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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

HOW DO I GET PAST TALKING ABOUT TREATING THEIR PAIN WITH OPIOIDS?

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Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

None

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OBJECTIVES

1. Determine what is motivating a patient to focus only on opioids
2. Develop a stronger provider-patient alliance
3. Describe some brief evidence based behavioral strategies to engage patients in treatment

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COMMON CASE PRESENTATION

Intense Chronic Pain

- 54 year old Latino male
- Disabled, SSDI, Section 8 housing
- Bipolar II, PTSD, pervasive body pain focused mainly in hips, legs, and feet
- Hx of polysubstance abuse
- 10/10 pain, 10/10 pain interference
- Seroquel, trazadone, clonazepam
- Former dancer, now wheelchair bound, deconditioned, obese

Presents with…

- Loves his PCP
- Demanding in clinic, angry if roomed 5 min late
- Pain is #1 issue, no one is listening
- Demands opioids are all that helps, but no one will prescribe
- Admits buying opioids at times for pain flares

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WHAT'S GOING ON??

Differential Dx

- Substance abuse
- Deferring opioids – wants extra cash
- Poor motivation
- Poor engagement

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OPIOIDS ARE BAD… AND PRIMARY CARE CAN MAKE A DIFFERENCE

- Chronic Opioid Therapy (COT) use for non-cancer pain doubled in the past decade
- Fatal overdoses involving opioid analgesics increased four-fold from 1999 to 2009
- A large study showed - 87% of those who died of an opioid drug overdose obtained opioids by prescription in the prior year
- Most opioids are prescribed by primary care physicians for long term management of common chronic pain conditions
- As COT patients' opioid doses are increased, they face an increasing risk of adverse events

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3. Okie S. A flood of opioids, a rising tide of deaths. N Engl J Med. 2010;363:1981-5.
4. Warner M, Chen L, Makuc D. Increase in Fatal Poisonings Involving Opioid Analgesics in the United States, 1999--2006. NCHS data brief number 22. 2009 [updated 2009; cited 2010 Mar 10]. Available from: http://www.cdc.gov/nchs/data/databriefs/db22.htm.
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6. Dunn KM, Saunders KW, Rutter CM, Banta-Green CJ, Merrill JO, Sullivan MD, Weisner CM, Silverberg MJ, Campbell CI, Psaty BM, Von Korff M. Opioid prescriptions for chronic pain and overdose: a cohort study. Ann Intern Med. 2010;152:85-92. PMCID: PMC3000551.
7. Saunders KW, Dunn KM, Merrill JO, Sullivan M, Weisner C, Braden JB, Psaty BM, Von Korff M. Relationship of opioid use and dosage levels to fractures in older chronic pain patients. J Gen Intern Med. 2010;25:310-5. PMCID: PMC2842546.

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SAFE OPIOID PRESCRIBING GUIDELINES – TOO HARD TO FOLLOW?

- Centers for Disease Control
  https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
- Washington State Agency Medical Directors' Group
  http://agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf
- COT guideline based care generally includes dimensions of when to initiate and continue COT, specifics for selecting and dosing opioids, and assessing for risk and harm of COT
- Tough ask - where does the patient-provider alliance fit in?

WHAT HAPPENS WHEN YOU HAVE A PATIENT ASKING FOR OPIOIDS?

- What does the patient do?

- What do you do in response?

