Urine Drug Testing in Chronic Opioid Therapy — Clinical Considerations

- Before attempting chronic opioid therapy*
- For patients who are unable to provide a specimen
- For patients who have stopped using illicit drugs or prescribed medications
- For patients who have been identified as high-risk users

**Possible causes:**
- The patient is not taking the prescribed medications
- The patient is taking illicit drugs or the result may be a false positive or an expected metabolite
- The laboratory results may have been incorrectly reported

**What to say to the patient:**
- “I need some help interpreting the urine drug test result. Your urine test did not come back as expected.”
- “The medication that you are prescribing is not in your urine. Please tell me about it.”

**Possible concerns:**
- Positive results on immunoassay, particularly those targeting a class of drugs (e.g., opiates), may be falsely reassuring, as such results do not confirm that the patient is taking all the prescribed drug versus only some of it versus another class of drugs.
- Medications commonly prescribed or misused in your patient population
- High-risk medications (e.g., benzodiazepines), or any illicit drugs

**Who should be tested?**
- Any patient who is starting chronic opioid therapy
- Any patient who is at high risk (e.g., due to cross-reactivity with another medication).
- Any patient who is taking illicit drugs or the result may be a false positive or an expected metabolite.
- Any patient whose results are contested by the patient.

**Why do urine drug testing in chronic opioid therapy?**

- To comply with current monitoring recommendations for patients on chronic opioid therapy
- To assist in monitoring whether or not the patient is taking the prescribed medication
- To open up a dialogue with the patient about your sincere efforts at reducing risk

**How often should you test urine in patients prescribed chronic opioid therapy?**

- Every 1–3 months for patients who are new to you
- Every 3–6 months for patients who have been on chronic opioid therapy longer than 6 months

**What should you test for?**

- The medication that you are prescribing
- Commonly prescribed or misused medications in your patient population

**How should you handle unexpected results?**

- Confirm that unexpected results are not caused by preanalytical errors (e.g., mislabeling)
- Assess the most likely cause of the unexpected result and adjust the treatment plan accordingly using a patient-centered approach.

**References:**