



**UW PACC**

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

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**WELCOME!**

**Today's Topic:**

**Suicide, Self Harm, Overdose, and Addiction... and  
the Gray Areas in Between**

**Speaker: Rick Ries, MD**

**PANELISTS: MARK DUNCAN, MD, RICK RIES, MD, AND KARI STEPHENS, PHD**



# **SUICIDE, SELF HARM, OVERDOSE, AND ADDICTION... AND THE GRAY AREAS IN BETWEEN**

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**OVERDOSE -- SUICIDE  
AND THE GRAY AREAS IN  
BETWEEN**

# GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

# SPEAKER DISCLOSURES

- ✓ Any conflicts of interest?

# RICHARD RIES CONFLICT OF INTEREST

- No Commercial Links
- NIH grants on
  - Preventing Addiction Related Suicide
  - Treatment of Severe Alcohol Dep with Inj Naltrexone and Harm Reduction Therapy
  - Treatment Native American Indian Alcohol Dep with Contingency Management
  - PTSD Treatment in Persons Using no Versus daily Cannabis
- AFSP –
  - CAMS vs Rx as Usual in Month Following Suicide Attempt
- SAMHSA
  - Expanding MAT for Opioids into Primary Care.

# OBJECTIVES

- Attendees in reviewing serially a presented case, will make clinical choices on managing a patient with complex psychiatric and opioid use disorders, and discuss choices with other attendees on the webcast
- Attendees will predict course of illness at various stages in the presented case and discuss this with other attendees on the webcast

## **RIES CASE: P1**

**SASHA WAS A 21 YO W FEMALE RECENTLY ARRIVED TO SEATTLE FROM NYC WHERE SHE HAD BEEN AN IV HEROIN USER FOR THE LAST 2 YEARS.**

**>FROM 13-18 YO SHE HAD BEEN HOSPITALIZED PSYCHIATRICALY 6 TIMES, FOR SUICIDE ATTEMPTS, SELF HARM, AND IN DBT PROGRAMS TWICE. HER ARMS WERE A FIELD OF LONGITUDINAL SCARS.**

**>HER BF, THE REASON SHE MOVED TO SEATTLE, WAS ALSO AN IV HEROIN USER FOR >10YRS, AND THEY WERE GETTING ALONG WELL.**

**>SASHA, THOUGH LESS SUICIDAL ON HEROIN, HAD OD'D ACCIDENTALLY A YEAR AGO, AND PRESENTED TO OUR BUPRENORPHINE PROGRAM WANTING TO GET OFF HEROIN- "TO GET ON WITH MY LIFE"**



# RIES CASE P 2

- On presentation she is moderate opioid WD, as per her directions from our addiction intake, and reported she had never been in addiction treatment, was on fluoxetine 80 mg a day and lamotrigine 200 mg a day for depression ( but doubted the meds really did anything)
  - > She denied current active suicidal thoughts, plans or actions, but said suicide has always been in the back of her mind since she was 12.

# NOW WHAT TO DO ?

- 1. Tell her she was too ill and needs inpatient dual dx treatment
- 2. Tell her that as long as her BF was using Heroin her chances were nil, so they both needed to be in treatment
- 3. Start Buprenorphine and renew her psych meds
- 4. Start Buprenorphine, don't bother with psych meds, and get her into our Bup discussion group 2 x a week ( Bup is an antidepressant for many)

## RIES CASE P 4

**SHE STARTS BUPNX 8 MG A DAY, RENEWS HER PSYCH MEDS, AND COMES TO GROUP WHICH FOCUSES ON USUAL ISSUES WITH TRYING TO GET “CLEAN”, AND IS RUN BY A DBT TRAINED CD COUNSELOR,**

**> SHE STABILIZES QUICKLY, MOOD IS GOOD, HAS HOPE FOR THE FUTURE, REPORTS NO DRUG USE, AND UTOXES NEGATIVE FOR ANY DRUGS FOR 3 MONTHS**

**> WHEN ASKED ABOUT ALSO USING 12 STEP MEETINGS – SHE SAYS THAT SHE WENT TO DOZENS WHEN A CHILD WITH HER ALCOHOLIC DAD IN NYC AND DOESN'T WANT ANY 12 STEP. BF STILL SHOOTING UP BUT WORKING FULL TIME AS PAINTER**

- Now What to Do?
- > 1. Start a DBT program
- > 2. No changes- keep on with current program, it seems to be working
- > 3. No changes but meet with she and BF
- > 4. Work harder on 12 step facilitation