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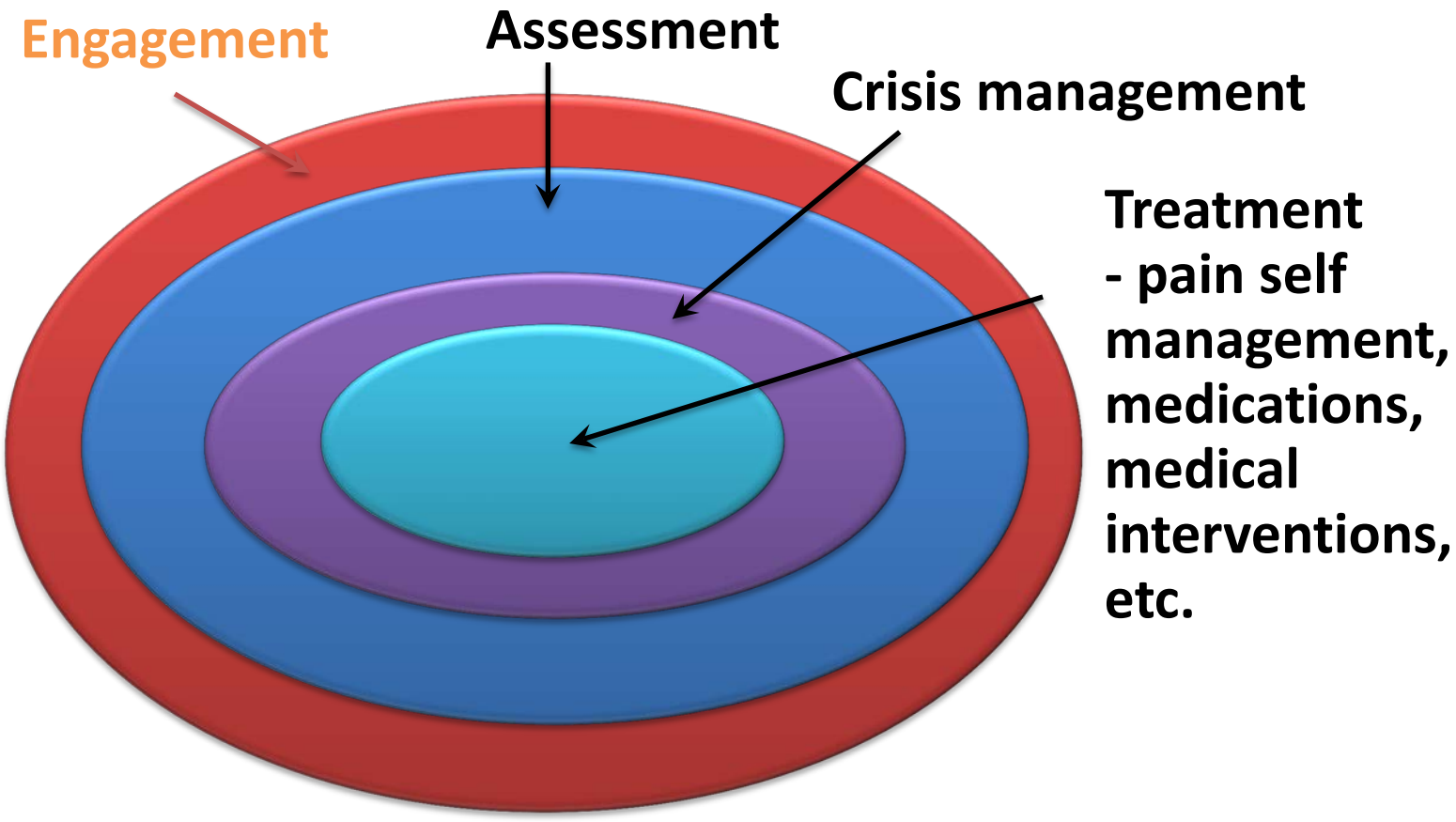
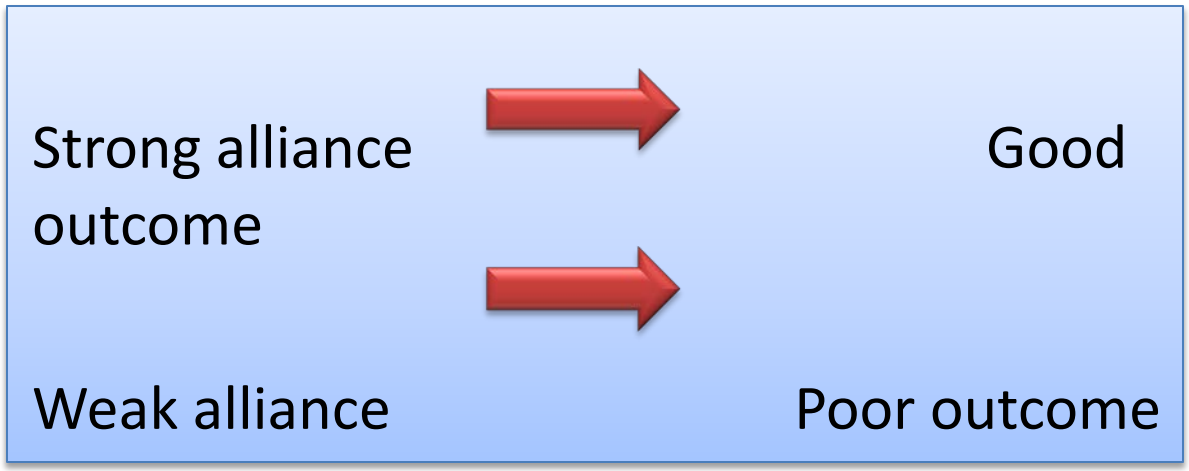
PSYCHOTHERAPEUTIC PROCESS



