CCB Science2Service Distance Learning Program

Medication Assisted Treatment: Medications for Opioid Use Disorder:

Executive Summary-Part 1-Part 2

Common Abbreviations:
ASAM – American Society of Addiction Medicine
CNS – Central Nervous System
OTP – Opioid Treatment Provider
OUD – Opioid Use Disorder
PDMP – Prescription Drug Monitoring Program
REMS - Risk Evaluation and Mitigation Strategy
SAMHSA – Substance Abuse and Mental health Services Administration
SUD – Substance Use Disorder
WHO – World Health Organization

Executive Summary

1. The general principles of good care for chronic diseases can help providers deliver care to patients with OUD that:
   a. Are likely to be reimbursed by managed care third-party payers.
   b. Will ensure that they are able to obtain Social Security Income.
   c. Guarantees that they will be engaged in lifelong treatment.
   d. Helps them stabilize, achieve remissions of symptoms, and establish and maintain recovery.

2. Our nation faces a crisis of overdose deaths from opioids. Which of the following is *not* an opioid?
   a. Fentanyl
   b. Heroin
   c. Hydrocodone
   d. Methamphetamine

3. Because some people with OUD can achieve remission without medication, it is best practice for providers:
   a. Give information to their patients that will help them understand OUD and the options for treating it, including FDA-approved medication.
   b. Make sure that the only people that can access medication are really serious about their recovery.
   c. Prescribe FDA-approved medications to all patients with OUD anyway.
   d. Refer all patients to long-term therapeutic communities and recovery support services, as OUD is a chronic illness.

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4. Expanding access to OUD medication is an important public health strategy for all of the following reasons *except*:
   a. Medications for OUD are cost-effective and cost- beneficial treatment options, according to the data.
   b. In 2012, nearly 1 million people that needed treatment for OUD did not get it, despite 80% of OTPs operating at 80% capacity or greater.
   c. Opioid over deaths in 2016 exceeded the number of deaths caused by motor vehicle crashes.
   d. Remission of symptoms for individuals with OUD is impossible without medications.

Part 1 – Introduction to Medications for Opioid Use Disorder Treatment

5. According to the WHO, the five A's that should occur at every medical visit are:
   a. Assess, adapt, acknowledge, argue, and agree
   b. Assess, advise, agree, assist, and arrange
   c. Acknowledge, assume, arrange, allow, and advise
   d. Assist, admonish, amend, amenable, and agree

6. The WHO's principles of good care for chronic diseases include all but which of the following:
   a. Random urine drug screens to ensure patient is receiving the right level of care.
   a. Involving "expert patients," peer educators, and support staff in the health facility.
   c. Supporting patient self-management of illness
   d. Developing a treatment partnership with patients.

7. _____ empowers patients with information that helps them make better treatment decisions with the healthcare professionals involved in their care.
   a. Patient-centered care.
   b. Medication assisted treatment.
   c. Chronic care management.
   d. The internet.

8. The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition uses the term "addiction" for diagnostic purposes for the most severe forms of OUD.
   a. True
   b. False

9. A substance that has an affinity for and fully stimulates physiological activity at cell receptors in the CNS that are normally stimulated by opioids:
   a. opioid receptor antagonist
   b. opioid receptor agonist
   c. opioid medication
   d. mu-opioid receptor site

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10. An individual is just given a new prescription of buprenorphine at a low dose. She says that it makes her feel just like her "pain pills" used to.
    a. This is not possible because of the "ceiling effect" associated with partial agonists.
    b. This is only possible if the patient has taken illicit opioids in addition to her buprenorphine.
    c. This is possible because partial agonists may produce effects similar to those of full agonists at low doses.
    d. This is possible because partial agonists are no different than full agonists.

11. The FDA-Approved medications used to treat OUD improve patients' health and wellness by:
    a. Reducing or eliminating cravings to use opioids.
    b. Reducing or eliminating withdrawal symptoms.
    c. Blunting or blocking the effects of illicit opioids.
    d. All of the above.

12. While some people stop using opioids on their own, methadone, buprenorphine, and extended-release injectable naltrexone:
    a. are not effective in reducing illicit opioid use.
    b. are less effective than talk therapy in reducing illicit opioid use.
    c. are more effective in reducing illicit opioid use as no medication.
    d. are equally as effective as 12-Step meetings in reducing illicit opioid use.

