

“Controlled Substance Prescriptions and Pain Management: Striking a Balance”
Student Quiz

1. Treatment of chronic pain in the United States:

- a. Results in adequate pain relief for the majority of patients.
- b. Is hampered by a lack of effective medications.
- c. Is a major public health problem affecting 50 million people.
- d. Is regulated by federal agencies.

2. Undertreated pain:

- a. Causes physiological effects such as impaired respiration and hypertension.
- b. Can lead to the development of chronic pain.
- c. Produces negative psychological effects including depression, anger, and hostility.
- d. All of the above.

3. According to the American Academy of Pain Medicine and the American Pain Society:

- a. The use of opioids for relieving chronic pain is a legitimate medical practice.
- b. Opioids should not be prescribed for patients with a history of addiction or a psychiatric disorder.
- c. Opioids should be withheld in patients on long-term therapy due to concerns about respiratory depression.
- d. Stopping diversion is more important than filling prescriptions for opioids.

4. The *leading* cause of undertreatment of chronic pain is:

- a. Misunderstanding about addiction.
- b. Fear of regulatory oversight.
- c. Inadequate reimbursement.
- d. Poor training in pain management.

5. Controlled substance agreements:

- a. Are legally binding contracts between a patient, a physician, and the state.
- b. Often require a patient to fill all prescriptions at the same pharmacy.
- c. Require pharmacists to report lost or stolen controlled substances to local police.
- d. Seldom require the patient to consent to random blood or urine tests.

6. The Federation of State Medical Boards Model Guidelines for the Use of Controlled Substances for the Treatment of Pain:

- a. Specify that tolerance and physical dependence are early warning signs that addiction may be developing.
- b. Suggest that prescribers of opioids will be evaluated primarily on the frequency and quantity of their prescriptions for controlled substances.
- c. Are supported by the National Association of Boards of Pharmacy and the Drug Enforcement Administration.
- d. Were adopted by the Joint Commission on Accreditation of Healthcare Organizations in 2001.

7. Pharmacists should be suspicious of patients who:

- a. Become physically dependent on opioid medications.
- b. Report that their prescribed medication no longer relieves their pain.
- c. Complain that their prescribed opioid is causing constipation.
- d. Fill all their prescriptions at their pharmacy.

8. The Drug Enforcement Administration requires that prescriptions for all controlled substances:

- a. May be filled only at pharmacies registered to dispense them.
- b. Can be ordered verbally or by fax.
- c. May be refilled up to 5 times in 6 months.
- d. Must be retained at the pharmacy for 24 months.

9. Pharmacists have a responsibility to:

- a. Fill any prescription presented to them.
- b. Validate irregularities on a prescription with the prescribing practitioner.
- c. Refuse to fill prescriptions for scheduled drugs for patients unknown to them.
- d. Physically detain a person suspected of prescription fraud.

10. Pharmacists would be prudent to suggest to providers who prescribe scheduled drugs to:

- a. Fax a copy of the prescription to the pharmacy as a backup.
- b. Make it harder to alter prescriptions by spelling out quantities (e.g., “ten” instead of “10”).
- c. Use tamper-resistant Rx forms.
- d. All of the above.