KEY #1

QUALITY OF ALLIANCE DETERMINES OUTCOMES

(COACHING, COUNSELING, MEDICINE, TEACHING, JOB TRAINING)



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PITFALLS

- Go for the bullseye and try to do treatment too soon
  - No engagement = no treatment adherence
  - Often makes patients angry and feel unheard
- Make assessment assumptions too quickly → "he's med seeking and unmotivated"
  - Cuts off assessment too early
  - Difficult to solicit for patient-centered goals

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WHAT TO DO?

- Spend extra time on engagement, schedule more visits if needed
- Take time to assess carefully to understand what's motivating the persistent ask for opioids
- Forgo treatment until engagement is solid
- Let's talk about how…

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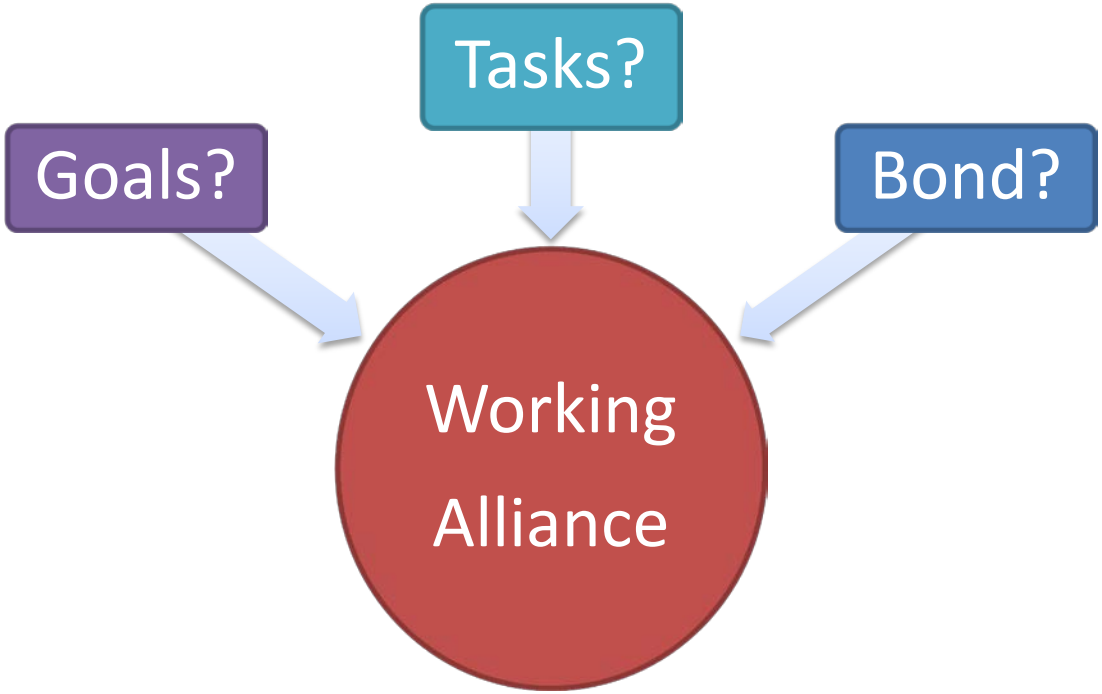
3 CRITICAL ELEMENTS OF ALLIANCE:
(ALL 3 MUST BE AGREED UPON BY THE PATIENT & PROVIDER)



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RECIPROCAL CAUSALITY (EVERYTHING EFFECTS EVERYTHING)

