

Low-risk patients should be monitored at a level that could be described as routine. This does not mean these individuals are not monitored with vigilance and care, only that no extraordinary measures are required.

- Explain the standard treatment agreement; both provider and patient should sign it.
- Schedule regular follow-up visits (monthly at first).
- Set the frequency of medication refills (monthly for the first 6 months).
- Perform initial urine (or other) drug screening.
- Communicate with pharmacies or obtain initial reports from prescription-monitoring programs (where available) and prior medical providers.
- Document every patient and clinician interaction.
- Continually review the Four A's during return visits.
- Consultations with specialists are not required.
- Medication type: adequate analgesia, no restrictions.

Moderate risk for drug abuse calls for another layer of vigilance in addition to the routine monitoring established for low-risk patients:

- Regular follow-up visits and prescription refills should occur every 2 weeks initially.
- Observe patients for signs of complicating co morbid diagnoses, such as anxiety, depression, or a sleep disorder.
- Consider referring the patient for evaluation by pain management and psychiatric specialists.
- Conduct regular checks (every 6-12 months) of your state's prescription monitoring database, if available, or consult with the patient's pharmacist.
- Visit with the patient's family members or other third parties to verify the patient's accounts and for evidence of environmental influences.
- Institute random urinalysis (or another screening method) to confirm compliance with medication levels.
- Consider checking leftover medications to verify their quantity.
- Consider limiting the use of rapid-onset analgesics.

High-risk patients require the following measures of intense monitoring in addition to those required by the low-risk and moderate-risk groups:

- Schedule regular follow-up visits more frequently than usual. If problems develop, shorten the treatment interval to weekly.
- Prescribe just enough medication to last until the next appointment and ensure that prescription refills are contingent upon attendance.
- Typically, psychiatric and addiction-medicine consultations are required. Consider consultation with a pain management specialist. Coordinate treatment.
- Conduct regular urine (or other) drug screenings in addition to some unexpected screenings.
- Consider using blood screenings.
- During every visit, count the patient's leftover medication.
- Consult a prescription database (if available) more frequently.
- Strongly enforce the treatment agreement.
- Avoid prescribing rapid-onset analgesics and consider limiting short-acting analgesics.

The 3 risk categories help make treatment decisions easier but should not be used to label patients. Remember that the need to monitor for aberrant behavior is ongoing, and patients can move from 1 risk group to another throughout the course of treatment. For example, a patient initially assessed as low risk may later display multiple aberrant behaviors in response to a deteriorating physical condition or life stresses.

In general, exhibiting more than 3 mildly aberrant behaviors during 1 year or exhibiting 1 egregious behavior should cause a patient to move to a higher risk category and to be monitored more closely. If patients remain in the low-risk category for 6 months, the interval between visits and refills of medication can be increased. Eventually, when patients have remained in the low-risk category for 1 year, refills that last for 3 months are common.

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