

Screening for Opioid Use Disorder in Older Adults

This document is an overview of the Substance Abuse and Mental Health Administration (SAMHSA) TIP 26: Treating Substance Use Disorder in Older Adults Updated 2020.¹

Several measures can help you screen for substance misuse, but none are validated (tested and approved for use) with older adults. One option is to use screening questions developed for the general adult population. For example, open your conversation with older clients by asking: “Have you taken a prescription medication differently than prescribed by your healthcare provider?”

You can also use a single-question screener for drug use, such as: “How many times in the past year have you used an illegal drug or taken a prescription medication for nonmedical reasons?”

If the client says “yes” to the first question or answers the second question with “one or more,” begin more in-depth screening. Please be aware that these screening tools are not validated in an older adult population but with adults. The tools include:

The Current Opioid Misuse Measure (COMM©)² is a 17-question patient assessment tool designed to identify adverse drug-related behavior (ADRB) during chronic opioid therapy. Each of the 17 items is scored 0–4 points. Total score can range from 0–68. A score of ≥ 9 is suggestive of current ADRB with 77% sensitivity and 66% specificity. The COMM is one of the most used tools for patients on long-term opioid therapy and has been validated for chronic pain patients by high quality studies.

The Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP®-R)³ is a 24-question screening tool and is a revision of the original SOAPP.® It is designed to predict ADRB prior to initiation of long-term opioid therapy. Each of the 24 items is rated 0 (never), 1, 2, 3, or 4 (very often) for a total maximum score of 96. A score of ≥ 18 indicates a patient is at higher risk for misusing prescribed opioids.

A formal substance use disorder (SUD) diagnosis is based on meeting two out of 11 DSM-5 diagnostic criteria. However, **some of the physical and social factors described in DSM-5 may not apply to older adults** because of age-related changes in tolerance to substances, cognitive functioning, role responsibilities, or social isolation.

¹ Substance Abuse and Mental Health Administration (SAMHSA). (2020). TIP 26: Treating Substance Use Disorder in Older Adults Updated 2020.

² Current Opioid Misuse Measure (COMM)™ downloaded at [W:V2.0 Phase22 - Yr 2 measuresONLY question 17.wpd \(tapmipain.ca\)](https://www.tapmipain.ca/W:V2.0 Phase22 - Yr 2 measuresONLY question 17.wpd)

³ Screener and Opioid Assessment for Patients with Pain (SOAPP)® Version 1.0 - 14Q downloaded at [I-SOAP \(nih.gov\)](https://www.nih.gov)



Screening Strategies for Opioid Use Disorders in Older Adults

To successfully make routine screening for drug use disorders a part of your clinical practice with older adults, **use simple, consistent approaches that can be added to screening practices you already have in place.** Screening questions can be asked verbally, on paper, or electronically. Make sure the print is large enough for older adults to read easily.

Ask about drug use:

- In a straightforward and nonjudgmental manner.
- While asking about other health behaviors (e.g., exercise, weight, smoking, alcohol use).
- While keeping the focus on helping clients improve their overall health, functioning, independence, and quality of life.
- Screen adults ages 60 and older:
 - Yearly, as part of the annual checkup.
 - When changes in physical or mental health status occur (e.g., falls, memory issues).



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