

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

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

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.

Under the Health & Disability Code of Consumer Rights you have the right to know the results of any tests, so you can ask the key worker to let you know when the results come back, or they will tell you at your next appointment.



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:

- provide an objective measure of where you are at rather than it being based on someone's opinion
- 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.

Most UDS are done at a lab and must always be for valid clinical reasons.

If a UDS is requested and not done, it will be 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. You can be asked to do one at any time especially at times of change like when you are moving to Shared Care or to another OST service.

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

Issued by	CADS AOTS	Issued Date	Oct 2023	Classification	AIS05
Authorised by	AOTS clinical lead	Review Period	36 months	Page	Page 1 of 2

Electrocardiograms (ECG)

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.38*

You may be asked to have an ECG before you start treatment if, for example, there is a history of heart problems in your family OR if your methadone dose is at or over 100mg.

Anyone on a dose over 150mg is asked to have an annual ECG because QT prolongation has been reported in people with no prior cardiac history who are receiving doses above 100 mg/day ([Methadone - Don't Break Your Heart \(QT Prolongation\) \(medsafe.govt.nz\)](#))

During an ECG electrodes are placed on your body to record the heart's electrical activity. The electrodes detect the tiny electrical changes on the skin that arise from the heart muscle changing during each heartbeat.

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.

Measuring methadone and buprenorphine levels

A steady dose of methadone or buprenorphine taken daily 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 dose.

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

Issued by	CADS AOTS	Issued Date	Oct 2023	Classification	AIS05
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