13. Which of the following medications for the treatment of OUD is only approved for an oral route of administration?
    a. Naltrexone
    b. Buprenorphine
    c. Naloxone
    d. Methadone

14. Oral naltrexone has been found to be:
    a. Equally as effective as injectable naltrexone regarding the rate of return to opioid use.
    b. Superior to buprenorphine at increasing the amount of negative urine drug screens.
    c. To have similar results to placebo or to no medication in clinical trials.
    d. A good alternative to methadone for individuals with milder forms of opioid use disorder.

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15. Which of the following is *not an exception* to the Controlled Substances Act that allows for a healthcare provider to administer methadone or buprenorphine outside of an OTP or a waivered practitioner?
    a. Administering opioid medications in a hospital to maintain a patient as an "incidental adjunct to medical or surgical treatment of conditions other than addiction".
    b. Administering an opioid for no more than 3 days to a patient in acute opioid withdrawal while preparations are made for ongoing care.
    c. Administering opioid medications in a hospital to detoxify a patient as an "incidental adjunct to medical or surgical treatment of conditions other than addiction".
    d. Administering an opioid to a patient that has missed their dosage time at an OTP.

16. Where can patients receive buprenorphine for the treatment of OUD?
    a. From an individual healthcare practitioner in any medical setting, as long as they apply for and receive the DATA 2000 waiver and the revised Comprehensive Addiction and Recovery Act.
    b. Federally certified and accredited OTPs.
    c. Any healthcare provider with prescribing authority.
    d. Pain management specialists.
    e. A and B

17. Which medication is an implant form of buprenorphine?
    a. Suboxone
    b. Subutex
    c. Sublocade
    d. Probuphine

18. The best results for medication assisted treatment occur when a patient:
    a. receives medication for as long as it provides a benefit.
    b. is required to abstain from all illicit substances in order to receive their OUD medication.
    c. is given seven to 14 days' worth of buprenorphine in a gradually decreasing amount until they are no longer experiencing withdrawal symptoms.
    d. is maintained on a stable dose of medication for OUD for six to 12 months before being tapered off.

19. Patients who complete medically supervised withdrawal:
    a. are considered to be in full remission from OUD.
    b. are at risk of opioid overdose.
    c. are more likely to complete psychosocial treatment than patients on maintenance treatment.
    d. are at reduced risk for HIV and Hepatitis C.

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Part 2 – Addressing Opioid Use Disorder in General Medical Settings

20. How often should healthcare professionals screen patients for alcohol, tobacco, prescription drug and illicit drug use?
    a. Never
    b. Monthly
    c. Every 3-5 years
    d. Annually

21. Providing medications to achieve and sustain clinical remission of signs and symptoms of OUD and support the individual process of recovery without a specific endpoint is known as:
    a. Maintenance treatment.
    b. Medically supervised withdrawal.
    c. Recovery.
    d. Medical management.

22. _____ is an alteration of the body's responsiveness to alcohol or other drugs, such that higher doses are required to produce the same effect achieved during the initial use.
    a. Withdrawal
    b. Relapse
    c. Opioid misuse
    d. Tolerance

23. The Alcohol Use Disorder Identification Test – Consumption (AUDIT – C) is the briefest tool available for screening for alcohol misuse.
    a. True
    b. False

24. What is the most prevalent cause of early death in the United States?
    a. Smoking cigarettes.
    b. Prescription opioid use disorder.
    c. Alcohol-related liver disease.
    d. Illicit opioid use.

25. Given the high prevalence of SUDs in patients visiting primary care settings and the effectiveness of medications to treat SUD specifically, it is recommended all patients:
    a. be given drug tests with urine, blood, or oral fluids annually.
    b. be screened for opioid misuse.
    c. receive education regarding the potential consequences of alcohol and other drug use.
    d. be screened for anxiety disorder.

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26. Which screener tests for smoking, substance and alcohol use, as well as substance-specific risk?
    a. ASSIST
    b. AUDIT
    b. TAPS
    c. DAST

27. When do patients need to be assessed for OUD?
    a. Signs or symptoms of opioid misuse are present.
    b. They screen positive for opioid misuse.
    c. They disclose opioid misuse.
    d. All of the above.

28. The extent and thoroughness of the assessment depends on:
    a. the provider's level of training and education in addiction medicine.
    b. the patient's need for support in their recovery.
    c. the relationship between the provider and the patient.
    d. the providers ability to treat patients directly.

