CAREFUL: A Practical Guide for Improving the Clinical Surveillance of Long-Term Opioid Therapy

To the Editor: National prescribing guidelines for opioid use provide recommendations for clinical surveillance aimed at enhancing the safe use of these medications in patients with chronic pain.1 However, despite the widespread availability of these guidelines, most clinicians do not follow recommendations for clinical surveillance.2 The purpose of this letter was to describe an acronym that provides a summary of many key components of clinical surveillance that have been recommended for patients receiving long-term opioid therapy.

The Table depicts the terms of the CAREFUL acronym. Although opioid contracts are not legally binding documents, they outline shared responsibilities that should exist between the patient and the clinician regarding long-term opioid use. The risk of addiction should not only be assessed before initiation of long-term opioid therapy but also during the course of treatment to identify early signs and symptoms of opioid use disorder. Prescription drug monitoring programs (PDMPs) are available in all 50 states (plus the District of Columbia)3 and PDMPs can aid verification of compliance with issued prescriptions for controlled substances. The opioid dose should be regularly assessed to ensure the effective lowest dose is being prescribed. Functionality, including pain, is an important clinical outcome of long-term opioid therapy, and measures of function and pain should be assessed and documented. Similar to PDMPs, urine drug screens can aid verification of medication compliance. Longitudinal follow-up is the cornerstone of clinical surveillance because all other recommendations are dependent, in part, on face-to-face encounters with the patient.

Although the CAREFUL acronym can help operationalize many key recommendations for clinical surveillance, the decision to continue long-term opioid therapy is driven by the prescribing practices of individual clinicians. The principal characteristics of clinicians posited to influence opioid prescribing include (1) specialty area of practice; (2) previous training in pain medicine and opioid use; (3) attitudes and beliefs about the risks and benefits of opioids; and (4) perceived professional obligations to patients.4

A pressing need exists to improve the clinical surveillance of patients receiving long-term opioid therapy for chronic pain. The CAREFUL acronym is a practical tool that could be used in daily clinical practice to guide the assessment and documentation of many key recommendations governing the clinical surveillance of patients receiving long-term opioid therapy for chronic pain.

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Caffeine Effects on Arterial Stiffness: To Drink or Not to Drink?

To the Editor: The acute and long-term effects of caffeine intake on arterial wall properties and blood pressure, although investigated for many years, are still to be fully elucidated. In the past, it was repeatedly reported that caffeine has an acute pressor effect leading to postprandial increases in aortic pressures and pulse wave velocity (PWV).1 Recent studies conclude that habitual coffee consumption has an inverse association with cardiovascular disease risk,2 which highlights a favorable long-term effect of coffee on the cardiovascular system and the need to clarify the effects of one of the most widespread consumed beverages worldwide on vascular structure and function. The study of Ponte et al3 investigates the associations of caffeine intake, assessed through caffeine urinary metabolites, with pulse pressure (PP) and PWV in a large population study, offering a valuable insight into the possible favorable vascular effects of coffee consumption. Nevertheless, there are some issues that need to be addressed regarding the interpretation of these interesting findings.

It is true that 24-hour urine collection after caffeine intake allows for quantification of caffeine metabolites...