Abstract

Backgroud: The subject of this thesis is screening risks of aberrant behavior and addiction in patients with chronic non-malignant pain who are on long-term opioid therapy.

Objectives: The aim is to introduce the Czech Adaptation of the Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R) and the Opioid Risk Tool (ORT) and to validate the two questionnaires. To identify the difference between patients in high and low risk of aberrant behavior with respect to socio-demographic, clinical and affective variables regarding SOAPP-R and ORT. To evaluate the clinical utility of the visual analog scale Emotional Thermometers at predicting high and low risk of aberrant behavior regarding SOAPP-R and ORT.

Methods: This multicenter study was conducted through an anonymous survey using standardized self-reporting questionnaires, SOAPP-R and ORT. The research sample consisted of 305 patients, recruited from pain clinics, suffering chronic non-malignant pain. Patients had been in treatment for at least three monthes on stable doses of opioid analysesics.

Results: As a result of the data analysis, the SOAPP-R identified 40.66 % of patients from the sample as high risk and the ORT 18.36 %. Cut off scores of the Emotional Thermometers that have been identified using the reciever operating characteristic (ROC) curve analysis can in clinical practice distinguish patients at high and low risk of aberrant drug-related behavior. Multivariate analysis showed that three factor have been significantly predictive of high risk according to SOAPP-R: The need to seek psychiatric help, pain unpleasantness rated with a visual analog scale (VAS) and the total score of ORT.

Conclusions: The study shows good psychometric properties of both tools. Both methods are suitable for distinguishing patients at high risk of aberrant drug-related behavior. Cut off scores of Emotional Thermometers, identified using the ROC curve analysis, are suitable for use in clinical care and the nursing practice as a quick screening tool to predict patients at high risk.