Maintenance

- New Mexico law requires a PMP check when writing more than 5 days of a controlled substance.

Urine Drug Screens

- Until COVID, urine drug screen was often checked with every visit. Now, we are often checking every 6 months or more. It is not clear what the ideal interval will be once we are back in the office more.
- If possible, it is very helpful to have in-office tests.
    - These are cheap and easy, and results are available in five minutes, and while they lack sensitivity and specificity, they are useful as a tool in monitoring general progress, as long as one understands the limitations of the point-of-care test in use. The gold standard is chromatography with a mass spectrometer (LCMS or GCMS). These tests available as a send out. (This is also called a confirmatory test by many labs.)
- However, confirmatory tests are not routinely needed in the care of most patients.
    - All unexpected results should be confirmed. The easiest way to confirm is to ask the patient. If the patient acknowledges use, it has been confirmed. If the patient states they haven't used, the results need to be confirmed by LCMS or GCMS.
- Alternatively, sometimes prior to sending out a confirmatory test, a repeat, witnessed, urine sample can be obtained, tested, and discussed with the patient.
- If you do witnessed urine drug screens, they need to be with the patient consent. They need to be done in a non-stigmatizing way that protects the patient's dignity.
- Limitations of Urine Drug Screens:
    - The tests do not tell you when the patient used.
    - The tests do not tell you how often or how much they are using.
    - The tests do not tell you how they used.
    - The tests do not tell you the patient's level of commitment to getting drug-free.
    - Most "opiate" tests will not detect oxycodone use (a specific assay for oxycodone may be necessary).
    - Just buprenorphine requires a specific test, fully synthetic opioids such as fentanyl and methadone require specific assays.

How to Interpret the Presence of Buprenorphine Metabolites in Urine Drugs Screens:

- (Also, see how to address this in Bumps in the Road)

- Sometimes, patients will put a tablet of buprenorphine in the urine because the urine otherwise will not have buprenorphine.
  - This may be because they are not using buprenorphine and have weaned off.
  - This may be because they are not using buprenorphine and are using other opioids.
  - This may be because they are using someone else's urine.
- The in-office test will show positive for buprenorphine if either the patient puts a tablet in the urine or if the patient is taking buprenorphine properly.
- The ideal test would detect norbuprenorphine, but point-of-care tests, which detect norbuprenorphine are not commonly available.
  - The conformation test will show levels of buprenorphine and its metabolites.
    - The parent drug is buprenorphine.
    - The metabolites are buprenorphine glucuronide, norbuprenorphine glucuronide, and norbuprenorphine.
    - Some labs show all four separately. Some labs lump buprenorphine glucuronide and buprenorphine together and norbuprenorphine and norbuprenorphine glucuronide together.
    - The quantity of drug or metabolite dose in the urine does not correlate with blood levels.
  - If the patient is taking buprenorphine, there should be high levels of buprenorphine metabolites and low levels of the parent drug.
    - If the lab lists all four separately, the buprenorphine level will be low, and the other three will be high.
    - If the lab groups them together, both buprenorphine and norbuprenorphine will be high.
  - If the patient put a tablet in their urine, there will be high levels of the parent drug buprenorphine, and with no or minimal metabolites.
    - If the lab lists all four separately, the buprenorphine level will be high, and the other three will be low.
    - If the lab groups them together, buprenorphine will be high and norbuprenorphine will be low.

Basic History

- Is patient taking buprenorphine?
  - Is it effective?
  - Side effects?
    - Common side effects include constipation, nausea, and swelling in the hands or feet.
- Cravings? Patients with SUD have strong cravings they are trying to satisfy.
- Withdrawal symptoms
- Drug use
  - If patient answers yes on drug use, the following can be helpful:
    - What was the trigger? Was it internal (i.e., anxiety)? Was it external (i.e., a friend showed up with drugs)? A combination (a fight with family led to stress which led to relapse)?
    - Which drug did they use?
    - Did they get a response? (If they are on an adequate dose of buprenorphine, they should not get a high from an opioid.)
    - Do they have a plan to avoid using in the future?
- Alcohol use
- Storage
  - Medications should be locked and hidden.
  - If there are small children in the house, it should be stored so that children cannot get into it. Tiny amounts of buprenorphine can kill a toddler.
- Naloxone
- Contraception
  - It is vitally important to ask about contraception. 88% of pregnancies in women with OUD are unplanned.

Additional Questions That May Be Useful

- General functioning
- Meetings/counseling
- Use of seat belts
    - One study showed a 10x higher rate of death from car accidents in women with OUD.
- Employment
- Living situation
    - Are there other people in the household using drugs?
    - Is the living situation a supportive one for patient?
- Sources of support
- Psychiatric history
- Sleep