



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

**“MY PATIENT HAS OUD AND NOW
CANCER! WHAT SHOULD I DO??!”**

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SEATTLE CANCER CARE ALLIANCE



GENERAL DISCLOSURES

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

✓ I have no conflicts of interest

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TRUE OR FALSE?

- Patients receiving opiates for cancer-related pain are not at risk for an opiate use disorder
- Buprenorphine has evidence for treating cancer-related pain
- Most cancer patients will need benzodiazepines at some point in their care

CASE

- 43 yo man with new dx of acute leukemia, in distress and pain, requesting benzos and opiates
 - Recent hospital dc where received cancer dx
 - You are his PCP, met him once prior
- hx of chronic pain, heroin use disorder, unspecified anxiety disorder
 - recent relapse on heroin after hospital dc
 - Has some cravings today
- What are you going to do?

CANCER INCREASES RISK OF OUD

- Cancer pts have higher prevalence of SUD
 - People with SUD have higher risk of cancers
 - Cancer diagnosis increases rates of relapse
- Cancer & its treatment increases risk of new OUD
 - Increased access, increased stress
 - 10% with persistent opiate use 1 year s/p curative surgery
 - 10% on chronic opioids for pain have addiction behavior

CANCER INCREASES RISK OF OTHER MENTAL HEALTH D/O

- 50% will have a disorder
 - 30% Adjustment disorders
 - 15% Depression or Anxiety
 - 10% Delirium
 - ?cognitive impairment
- Higher risk of mental health comorbidity if have SUD

CANCER DX IS AN OPPORTUNITY

- Increased access to care
- Increased access to resources (financial, transportation, mental health treatment)
- Increased connection with others
- Post-traumatic growth

CANCER-RELATED PAIN & OUD

- Opiates = mainstay of treatment

Challenges:

- Stigma, misinformation in oncology settings
 - Oncologists fear causing relapse or pts are drug seeking
- **Educate** : Pts with OUD:
 - Higher sensitivity to pain
 - Higher opiate tolerance
 - if pain undertreated → relapse/addic behav
- Pts with:
 - Distrust of providers
 - Fear of precipitated withdrawal
 - Fear of relapse

BUPRENORPHINE & CANCER RELATED PAIN

- Evidence for effectiveness for mod-severe cancer pain (Cochrane review)
 - **Educate:** Bup is a PAIN medicine
 - TID dosing
- May still need short-acting opiates for breakthrough pain or acute pain
 - **Educate:** It is safe & effective to add opiates on top of chronic bup without risk of precipitated withdrawal

BEST PRACTICES: CANCER RELATED PAIN & OUD

- Coordinate with oncology!
 - Anticipated pain level?
 - Times of acute pain?
 - Who will treat it?
 - Cancer treatment plan/prognosis
- Consider current and future treatments of OUD
 - Bup? Methadone?
- Risk stratification (Paice 2016)
 - Reasonable to add short-acting opioids?
 - Lockbox, q1-2 week refills, family member manage?

BEST PRACTICES: OUD & CANCER

- Encourage behavioral & non-narcotic treatments for pain
- Use non-benzo treatments for distress (&nausea)
- Treat mental health comorbidities
 - Decreases distress → decreases relapse risk
 - Decreases pain
 - Increases engagement
 - Improves quality of life

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CASE CONT

- Current OUD care: Not on MAT, has a sponsor
- Anticipated pain—per oncologist:
 - Some current bone pain from cancer
 - Increased pain with bone marrow bx
- Cancer treatment plan:
 - Chemo
 - Oncologist willing to treat pain but nervous

CASE CONTINUED: TREATMENT PLAN

- Validate pt's fears, focus on rapport building
- Initiate buprenorphine, TID dosing for pain, encouraged NA & frequent connection with sponsor
- Anxiety treatment:
 - duloxetine & hydroxyzine
 - Referral for therapy for anxiety & OUD
 - no benzos
- Encouraged social connectedness

CANCER AS A CHRONIC ILLNESS

- New treatments are extending life
- Need to consider treatment of cancer related pain as a potential chronic issue
- Palliative approach may not be appropriate (yet)

TAKE HOME POINTS

1. Cancer is a time of increased risk for OUD and other mental health conditions
1. Coordination with oncologists & other providers essential for effective treatment
2. Cancer is a chronic illness for many people

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