## RIES CASE P5

**AT 4 MONTHS SHE USES HEROIN 2 X, IN TIME OF STRESS, REPORTS THIS TO STAFF BEFORE UTOX SHOWS IT, ...DIDN'T GET HIGH BUT SCARES HERSELF. BOYFRIEND DOESN'T WANT HER TO USE. HE IS TRYING TO QUIT, WAS ON METHADONE IN PAST**

- Now what should the clinicians do?
- > 1. Nothing -leave things alone, no Rx changes
- > 2. Increase the BupNx from 8 to 12 or 16 mg
- > 3. Increase 1-1's
- > 4. More TSF ( Twelve Step Facilitation)
- > 5. Meet with BF and pt,-- he needs to get on Opioid Rx

**NOW A YEAR LATER... IE 16 MONTHS AFTER INTAKE-**

**PT STABLE ON 8 MG BUPNX, NO USES IN A YEAR, NOW ACTIVE IN NA WITH GOOD SPONSOR WHO SUPPORTS BUP,**

**PT NOW OFF LAMOTRIGINE, ON 40 MG FLUOXETINE, MOOD STABLE AND POSITIVE**

**BF IS MOSTLY CLEAN TAKING/BUYING A FRIEND'S BUPNX (WORKS, NOT ON MEDICAID, HAS NO INSURANCE. PT THINKING ABOUT GOING TO CITY COLLEGE ( I SUSPECT SHE IS SHARING HERS)**

**>>> PT WANTS TO TAPER OFF BUPNX. SHE IS THINKING ABOUT GETTING PREGNANT**

**THOUGH DR AND STAFF SAY BAD IDEA, HE WORKS WITH PT  
OVER A 3 MONTHS TAPER: 8 -6-4-2-1- 1 EVERY OTHER DAY-0.  
NOW ONLY SEEING COUNSELOR MONTHLY**

**SHE DOES WELL, ENROLLED IN COLLEGE, GETTING 4 POINT IN  
MATH,**

**BUT 3 MONTHS LATER, WHEN STRESSED RE MEDICAID  
BENEFITS TAKES NEIGHBORS ALPRAZOLAM A FEW DAYS, THEN  
USES HEROIN X 1– ACCIDENTAL OD- REVIVED IN FIELD BY  
AMBULANCE– WAS NEAR DEATH.**

**THIS IS PRE- EASY ACCESS TPO NALOXONE SPRAY.**

## NOW WHAT ?

- > 1. Move pt to Methadone Rx
- > 2. Restart BupNx, at 16 mg mg dose as when stable, get back to BupNx groups,
- > 3. Pt should have been in DBT, ( there were no Medicaid openings) and without this will just repeat.
- > 4. This relapse with due to inadequate opioid system stabilization and the key thing is getting back to same dose 8 mg of BupNx, back to BupNx groups, back to NA and sponsor, and stay away from Benzos

## ITS NOW 5 YEARS LATER...VOTE ON WHAT YOU THINK IS COURSE OF ILLNESS BELOW – OPTIONS 1-4

- >1. Pt got back on BupNx, but relapsed with Heroin again several times, over a year, broke treatment for over 2 years, Has had 2 OD's one of which was definitely suicidal. but is now back on BupNx, at a higher dose ( 16 mg a day) and starting to stabilize. No longer with BF.
- > 2. Pt started back on Bup, with proviso she would go to Methadone if she relapsed again, and did so, then transferred to Methadone but kept Dr Ries as psych prescriber. Has been “clean” most of this time, no longer with BF, no suicides or OD's since methadone



## RIES CASE P 9 -- FINAL

- > 3. Pt got back on same BupNx dose and fluoxetine, back to BupNx groups, NA and sponsor for a year, graduated with 3.95 in math, got pregnant ( with same BF) stayed on same BupNx, increased near term, repeated this twice, now has 2 healthy children ages 1 and 3. No drug use, OD's, no suicide attempts, now managing an apartment complex with husband ( same BF)
- > 4. Pt finally got into DBT, now on lurasidone, back on BupNx and using DBT groups rather than NA or BupNx groups, dumped old BF, but now married got pregnant stayed on same BupNx, increased near term, repeated this twice, now has 2 healthy children ages 1 and 3. No drug use, OD's, no suicide attempts, now managing an apartment complex with new sober husband

## RIES CASE P 10 FINAL

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