



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

UW PACC CASE STUDY

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GENERAL DISCLOSURES

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GENERAL DISCLOSURES

UW PACC is also supported by Coordinated Care
of Washington

RICHARD RIES DISCLOSURES

- 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
- SAMHSA
 - Expanding MAT for Opioids into Primary Care.

RIES CASE: P1

- Penny is a 21 yo female who comes to primary care for chronic stomach pain, and reveals she has been IV heroin user for the last 2 years and has had a few low grade infections around injection sites, no “female” exam in a year or two.
- From 15-18 yo she had been hospitalized psychiatrically 2 times, for suicide attempts, self harm,. Started smoking MJ when she was 14 . Denies other significant medical issues

RIES CASE: P2

- 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.
- Thinks her stomach problems are due to worry about her life and might be an ulcer.

RIES CASE: P3

Now what to do? You have 30 min intake.

- 1. Tell her she is too ill and needs inpatient treatment or to go to a different clinic?

- 2. More history, what?

- Acute exam, tests, what?

RIES CASE P4:

OK— now what ? It's been almost 30 minutes

- What kind of engagement strategies?

- Around What?

- What to do if she does NOT want to do anything with her Heroin use?

RIES CASE: P5

- She starts BupNx 8 mg a day in your primary care clinic
 - What kind of psychosocial help would be best now?
 - What can you realistically offer?
- She stabilizes quickly, Stomach pain gone, mood is good, has hope for the future, reports no drug use, and Utoxes negative for any drugs for 1 month
- Most people she knows are still using. Boyfriend is still using.

RIES CASE: P6

Now What to Do?

1. Start a formal addictions 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 on 12 step facilitation?
 - How do you do this?

RIES CASE: P7

- At 4 months she stops Bup, uses Heroin for a week, in time of stress, reports this to staff before Utox shows it, ... now back on Bup, but Feeling Suicidal
- 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. Suicide Screening– What?
 4. Increase 1-1's , or refer to Addictions Program
 5. More TSF (Twelve Step Facilitation- she hasn't been going)
 6. Meet with BF and pt,-- he needs to get on Opioid Rx

RIES CASE: P8

Now a year later... ie 12 months after intake-

- Pt stable on 8 mg BupNx, no uses in almost a year, now active in NA with good sponsor who supports Bup,
- No Stomach issues, had recent general and normal OB/Gyn exam.
- BF is mostly clean taking/buying a friend's BupNx (works, not on Medicaid, has NO insurance. Pt working half time (I suspect she is sharing her Bup with BF)
- 3 of pts Heroin friends have come to clinic, all doing fairly well.

They all like you and clinic and you just got voted one of the best doctors/clinics in _____ !!!!!