

CASE STUDIES

PROBLEMATIC USE OF PRESCRIPTION MEDICATION: INTEGRATING RESEARCH FINDINGS INTO PRACTICE APPROACHES

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Case studies ...

Toni

- 38 yo married woman, mother of 2, chronic persistent lower back pain following accident at work 10 years ago.
 - On Oxycontin 80 mg bd, Endone 5 mg qid, diazepam 5 mg tds. All prescribed monthly.
 - No personal or family history of substance use disorders.
 - Trauma – Childhood sexual abuse, DV in early 20s.
 - Always presents with husband who usually speaks for her.
 - Anxiety and Depression long standing problems
 - Weight gain problematic
 - Has “flares” of pain where uses all medication and presents to GP or ED for more.
 - Happening more frequently.
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Chronic Pain ...

- Multidimensional – physical, cognitive, psychological, environmental, relational
 - May have no/indeterminate physical findings
 - Neuroimaging studies have identified changes functional pain pathways in the brain and at spinal level (neuroplasticity and sensitisation of neuronal pathways)
 - Can be chronic, relapsing
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The treatment of persistent non cancer pain ...

Based on contribution of biomedical, behavioural, psychological, social, and dietary factors and nervous system sensitisation to persistent pain

Treatment domains include ...

- ❑ Biomedical
- ❑ Psychological Treatments
- ❑ Physical Therapies (active and passive therapies)
- ❑ Complementary Alternative Medicine Therapies

ACI Pain Management Network. Chronic Pain Management Strategies.

http://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0008/212210/Chronic_Pain_Management_Strategies.pdf

Role of opioids ...

- “There is much evidence to support the initial effectiveness of opioids for the treatment of chronic pain, with much less clarity about long-term effectiveness”.

Aberrant drug use behaviour:

- Abuse/harmful use
- Addiction
- Diversion

Chou R, et al, Opioids for Chronic Noncancer Pain: Prediction and Identification of Aberrant Drug-Related Behaviors: A Review of the Evidence for an American Pain Society and American Academy of Pain Medicine Clinical Practice Guideline 10(2) 131-146 *J. of Pain* 2009

Interventions ...

- Treating comorbidities guides the approach
 - Structure is important when 'loss of control' is evident
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Management – Structure ...

1. One prescriber, one chemist
 2. Reduce duration of prescriptions
 3. Increase frequency of dispensing
 4. Increase % of doses witnessed
 5. Increase frequency of investigations (UDS and BAC)
 6. Use longer acting forms, and no prn's
 7. Increase frequency of monitoring inc. review & discussion with other service providers
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Multi-faceted Service Provision

- D&A
 - Psychology
 - Psychiatry
 - Pain
 - General Medical Practitioner
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"I can tell this prescription is a phony.
The doctor's signature is legible."

Tony...

- 37 yo man. He has persistent pain following a motor bike accident.
 - IVDU from 18 yo –
 - From 32 yo using MS Contin, then Oxycontin IVI.
 - He reports for the last 4 years he has only taken them as prescribed.
 - Currently prescribed MS Contin 200 mg daily, Alprazolam 2 mg bd.
 - Describes his pain as “10 out of 10 all the time”.
 - Has not engaged in any treatments, any interventions suggested by the Pain Service or his GP.
 - Out of control with medications, injecting, getting extra scripts, doctor shopping
 - Referred by his new GP as the previous GP will no longer prescribe opioids for him. He is going to sue his previous GP for not continuing his treatment.
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Management – prescription opioids

and ...

for prescription opioids – consider
Opioid Substitution Treatment
Other more intensive D&A Programs

Gill

- 66 yo woman, taking 2-3 x 2mg alprazolam daily for anxiety and panic. Separated. On pension. Adult child at home occasionally. Some supportive friends. Recent seizure when ran out of Alprazolam. Switched to diazepam in hospital. Can't sleep. Happy to reduce off as long as she can sleep and is not anxious.
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Benzodiazepine Harms ...

- Disinhibition
- Overdose
- Falls, accidents*
- Confusion*
- Short-term recall (anterograde amnesia)
- Dependence and withdrawal syndrome

* = esp. in elderly

Older: harms & predictors of outcome

- ❑ Falls
- ❑ Cognitive deficits
- ❑ Delirium
- ❑ Metabolise drugs less well
- ❑ Sleep patterns change
- ❑ Losses, isolation, less alternative activities

- [Substance Misuse in Older People: An Information Guide. Older Persons' Substance Misuse Working Group. The Royal College of Psychiatrists \(UK\). 2015](#)
- [Older People's Drug and Alcohol Project. Full Report. NSW Ministry of Health, 2015](#)

Benzodiazepines - treatment

- ❑ Provide information about risks & harms
 - ❑ Set prescribing limits in that context
 - ❑ Withdrawal - “slower is better”.
 - ❑ Smaller amounts of tablets, dispensed frequently is safest
 - ❑ Treatment of co-morbid disorders
 - ❑ Relapse prevention counselling
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Prescription drugs ...

- ❑ Spectrum of related problems ...
 - ❑ Interventions therefore across a spectrum
 - ❑ Structure important, and multi-modal treatment essential
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