# Screener and Opioid Assessment for Patients with Pain (SOAPP)® Version 1.0

The Screener and Opioid Assessment for Patients with Pain (SOAPP)® Version 1.0 is a tool for clinicians to help determine how much monitoring a patient on long-term opioid therapy might require. Physicians remain reluctant to prescribe opioid medication because of concerns about addiction, misuse, and other aberrant medication-related behaviors, as well as liability and censure concerns. Despite recent findings suggesting that most patients are able to successfully remain on long-term opioid therapy without significant problems, physicians often express a lack of confidence in their ability to distinguish patients likely to have few problems on long-term opioid therapy from those requiring more monitoring.

SOAPP® version 1.0 is a quick and easy-to-use questionnaire designed to help providers evaluate the patients' relative risk for developing problems when placed on long-term opioid therapy. Version 1.0 is:

- A brief paper and pencil questionnaire
- Developed based on expert consensus regarding important concepts likely to predict which patients will require more or less monitoring on long-term opioid therapy (content and face valid)
- Preliminary reliability data (coefficient α) from 175 patients chronic pain patients
- Preliminary validity data from 100 patients (predictive validity)
- Simple scoring procedures
- 24 items
- 5 point scale
- <10 minutes to complete
- Ideal for documenting decisions about the level of monitoring planned for a particular patient or justifying referrals to specialty pain clinic.
- The SOAPP® is for clinician use only. The tool is not meant for commercial distribution.
- The SOAPP® is **NOT** a lie detector. Patients determined to misrepresent themselves will still do so. Other clinical information should be used with SOAPP® scores to decide on a particular patient's treatment.
- The SOAPP® is **NOT** intended for all patients. The SOAPP® should be completed by chronic pain patients being considered for opioid therapy.
- It is important to remember that all chronic pain patients deserve treatment of their pain. Providers who are not comfortable treating certain patients should refer those patients to a specialist.

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### **SOAPP®** Version 1.0

Name:	Date:
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The following are some questions given to all patients at the Pain Management Center who are on or being considered for opioids for their pain. Please answer each question as honestly as possible. This information is for our records and will remain confidential. Your answers alone will not determine your treatment. Thank you.

Please answer the questions below using the following scale:

#### 0 =Never, 1 =Seldom, 2 =Sometimes, 3 =Often, 4 =Very Often

1. How often do you feel that your pain is "out of control?"	0 1 2 3 4
2. How often do you have mood swings?	0 1 2 3 4
3. How often do you do things that you later regret?	0 1 2 3 4
4. How often has your family been supportive and encouraging?	0 1 2 3 4
5. How often have others told you that you have a bad temper?	0 1 2 3 4
6. Compared with other people, how often have you been in a car accident?	0 1 2 3 4
7. How often do you smoke a cigarette within an hour after you wake up?	0 1 2 3 4
8. How often have you felt a need for higher doses of medication to treat your pain?	0 1 2 3 4
9. How often do you take more medication than you are supposed to?	0 1 2 3 4
10. How often have any of your family members, including parents and grandparents, had a problem with alcohol or drugs?	0 1 2 3 4
11. How often have any of your close friends had a problem with alcohol or drugs?	0 1 2 3 4

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#### 0 = Never, 1 = Seldom, 2 = Sometimes, 3 = Often, 4 = Very Often

12.	How often have others suggested that you have a drug or alcohol problem?	0	1	2	3	4
13.	How often have you attended an AA or NA meeting?	0	1	2	3	4
14.	How often have you had a problem getting along with the doctors who prescribed your medicines?	0	1	2	3	4
15.	How often have you taken medication other than the way that it was prescribed?	0	1	2	3	4
16.	How often have you been seen by a psychiatrist or a mental health counselor?	0	1	2	3	4
17.	How often have you been treated for an alcohol or drug problem?	0	1	2	3	4
18.	How often have your medications been lost or stolen?	0	1	2	3	4
19.	How often have others expressed concern over your use of medication?	0	1	2	3	4
20.	How often have you felt a craving for medication?	0	1	2	3	4
21.	How often has more than one doctor prescribed pain medication for you at the same time?	0	1	2	3	4
22.	How often have you been asked to give a urine screen for substance abuse?	0	1	2	3	4
23.	How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years?	0	1	2	3	4
24.	How often, in your lifetime, have you had legal problems or been arrested?	0	1	2	3	4

Please include any additional information you wish about the above answers. Thank you.

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## **Scoring Instructions for the SOAPP® version 1.0.**

Of the 24 questions contained in the SOAPP® version 1.0, 16 have been empirically identified as predicting aberrant medication-related behavior six months after initial testing.

To score the SOAPP®, add the ratings of the following questions:

A score of 7 or higher is considered positive.

Sum of Questions 2, 7, 10, 11, 12, 13, 15, 17, 18, 19, 20, 22, 23, and 24	SOAPP® Indication
> or = 7	+
< 7	-

#### What does the Cutoff Score Mean?

For any screening test, the results depend on what cutoff score is chosen. A score that is good at detecting patients at-risk will necessarily include a number of patients that are not really at risk. A score that is good at identifying those at low risk will, in turn, miss a number of patients at risk. A screening measure like the SOAPP® generally endeavors to minimize the chances of missing high-risk patients. This means that patients who are truly at low risk may still get a score above the cutoff. The table below presents several statistics that describe how effective the SOAPP® is at different cutoff values. These values suggest that the SOAPP® is a sensitive test. This confirms that the SOAPP® is better at identifying who is at high risk than identifying who is at low risk. Clinically, a score of 7 or higher will identify 91% of those who actually turn out to be at high risk. The Negative Predictive Values for a cutoff score of 7 is .90, which means that most people who have a negative SOAPP® are likely at low-risk. Finally, the Positive likelihood ratio suggests that a positive SOAPP® score (at a cutoff of 7) is nearly 3 times (2.94) times) as likely to come from someone who is actually at high risk (note that, of these statistics, the likelihood ratio is least affected by prevalence rates). All this implies that by using a cutoff score of 7 will ensure that the provider is least likely to miss someone who is really at high risk. However, one should remember that the SOAPP® is less good at identifying who is not at-risk. That is, in our sample, about 30% of the patients who scored a 7 or higher on the SOAPP®, did **not** go on to show detectable aberrant behavior. This proportion could be improved, but only at the risk of missing more of those who actually did show aberrant behavior.

SOAPP® Cutoff	Sensitivity	Specificity	Positive	Negative	Positive	Negative
Score			Predictive	Predictive	Likelihood	Likelihood
			Value	Value	Ratio	Ration
Score 7 or above	.91	.69	.71	.90	2.94	.13
Score 8 or above	.86	.73	.75	.86	3.19	.19
Score 9 or above	.77	.80	.77	.80	3.90	.28

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