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TOX/See™ CLINICAL CONTROLLED-SUBSTANCE TOOL

“Is there a problem?” When controlled substances and/or non-prescribed drugs are at issue this question is commonly important. Controlled substances may be used inappropriately, or their use may be compromised by patient consumption of other, non-prescribed, drugs. Or, it may be desirable to confirm that the patient is appropriately using medications. Or, in an emergency department it may be desirable to quickly know what drugs a non-communicative patient has in his/her system. Fortunately, for all of these needs, objective information can be obtained—and in just five minutes.

The **TOX/See™ Rapid Urine Drug Screen Test** can be configured to meet your diagnostic needs. Bio-Rad Laboratories provides 28 configurations of drug testing panel options—examining the 14 most commonly abused drugs, including: amphetamine, methamphetamine, opiates, benzodiazepines, methadone, cocaine, THC, barbiturates, tricyclic antidepressants, phencyclidine, oxycodone, buprenorphine, propoxyphene, and ecstasy. The most common panel detects 10 drugs.



The TOX/See™ Rapid Urine Drug Screen Test from Bio-Rad can be configured to meet your diagnostic needs.

A revealing recent study by Atluri and Sudarshan observed high rates of unexpected drugs in the urine of chronic pain patients. Fifty-five percent of the study patients were not taking their prescribed opioid, 39 percent were taking opioids that were not prescribed, and 46 percent of the patients were using illicit drugs.¹ So, intermittent or routine use of drug screening to ensure accurate understanding of drug use is not only important diagnostically but also provides highly objective information when difficult patient discussions are required.

The TOX/See device is easy to read and provides results in about 5 minutes. As a further advantage compared to some other devices, the results are stable and readable for a minimum of one hour (unlike some others where the results become unreadable after about 15 minutes). In a busy practice this reduces the potential requirement for retesting should the staff become too busy to get back to the results immediately. Since the test is implemented by a one-step protocol, minimal staff training is required. Three drops of urine are added to each well of the test cassette, without

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Osama Saleh, MT

need for other reagents. Testing can be easily accomplished directly at the point-of-care.

Osama Saleh, MT (ASPC)C, at CLARA MAASS Medical Center (a 350 bed facility) has extensive experience with drug testing and with TOX/See. According to Saleh, "This is one of the best quality products. There is no waste; and, turn around time is excellent." He also applauds, "Quality control is built in and only needs to be done once a month." The compact and self-contained testing cassette, "... frees my analyzer for other tasks."

What about an alternative issue: where drugs are not a problem but where this needs to be confirmed? In the management of chronic pain patients, urine drug screens may serve to confirm that treatment is going as expected. Howard A. Heit, MD, FACP, FASAM advocates, "I believe very strongly in urine drug testing; I do it for the benefit of the patient. It plays a key role in the safety management of the pain patient and as confirmation of the agreed-upon treatment plan."²

At a third level, urine drug testing may even be used to encourage compliance and appropriate drug utilization. According to Laxmaiah Machikanti, MD and colleagues, "Thus, it is expected

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that random urine drug testing will deter use of illicit drugs, and also improve compliance."³

Another clinical setting is the emergency department. Randy Bailey, MT (Medical Center of the Rockies, Loveland, CO) reports his ED physicians use TOX/See for rapid assessment of drug status in trauma patients (where a full history may not be obtainable). According to Bailey, "It suits our needs because it is a rapid turn-around test." They experience no problem with false-positive or false-negative results and sensitivity is

better than some other products tried previously. Evaluation at his lab further found it was less expensive to use the TOX/See cassette than to set up the tests on their analyzer.

In summary, TOX/See helps solve clinical problems. Drug urine testing provides an accurate and objective means of assessing the status of a patient. TOX/See by Bio-Rad provides a range of test cassettes which may be selected according to individual practice needs. Easily and quickly obtained results offer a cost-effective, practical solution to important clinical problems. ♦

To Learn More

For more information call 1-800-2BIO-RAD (1-800-224-6723). To request a free evaluation sample of TOX/See, please visit www.bio-rad.com/toxsee.

References:

1. Atluri S, Sudarshan G. Evaluation of abnormal urine drug screens among patients with chronic non-malignant pain treated with opioids. *Pain Physician* 2003; 6(4):407-9
2. http://www.medscape.com/viewarticle/495071_23 (accessed 6/11/08)
3. Laxmaiah Manchikanti, MD, et al. Does random urine drug testing reduce illicit drug use in chronic pain patients receiving opioids? *Pain Physician* 2006; 9(2):123-129