29. Asking open-ended questions is one way to help patients begin to explore their _____ regarding their opioid use.
    a. defense mechanisms
    b. ambivalence
    c. prognosis
    d. consequences

30. Which of the following is an example of an open-ended question a provider might ask about a patient's opioid use?
    a. How long have you been injecting heroin?
    b. Have you broken the law to obtain hydrocodone?
    c. How has your life been affected by the use of opioid pain medication?
    d. Aren't you concerned about the pain your opioid use has caused your family?

31. Treatment for mental disorders and SUDs:
    a. Should not occur during the same time period, as SUDs can mimic depression and anxiety disorders.
    b. Can occur concurrently.
    c. Are billed as separate services and cannot be treated by the same provider.
    d. Should be done separately because mental illness can complicate patients OUD treatment.

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32. Substance use histories should explore which drugs patients use, comorbid alcohol and tobacco use, and frequency, recency, and intensity of use.
    a. True
    b. False

33. In order to correctly diagnose SUD, providers should assess the patients' negative consequences of use, which can only affect a patient's physical and mental health, family relationships, work/career status, legal involvement, and housing status.
    a. True
    b. False

34. Because patients' social environment and relationships may influence treatment _____, _____, and _____, it is necessary to obtain a thorough social history.
    a. motivation, commitment, and retention
    b. engagement, retention, and prognosis
    c. engagement, evaluation, and acceptance
    d. acceptance, motivation, and retention

35. Acute signs of opioid intoxication **does not** include which of the following?
    a. Slurred speech
    b. Sweating
    c. Constricted pupils
    d. Sleeping intermittently

36. All but which of the following are symptoms associated with grade 2 opioid withdrawal?
    a. Fever
    b. Myalgia
    c. Piloerection
    d. All of the above are symptoms associated with grade 2 opioid withdrawal.

37. Which of the following is **not** a justification for obtaining urine or oral fluid drug testing during OUD pharmacotherapy?
    a. Drug testing can confirm medication adherence.
    b. To help confirm patient histories.
    c. Helps to determine if the patient is truly motivated for change.
    d. To aid in determining the severity of SUD.

38. What is the window of detection for hydrocodone in a urine drug screen?
    a. 2-4 days
    b. 2-11 days
    c. 3 days
    d. 2 days

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39. Pregnant women treated for active OUD typically receive:
    a. Naltrexone
    b. Behavioral health therapy only
    c. Opioid receptor agonist therapy
    d. Medically supervised withdrawal.

40. Patients entering treatment at an outpatient OTP setting:
    a. Will have to visit the program from six to seven times per week for the first six months of treatment.
    b. Will only have access to case management, peer support, and other services after a pattern of negative urine drug screens.
    c. Are able to increase the number of take-home doses at every 90 days of demonstrated progress in treatment.
    d. Should consider methadone only if they are allergic to buprenorphine.

41. Which medication has the highest risk of severe precipitated withdrawal when starting the medication?
    a. Methadone
    b. Acamprosate
    c. Naltrexone
    d. Buprenorphine

42. Patients who have OUD may be appropriate candidates for residential treatment if they have:
    a. The ability to pay for it.
    b. Family that encourages residential treatment.
    c. Concurrent other substance use problems and unstable living situations.
    d. History of injecting drugs and psychiatric instability.

43. The DATA 2000 legislation requires that prescribers:
    a. include counseling on site for maximum benefit.
    b. be able to refer patients to counseling.
    c. require patients to attend an intensive outpatient program prior to initiating OUD medications.
    d. address s many recovery support services as possible.

44. In order to meet the mental health needs of patients with OUD, providers should:
    a. Address depression, anxiety and other mental health disorders through pharmacotherapy.
    b. Be knowledgeable about alternative methods of managing mental health disorders, such as acupuncture.
    c. Provide referrals when the patient's needs are outside of the scope of their own practice.
    d. None of the above.

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45. Patients that have an OUD and are seeking treatment are likely to need:
    a. Ancillary support services, such as vocational training, housing, peer support, and counseling.
    b. A referral to 12-Step meetings only. These are the best place to find recovery.
    c. Medical care for their OUD and coordination for their PCP to attend to their other recovery needs.
    d. To be referred to an OTP if they have any ancillary needs, such as housing, peer support or counseling.

46. Encouraging patients with a history of OUD to use a small "test dose" if they return to opioid use after a period of abstinence is an example of:
    a. Enabling
    b. Relapse prevention education
    c. Overdose prevention education
    d. Unethical practice.

47. Which medication should be prescribed to a person with an OUD in order to prevent an overdose?
    a. Naltrexone
    b. Naloxone
    c. Buprenorphine
    d. Adrenaline