

AAPM 2012 Highlights – UDT Monitoring Consensus Panel

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Gudin: Welcome back. We are live at the American Academy of Pain Medicine's 28th annual meeting here in Palm Springs, California. We are reporting to you live from *EmergingSolutionsinPain.com*. If you have joined some of our other sessions you have seen that there are some exciting developments going on there at this year's AAPM. I have with me today Dr. John Peppin, who I will let introduce himself in just a moment. John and I have been attending many of the sessions. I have seen John speak and presented one of his posters, which we are going to talk about this morning. His poster was on the development of the consensus panel on the use of urine drug monitoring. John, if you could, a brief introduction for our audience.

Peppin: I am an internist who is also boarded in pain, hospice and palliative care and practice in Lexington, Kentucky at a large multidisciplinary pain center. I also run a palliative care service in the morning and do clinical research, and speak and present posters.

Gudin: Thank you for joining me. So John, we have been talking about urine drug monitoring for probably at every one of these meetings for the last 10years. And you know, out in the community doctors ask, "How do you drug screen? Why should we drug screen? How often do you drug screen? What do you check for?" What was the kind of impetus behind this panel for putting together a consensus on urine drug monitoring?

Peppin: Well, actually what you just said is really part of the impetus for doing this, and that is there are all kinds of professional organizations, regulatory groups, law enforcement, state legislatures, medical boards who say you should be doing urine drug screening. The question comes "What is the data base? What do we have as far as evidence is concerned to guide us into who to test, how often to test, what kind of tests should we use, what do we do with the results? And so what we did was we put together a consensus panel of experts, numerous individuals that you know well, and those individuals got together over a period of about a year and a half long, almost two years and we looked at the literature, we discussed all those questions and we realized that the data is weak at best. So there really is very little data to guide us in any of those

questions. So then the next step came for us to say, we will do a consensus group, we will make a statement about answering those questions at the best of our ability and put it out there, and then of course people can discuss it, we can have other literature, we have actually submitted this to a journal, and maybe we can come up with a better consensus down the road, but right now this is all that has been in the literature on this topic.

Gudin: You know it is very useful, like you say it is a starting point. We have not had anything up until now. And really it just makes some simple suggestions as to how frequently to monitor, you know, how to discuss with your patients, so I think it is going to be a benefit to, let us say the primary care doc who does not urine test and thinks to himself, "How should I even get started?"

Peppin: I think you are absolutely right. One of the interesting things about the group was that there was not necessarily a consensus. I mean what we found was there was debate and sometimes very strident to me, but eventually we were able to come up with a set of guidelines that we all were willing to sign on to and agree with. And I think it is going to be helpful, I agree, it is going to be very helpful.

Gudin: So, John, there are a lot of changes going on out there in the pain world. States have individual legislation for screening of patients and prescribing of medicines. Have you heard of anyone including urine tox screening in regulations?

Peppin: Actually there have been. We reviewed some of that and that will be in our paper that we have submitted if it is accepted. It is not in our poster, but there are legislation coming down the pike now, for example, in Florida, in Ohio they either suggest or even require urine drug monitoring. They do not necessarily say how often it has to be done but it is in that legislation and clearly the Model State Act for state medical boards also talks about urine screens as well. It is an accepted standard, it is just there is no data to support how we approach it.

Gudin: Well, you and I know before we had prescription monitoring programs, before we could see some electronic data on prescribing, really interviewing our patients, calling all the pharmacies in town and urine drug screening was really the only thing we had to figure out if patients were using their medicines appropriately.

Peppin: You are right.

Gudin: So Dr. John Peppin, thank you so much for joining me. We are here live at the AAPM 28th Annual American Academy of Pain Medicine meeting in Palm Springs, California. Please visit *EmergingSolutionsinPain.com* to see some of our other commentary live from these and other national pain meetings. I am Dr. Jeff Gudin. Thanks and have a good day.

Peppin: Thanks Jeff.