



AOTS 5. Clinical tests: blood, urine, etc.

For more information on drug screening, electrocardiography (ECG) and methadone serum levels see *OST and You pp. 32 and 35*

Before starting opioid substitution treatment (OST) and at times throughout treatment including Shared Care you will be asked to do blood and urine tests and possibly ECGs.

Tests are done to ensure AOTS is providing you safe and effective treatment which includes providing appropriate advice about your health. Tests are not intended as a form of meddling surveillance to detect noncompliance or 'misbehaviour' – rather, tests are used so AOTS can help map your progress and response to treatment.

Tests need to be done in a certain timeframe. If you do the test outside the timeframe it may be disregarded and considered not to have been done.

You will always be told why tests are required and whether there are consequences for your treatment should you not do the test(s) when requested.



Urine tests/ Urine drug screens (UDS)

When you enter OST a urine drug screen is done as part of the assessment (this may be an observed UDS) and during treatment urine tests are done to:

- ensure the prescribed medication is being consumed
- see if other substances are present as an early warning system of relapse
- confirm all is going well
- provide an objective measure of where you are at rather than it being based on someone’s opinion

UDS can be done on-site or you may need to attend a lab. On-site testing means you can get immediate results and feedback.

If you don’t do a requested UDS this is documented in your notes and discussed by the key worker and doctor. There can be consequences for not doing a test - you may find your dose withheld at the pharmacy or your next script delayed until you complete the test.

There is no set interval for urine testing. They can be requested at any time especially at times of change like when you are moving to Shared Care or to another OST service.

Urine tests must always be for clinical reasons. Please note: AOTS does not fund testing requested by other agencies (e.g. if CYFS requests tests for child protection purposes).

ECGs/Electrocardiograms

ECG is the process of recording the electrical activity of the heart over a period of time using electrodes placed on a person's body. These electrodes detect the tiny electrical changes on the skin that arise from the heart muscle changing during each heartbeat.

Methadone and other drugs can affect your heart. For more info on methadone and your heart see *AOTS information sheet 14 Methadone and medication interactions* and *OST and You p.35*.

You may be asked to have an ECG:

1. before you start treatment if for example there is a history of heart problems in your family
2. if your methadone dose is at or over 100mg.

Everyone whose dose is over 150mg is asked to have an annual ECG.

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Blood tests

AOTS may request blood tests for:

- hepatitis and HIV. OST clients, particularly people who have used intravenously, are susceptible to blood borne viruses. AOTS can support you to get treatment if needed
- liver and kidney checks to ensure these organs are healthy and can handle the medications you are prescribed
- blood counts, blood glucose levels or testosterone levels if it's thought they may be helpful
- serum levels to see if your dose is OK and that your body is handling your medication as expected.

Methadone levels

When a steady dose of methadone is taken daily it should be present in the blood in steady levels so that you don't feel stoned or in withdrawal over 24 hours.

Blood (serum) level measurements are used for various reasons e.g. to see how your metabolism is responding to your methadone dose.

It takes about a week for AOTS to receive your results. Your key worker or doctor will then discuss the result with you.

You are of course entitled to know the results of any and all tests undertaken for AOTS. Let your key worker know if you would like to be informed of the results. Do ask if you haven't heard about your results.

Other AOTS info sheets available

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| 1. Opioid treatment with AOTS | 2. Facts about OST meds | 3. Accidental OD |
| 4. Recovery and treatment planning | 5. Clinical tests | 6. OST at a community pharmacy |
| 7. Managing your scripts | 8. OST and holidays in NZ and overseas | 9. Shared care: OST and your GP |
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