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FAST FACTS AND CONCEPTS #68

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**Background** A very commonly requested educational topic by physicians, concerning pain, surrounds differentiating the patient in pain vs. the patient with a substance abuse disorder. The key to proper assessment lies in understanding 1) the definitions of tolerance, physical and psychological dependence, 2) the components of an addiction assessment, and 3) the differential diagnosis of the symptom of "pain."

### Definitions

- *Tolerance*: the need to increase a drug to achieve the same effect. In clinical practice, significant opioid tolerance is uncommon. Tolerance may be present in the pain patient or the addict; by itself it is not diagnostic of addiction.
- *Physical Dependence*: development of a withdrawal syndrome when a drug is suddenly discontinued or an antagonist is administered. Most patients on chronic opioids will develop physical dependence; its presence cannot be used to differentiate the pain patient from the addict.
- *Psychological Dependence (Addiction)*: overwhelming involvement with the acquisition and use of a drug, characterized by: loss of control, compulsive drug use, and use despite harm. Research suggests that opioids used to treat pain rarely leads to psychological dependence.

**Addiction (Substance Abuse) Assessment** Assess for addiction in the domains presented in the list below (see Reference 1). Note: one positive item from the list does not establish a substance abuse disorder. Rather, the diagnosis rests on a pattern of behavior that includes several positive findings (see Reference 4).

- Loss of control of drug use (has no partially filled med bottles; will not bring in bottles for verification).
- Adverse life consequences – use despite harm (legal, work, social, family).
- Indications of drug seeking behavior (reports lost/stolen meds, requests for high-street value meds).
- Drug taking reliability (frequently takes extra doses, does not use meds as prescribed).
- Abuse of other drugs (current/past abuse of prescription or street drugs).
- Contact with drug culture (family or friends with substance abuse disorders).
- Cooperation with treatment plan (does not follow-up with referrals or use of non-drug treatments).

**Differential Diagnosis** The differential diagnosis for a patient reporting "pain" includes physical causes (broken leg, sciatica, pseudoaddiction – see Fast Fact #69); psychological causes (depression, anxiety, hypochondriasis, somatization disorder, etc.); spiritual causes (impending death, grief); substance abuse; and secondary gain/malingering/criminal intent (desire for attention, disability benefit, or financial gain from pain medications).

### References

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**Fast Facts and Concepts** are edited by Drew A Rosielle MD, Palliative Care Center, Medical College of Wisconsin. For more information write to: [drosiell@mcw.edu](mailto:drosiell@mcw.edu). More information, as well as the complete set of Fast Facts, are available at EPERC: [www.eperc.mcw.edu](http://www.eperc.mcw.edu).

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