

“Controlled Substance Prescriptions and Pain Management: Striking a Balance”
Instructor Key

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.

Correct: c.

Incorrect:

- a. Only 25% report adequate pain relief.
- b. A wide range of effective treatments are available for all types of pain.
- d. The federal Drug Enforcement Administration regulates the dispensing of controlled substances, not the treatment of pain.

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.

Correct: d.

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.

Correct: a.

Incorrect:

- b. Such conditions may require special consideration and consultation with a pain medicine or mental health specialist but do not preclude use of opioids.
- c. Respiratory depression is usually short-lived and occurs in opioid-naïve patients, not those on long-term opioid therapy.
- d. These organizations stipulate that efforts to stop diversion should not interfere with the appropriate prescribing and dispensing of opioids for pain management.

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.

Correct: b. This fear has prompted 82% of physicians to underprescribe and 17% of pharmacists to fail to stock opioids, according to published surveys.

Incorrect:

Answers a, c, and d also are factors, but not the leading cause.

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.

Correct: b. This allows the pharmacist to closely follow the patient.

Incorrect:

- a. These are agreements, not legal contracts, between a patient and physician.
- c. Patients agree to contact the police if their medications or prescriptions are stolen.
- d. Such agreements often require these tests to detect other illicit substances and to ensure that therapeutic concentrations of the prescribed medications are adequate.

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.

Correct: c.

Incorrect:

- a. The Guidelines include language to dispel this myth.
- b. The Guidelines clearly state that medical boards will evaluate physicians who prescribe opioids on the basis of the outcomes for their patients, not the amount of opioids prescribed.
- d. The Joint Commission created its own standards for pain assessment and management in 2001 as part of the accreditation process.

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.

Correct: b. This is a normal state of adaptation called tolerance, and it occurs for the effects and side effects of numerous drugs.

Incorrect:

- a. Physical dependence is an expected phenomenon in patients on long-term opioid therapy, characterized by withdrawal symptoms when the opioid is stopped or its dose quickly decreased.
- c. This is a common side effect of opioids which can be managed with laxatives.
- d. This is a desirable practice, enabling the pharmacist to closely follow the patient's treatment.

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.

Correct: a.

Incorrect:

- b. This is true for Schedule III, IV, or V medications but only for emergency prescriptions of Class II substances, which must be backed up by a written prescription within 7 days.
- c. This is true for Class III and IV drugs only.
- d. There is no such provision.

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.

Correct: b.

Incorrect:

- a. Pharmacists should exercise sound professional judgment and are not required to dispense a prescription if they are suspicious about its validity.
- c. Pharmacists should take reasonable precautions to ensure the validity of a prescription for any patient but should not summarily refuse to dispense a medication just because the patient is not known to them.
- d. Pharmacists who suspect fraud should contact the local law enforcement agency.

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 prescription forms.
- d. All of the above.

Correct: d.