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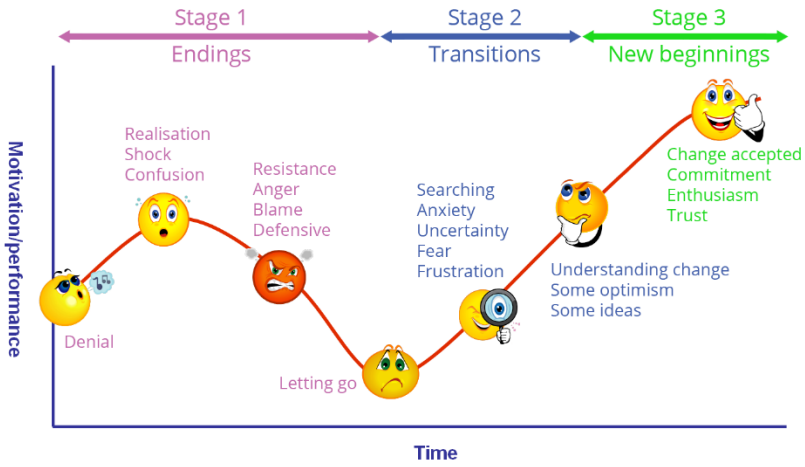
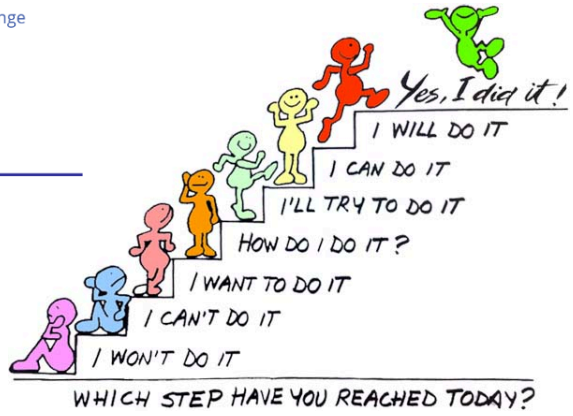
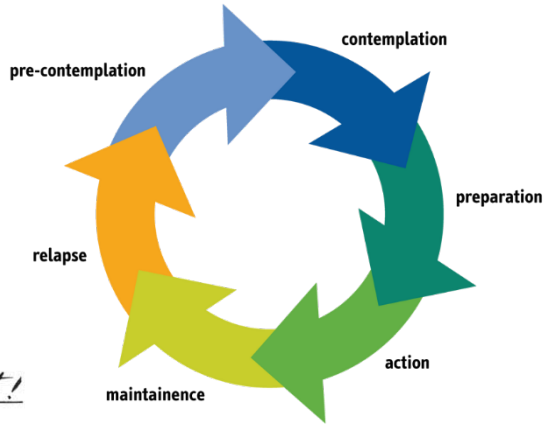
KEY #2

NOT READY TO CHANGE / ENGAGE?







Transtheoretical Model of Change
Prochaska & DiClemente

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ASSESSING FOR READINESS…

- What can I do to be helpful?
- What are you hoping to get from your care?
- After health service assessment…
  - Agree on the initial task for next contact
  - Set mutual goals

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SOME POTHOLES TO AVOID…

- Question and answer trap *(closed questions)*
- Correcting wrong thoughts with rational explanations *(telling them what to do)*
- Avoiding the patient *(hiding, acquiescing)*

What are some you notice?

