

Prevalence of Opioid Misuse Risk in Patients With Cancer

Michelle D. Dannenberg, BSN, MPH, RN, Martha L. Bruce, PhD, MPH, Paul J. Barr, PhD, MSc, BSc, and Kathleen Broglio, DNP, ANP-BC, ACHPN®, CPE, FPCN, FAANP



BACKGROUND: Opioid misuse risk may be similar in individuals with chronic cancer and noncancer pain. However, risk screening is not uniformly used for patients with cancer, so its prevalence is unknown.

OBJECTIVES: The primary aim of this study was to estimate the level of risk for opioid misuse among patients with cancer. Secondary aims were to compare opioid misuse risk across cancer types and specialties and to explore psychosocial factors that may contribute to opioid misuse risk.

METHODS: Clinicians were trained to administer the Opioid Risk Tool during ambulatory visits. Data were retrieved from electronic health records and analyzed using descriptive statistics.

FINDINGS: Five percent of patients seen in the cancer center during the data collection period were screened for opioid misuse risk. Of the 226 patients screened, 163 were at low risk, 34 were at moderate risk, and 29 were at high risk for future opioid misuse. The most frequent cancer diagnoses for patients at moderate or high risk were lung ($n = 15$), breast ($n = 16$), gastrointestinal ($n = 10$), and genitourinary ($n = 8$). Of the 63 patients at moderate or high risk, 50 had a family history of substance misuse, 45 had a personal history of substance misuse, and 29 had a history of psychological disease.

KEYWORDS

pain management; cancer pain; analgesics; opioid; risk factors

DIGITAL OBJECT IDENTIFIER

10.1188/22.CJON.261-267

DESPITE ADVANCES IN PAIN MANAGEMENT, more than 30% of individuals with cancer still experience moderate to severe pain (Kwekkeboom et al., 2020). Pain severe enough to warrant treatment with opioids is experienced by more than 50% of patients undergoing active antineoplastic therapy and by 66% of those with advanced, metastatic, or terminal disease (van den Beuken-van Everdingen et al., 2016). The ability of clinicians to adequately treat pain may be affected by several factors. The increase in opioid-related deaths since the early 2000s has highlighted the potential dangers of opioid use (Centers for Disease Control and Prevention [CDC], 2021). As a result, patients with cancer report fears of addiction following opioid use for pain management (Kwekkeboom et al., 2020). A reported decrease in opioid prescribing by oncologists (Jairam et al., 2020) may be associated with inappropriately applied chronic noncancer pain management guidelines that recommend multimodal non-opioid management prior to consideration of opioids (Dowell et al., 2016).

Background

Clinical recommendations limit opioid therapy to non-opioid-resistant pain (Glare et al., 2014; Paice, 2019). Studies suggest that cancer survivors with no evidence of disease for 10 years use opioids at a higher rate than matched controls (Fredheim et al., 2019; Sutradhar et al., 2017). Possible reasons for the increased use of opioids in cancer survivors may be the co-occurrence of chronic cancer-related and chronic pre-morbid noncancer pain, lack of awareness of multimodal pain management options, or iatrogenically induced opioid dependence (Posternak et al., 2016).

Opioid Misuse Screening Guidelines

CDC screening guidelines for prescribing opioids for chronic pain exclude individuals undergoing active cancer treatment (Dowell et al., 2016). However, the National Comprehensive Cancer Network (NCCN) and pain experts recommend screening for opioid misuse in people with cancer, with exclusion only warranted if overall risk of opioid misuse is low (Krashin et al., 2015; Liebling et al., 2019; Manchikanti et al., 2018; Swarm et al., 2019). Studies conducted among people with cancer-related pain suggest that opioid misuse risk may be similar to risk in individuals with chronic noncancer pain (Barclay et al., 2014; Carmichael et al., 2016; Choffet et al., 2016; Greiner et al., 2020; Koyyalagunta et al., 2013; Ma et al., 2014; Rauenzahn et al., 2017).

Opioid Prescription and Substance Use Disorder

Because of the differing recommendations in NCCN and CDC guidelines, clinicians may not routinely screen patients with cancer for substance misuse