

Screeners and Opioid Assessment for Patients with Pain (SOAPP)[®] Version 1.0-SF

The Screener and Opioid Assessment for Patients with Pain (SOAPP)[®] is a tool for clinicians to help determine how much monitoring a patient on long-term opioid therapy might require. Physicians remain reluctant to prescribe opioid medication because of concerns about addiction, misuse, and other aberrant medication-related behaviors, as well as liability and censure concerns. Despite recent findings suggesting that most patients are able to successfully remain on long-term opioid therapy without significant problems, physicians often express a lack of confidence in their ability to distinguish patients likely to have few problems on long-term opioid therapy from those requiring more monitoring.

SOAPP[®] version 1.0-SF is a quick and easy-to-use questionnaire designed to help providers evaluate the patients' relative risk for developing problems when placed on long-term opioid therapy. Version 1.0-SF is:

- A brief paper and pencil questionnaire
- Developed based on expert consensus regarding important concepts likely to predict which patients will require more or less monitoring on long-term opioid therapy (content and face valid)
- Preliminary reliability data (coefficient α) from 175 patients chronic pain patients
- Preliminary validity data from 100 patients (predictive validity)
- Simple scoring procedures
- 5 items
- 5 point scale
- <5 minutes to complete
- Ideal for documenting decisions about the level of monitoring planned for a particular patient or justifying referrals to specialty pain clinic.
- The SOAPP[®] is for clinician use only. The tool is not meant for commercial distribution.
- The SOAPP[®] is **NOT** a lie detector. Patients determined to misrepresent themselves will still do so. Other clinical information should be used with SOAPP[®] scores to decide on a particular patient's treatment.
- The SOAPP[®] is **NOT** intended for all patients. The SOAPP[®] should be completed by chronic pain patients being considered for opioid therapy.

It is important to remember that all chronic pain patients deserve treatment of their pain. Providers who are not comfortable treating certain patients should refer those patients to a specialist.

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SOAPP® Version 1.0 - SF

Name: _____ Date: _____

The following are some questions given to all patients at the Pain Management Center who are on or being considered for opioids for their pain. Please answer each question as honestly as possible. This information is for our records and will remain confidential. Your answers alone will not determine your treatment. Thank you.

Please answer the questions below using the following scale:

0 = Never, 1 = Seldom, 2 = Sometimes, 3 = Often, 4 = Very Often

1. How often do you have mood swings? 0 1 2 3 4

2. How often do you smoke a cigarette within an hour after you wake up? 0 1 2 3 4

3. How often have you taken medication other than the way that it was prescribed? 0 1 2 3 4

4. How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years? 0 1 2 3 4

5. How often, in your lifetime, have you had legal problems or been arrested? 0 1 2 3 4

Please include any additional information you wish about the above answers. Thank you.

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Scoring Instructions for the SOAPP® Version 1.0-SF

The five questions that make up the SOAPP V.1-SF have been empirically identified as predicting aberrant medication-related behavior six months after initial testing.

To score the SOAPP V.1-SF, add the ratings of the all the questions:

A score of 4 or higher is considered positive.

Sum of Questions	SOAPP® Indication
> or = 4	+
< 4	-

What does the Short Form Cutoff Score Mean?

In general, there is a trade off between the length of a questionnaire and its accuracy as a screener. Thus, to achieve a shorter form, one must live with poorer sensitivity and specificity. Naturally, the question becomes, “how much accuracy is traded for a shorter form?” The table below compares the Standard 14-item statistics with those of the SOAPP V.1-SF. In our view, while these parameters are clearly not as good as for the full 14-item scoring, the reduction in sensitivity, specificity, positive and negative predictive values and likelihood ratios suggests that the five-item version retains most of the predictive validity of the Standard SOAPP version. As with any screener, the scores above a cutoff will necessarily include a number of patients that are not really at risk. Scores below the cutoff will, in turn, miss a number of patients at risk. A screening measure like the SOAPP generally endeavors to minimize the chances of missing high-risk patients. This means that patients who are truly at low risk may still get a score above the cutoff. The values in the table show that the SOAPP short form, like the Standard SOAPP, is a sensitive test. This confirms that the SOAPP is better at identifying who is at high risk than identifying who is at low risk. Clinically, a score of 4 or higher will identify 86% of those who actually turn out to be at high risk (compared to 91% for the 14-item version). The Negative Predictive Values for a cutoff score of 4 is .85, which means that most people who have a negative SOAPP are likely at low-risk. Finally, the Positive likelihood ratio suggests that a positive SOAPP score (at a cutoff of 4) is more than two and half times (2.59 times) as likely to come from someone who is actually at high risk (compare with 2.94 for the Standard SOAPP). Note that, of these statistics, the likelihood ratio is least affected by prevalence rates. All this implies that by using a cutoff score of 4 will ensure that the provider is least likely to miss someone who is really at high risk. However, one should remember that a low SOAPP score suggests the patient is really at low-risk, while a high SOAPP score will contain a larger percentage of false positives (about 33%), while at the same time retaining a large percentage of true positives. The SOAPP is less good at identifying who is not at-risk. Thus, the SOAPP V1-SF appears to strike a reasonable balance between length and ability to detect future aberrant behavior.

SOAPP Version	SOAPP Cutoff Score	Sensitivity	Specificity	Positive Predictive Value	Negative Predictive Value	Positive Likelihood Ratio	Negative Likelihood Ratio
Short Form	Score 4 or above	.86	.67	.69	.85	2.59	.20
Standard	Score 7 or above	.91	.69	.71	.90	2.94	.13

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