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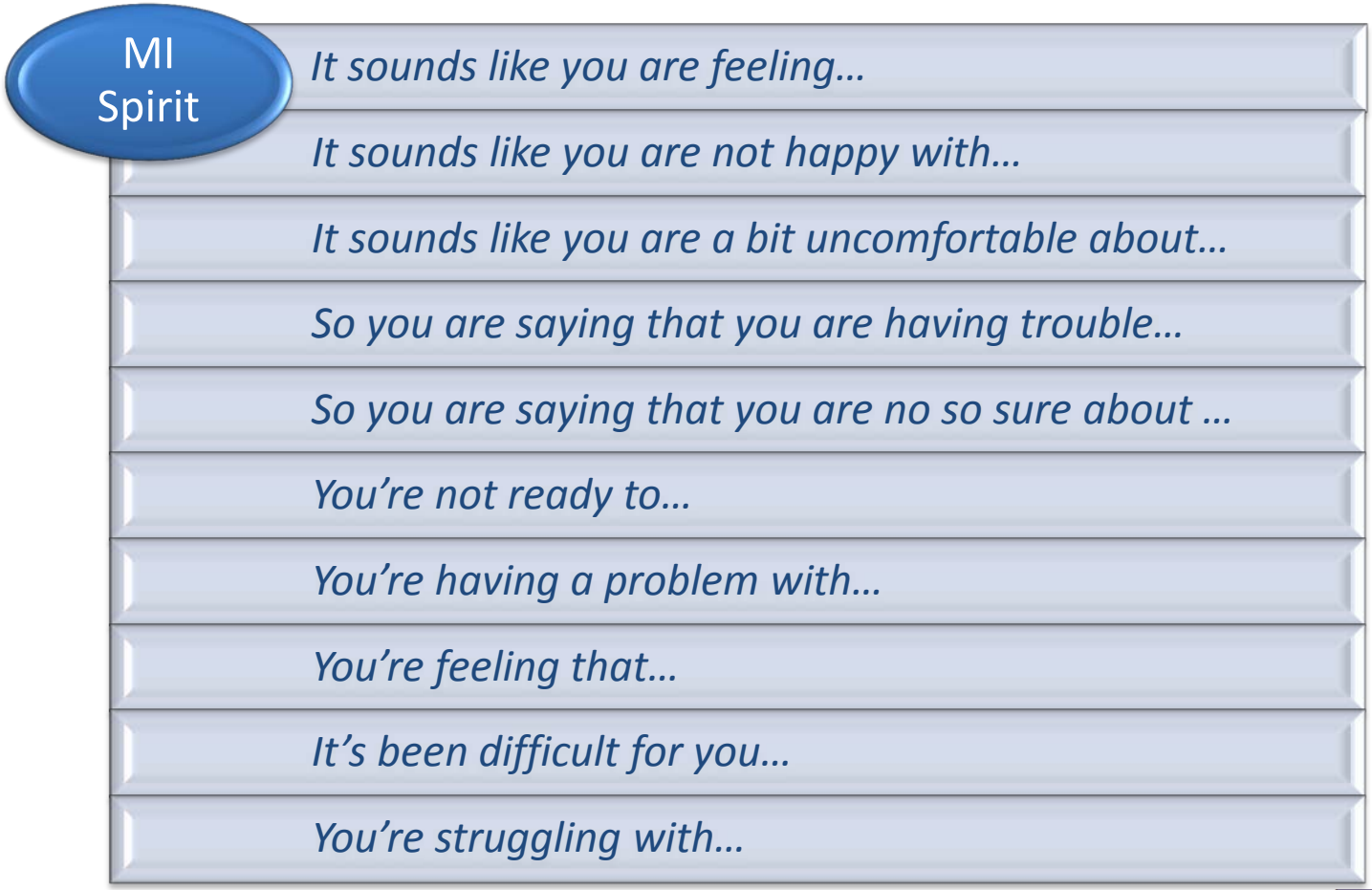
WHAT WAS HAPPENING WITH HIM?

Barriers

- Felt judged as an “addict”
- Felt like his pain wasn’t important to his medical pain providers
- Anxiety and personality style were making it difficult to interact
- He lacked education about pain self management
- Pain acceptance was low and wasn’t ready for pain self management

REFLECTIONS: **EXAMPLES**



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GOOD REFLECTIONS PROVE YOU UNDERSTAND

- Most powerful technique for preventing and dealing with tough interactions
- Shows nonjudgmental understanding of the patient's point of view
- Communicates respect and understanding of the patient's experience
- Does NOT mean you agree with their explanatory model nor endorse maladaptive behavior choices!

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ENGAGEMENT STEPS

- Elicit the story = understanding, summary of pros/cons to pain treatment
- Elicit treatment hopes and dreams
- Feedback = psychoeducation
- Address barriers: practical, psychological, cultural
- Elicit commitment

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WHEN TO STEP UP ENGAGEMENT

- Lacking agreement on goals
- Lacking agreement on tasks
- Weak bond

- Can happen at any point in care…

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WHAT DID WE DO?

What did we do?

- ENGAGE, ENGAGE, ENGAGE!
- Set patient-centered goals: lose weight, move more, get back to walking
- Address pain acceptance and educate about pain self management
- Address anxiety, anger issues, and family conflict
- Eventually…
  pain went to 9/10, pain interference 9/10, PHQ-9 20-0, GAD-7 17-0, PCL-C 50-23

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RESOURCE

Great book:

"Motivational Interviewing in Health Care: Helping Patients Change Behavior"

- Rollnick, Miller, & Butler

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