

Clinical Research Gaps Related to Urine Drug Monitoring

Breakout Group

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Role of UDM

- Does it have a role?
- What is the role?

Proposed Role of UDT

- Promote safe and effective use of opioid medications
 1. Adherence / compliance with prescribed drug(s)
 - Levels of opioid drugs
 - Complements self-report
 2. Detect use/ misuse of non-prescribed drugs
 - Is patient introducing other medications?
 - If so, why? Is PM effective
 - Harmful interaction

Research

- How do we evaluate potential role of UDT?
- What kind of study? Case Control?
- Randomized clinical trial or observational?
- What outcomes? Psychosocial Function, Pain Control, Diversion, Risk to children in patient's family/ household.
Abuse/misuse/addiction related outcomes
 - No standardization as an obstacle?

Implementation

- Can this even be achieved reliably?
- Cost-effectively?

Research Questions

- Clinical management- how are they used?
- How could/ should they be used?
- Are there particular clinical settings in which they are useful? eg- high risk, admission?
- Can urine be used to identify pharmacogenomic metabolic differences/ metabolites?
- Answer question about AEs?
- Is this lab tool similar/ distinct from other lab tests?

Research Questions- Current State

- Why do providers obtain UDTs?
- What is state of knowledge about UDT?
 - What clinical information do prescribers think is being obtained?
 - Interpretation of data
 - Where do docs get their intervention?
 - Decision support eg web-based?
- How do patients perceive UDT? What is appropriate informed consent of UDT and patient care agreement?
- Role of UDT in patient care agreement?
- What are potential non-medical (social/ forensic) consequences of obtaining these?

Clinical Management

- Clinical Research Questions
- Are qualitative urine drug levels useful to manage patients for purposes of titration of medication, assessment of response and adherence?
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Research Questions

- Clinical Effectiveness question
- Good pain care– does UDT help improve pain
- Pain Outcomes – Propose an effectiveness study– two arms
- Does it improve safety, reduce overdose, reduce AEs, identify and reduce diversion?
- Can it help with safety of household and community?
- If it were “routine”, does it reduce stigma? Test this hypothesis

- Given the limitations of lab testing, physiological variability differences in analytic technology,
- Urine a snapshot of a day or two. Several snapshots

Forensic Implications

Implications for workman's comp/disability

Do we need new UDT panel?

Just opioids and opioid metabolites?

How do you detect self-medication?

Does discussion of possible test enhance clinical communication (“blind pipeline”)?

Do we need to monitor for non-prescribed/ illicit drugs?

Research question about THC– implications of testing or NOT Testing for it. Does clinician need to know about THC? Medical marijuana does previous h/o and extent of use prior make a diff in adherence?

are there different tests for “medical marijuana” vs “recreational marijuana”?

- How to use THC information?
- What does clinician do?
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- Current availability of testing/services?
- How adherent are patients currently?
- Epidemiology
- Prevalence on non-adherence?
 - Compared to other conditions/meds?
- How does dr response to UDT impact

Beyond Urine

Other fluids:

What role could oral fluid play?

What is relative sensitivity / specificity in detecting drugs (?opioids) in saliva vs urine?

How does saliva compare to “gold standard” of blood?

Clin Pharm question: does route of administration of drug of interest affect relative value of different fluids?

Clinical Chemistry: parent metabolite ratios (urine limited value— certain drugs a tool; blood preferred for these questions?) Changes in conc in setting of chronic use?

Attitudes toward drug testing