyn Raible, M.D., Ph.D.

Begin by reviewing DSM V Diagnostic Criteria for Opioid Use Disorder.

Key Information

1. Approximately 70% of the risk of developing OUD upon exposure to opioids is determined by genetics. There are several genetic variants that predispose towards OUD.
    a. Some of the genetic variations predisposing to OUD are the same as those predisposing towards alcohol misuse. Family history of alcohol misuse is a red flag for prescribing opioids.
2. Genetic variants result in a different neurobiological response in the brain when exposed to opioids. A clue that this is occurring, at least in some people, is that they feel energized by the opioid (often with as little as 5 mg hydrocodone).
    a. Warn patients that feeling energized by an opioid is not normal and may indicate a genetic variant predisposing to OUD.
3. The specific genetic variant likely influences that rapidity and extent of the neurological changes that occur with exposure to opioids. OUD can occur within a week.
    a. Willpower cannot prevent (or reverse) these changes.
    b. Changes occur quickly, reversal of these changes does not.
    c. The motivational systems in the brain that guide survival behaviors become "wired" and drive drug-seeking behaviors.
    d. The rewired brain is not a logical brain.
4. Informed consent/opioid use agreements should include a careful family history regarding substance misuse and education about genetic contributions that increase the risk of OUD.
    a. When people do not understand that genetic variants can cause their brain to change in ways they cannot control, they may believe that OUD will not happen to them because they "are stronger than that". They are wrong.
5. Medication Assisted Treatment has been the medical standard of care for treating OUD since 1994. The is a large body of data showing outcomes are better when methadone or buprenorphine are used in conjunction with counseling.
    a. The long-acting nature of these opioids quiets the brain areas that drive addictive behavior.
    b. A quiet brain is more responsive to counseling. Counseling helps establish new neural pathways that increase the chance of healthy responses to the environment.
    c. Research indicates that the epigenetic changes created by opioid exposure leading to OUD are very slow to reverse (think years). It is not clear that the brain ever returns fully to its pre-exposure status.

d. As with depression, some people can eventually taper off their medication and not relapse, others may need a lifetime of medication to maintain brain health.

Talking to patients

1. Try starting with phrases that set a collaborative (vs confrontational) atmosphere.

   "I am concerned about your use of hydrocodone. We now know that genetic differences can cause different chemical responses in the brain. Sometimes these different responses can cause the brain to change in a way that makes it hard to control the use of hydrocodone. Do you feel that has happened to you?"

2. Consider using the DSM 5 criteria for diagnosing OUD to start conversations about how your patient's life has been impacted, even if they feel they are not having issues with opioid use.

3. Become familiar with motivational interviewing techniques if not already familiar. These can be very helpful for you and the patient with regard to assessing readiness to change.

4. Remember that patients with substance use disorders have usually had many experiences with withdrawal. With OUD, withdrawal symptoms include nausea, vomiting, diarrhea, severe abdominal cramping and profound body aches. The thought of withdrawal produces great anxiety that can make it difficult for a patient to hear what you are saying. Be patient. Make sure that they understand MAT provides medication to prevent withdrawal and craving and that treatment is a long process.

5. Remember that the addicted brain is not logical and that patients do not have insight into this while addicted or during the early. It can, however, help to explain to them that their brain's message that they need opioids to survive is a lie. Many of heard of phantom limb pain, and this can help them understand that the brain's interpretation of events can be flawed.