

# Implementation of routine opioid use disorder screening fails to significantly boost new diagnosis rates, finds research

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In a brief research report, authors from University of Washington report that screening for opioid use disorder (OUD) in a primary care setting did not significantly boost the percentage of new diagnoses. Screening sensitivity could be a contributing factor, and the authors suggest that

addressing stigma may increase the sensitivity of the screening instrument. The report is published in *Annals of Internal Medicine*.

Integrating care for common mental health disorders into primary care through [screening](#) and treatment has proved to be highly effective and is now a widespread practice. However, substance use disorders often go unrecognized in primary care. Screening may be an effective approach to increase identification of OUD, and has been recommended by the USPSTF as it is used for depression, anxiety, and alcohol use disorder.

Researchers analyzed data from 20 [primary care](#) clinics screening 167,710 patients for OUD to compare the percentage of patients who were newly diagnosed with OUD before and after implementation of the universal screening initiative. They found that only 0.11% of those screened had a new OUD diagnosis, only 0.03 percentage points more than before universal screening.

Initial screening efforts occurred during the COVID-19 pandemic, but the authors note that anecdotal evidence suggests that post-pandemic screening was no more effective. They highlight that these findings may be influenced by multiple factors, including lower true prevalence of OUD, greater [stigma](#) (resulting in lower screener [sensitivity](#) than has been observed in psychometric studies), and/or greater delays in follow-up diagnostic assessments.

The authors suggest that to address OUD in their communities, clinics may want to conduct outreach activities and publicize their commitment to accepting new patients seeking care for OUD.

**More information:** *Annals of Internal Medicine* (2023).  
[www.acpjournals.org/doi/10.7326/M23-1369](http://www.acpjournals.org/doi/10.7326/M23-1369)

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