



“Can you help me out doc?” Treatment of pain in persons with a history of substance abuse

Introduction:

This self-directed learning exercise explores the approach to pain management in terminally ill patients with a history of substance abuse. Through a video case presentation and related readings, the student will identify challenges and optimal strategies for caring for this special population.

Learning objectives:

After completion of this module the student should be able to:

- 1) Define addiction, physical dependence, pseudoaddiction, and tolerance
- 2) Describe basic principles for prescribing controlled substances to patients with advanced illness and issues of addiction
- 3) Recommend appropriate guidelines for clinical management of terminally ill patients with addiction

ACGME Competencies:

Practice-based learning and Improvement, Medical knowledge, Professionalism, Patient care, Interpersonal skills and communication

What you need to complete the module:

- 1) Download and print the workbook
- 2) Read case presentation
- 3) Watch video (see instructions below)
- 4) Read accompanying article (in PDF):

Kirsh KL and Passik SD. Palliative care of the terminally ill drug addict. *Cancer Investigation* 2006;24:425-431.

- 5) Answer questions in workbook
- 6) Bring completed module to the palliative care workshop for discussion

Case presentation: Harvey Jones

45 year old male with a history of HIV and hepatitis C, who was recently diagnosed with hepatocellular carcinoma. He is a former heroin and alcohol abuser who successfully completed a treatment program 2 years ago. He presents to the outpatient clinic with mid-epigastric pain, described as a “dull ache”, 7/10 on a numeric scale, occurring most of the time and impairing sleep. He has been using acetaminophen with minimal relief. You determine that he needs an opioid analgesic and are exploring the best approach to managing his symptoms.

After reading the accompanying article and viewing the video, answer the following questions:

To view video:

Cut and paste this into your browser:

<http://depts.washington.edu/pallcare/video/painMGMTsubUSE.html>

or

If unable to directly access go to

<http://depts.washington.edu/pallcare/training/index.shtml>

Click on :Trigger tape video segments, Tape #5

Questions

- 1) In the video clip, what were Mr. Jones' concerns about receiving treatment for his pain? (circle all that apply)
- a) People will think he is a "criminal"
 - b) His pain will not be controlled
 - c) He is allergic to everything except Demerol (meperidine)
 - d) Someone will steal his pain medications
- 2) What of the following suggestions from the Kirsh and Passik article did the physician use in her discussion with Mr. Jones? (circle all that apply)
- a) Discussed periodic urine drug testing
 - b) Used a written agreement
 - c) Chose long-acting medication
 - d) Assessed his drug abuse history in a non-judgmental manner
 - e) Involved family members and friends in his treatment plan
- 4) Mr. Jones is admitted to the hospital with increased pain and vomiting. His pain medication is switched to prn intravenous morphine. The nurse tells you he is bugging her constantly when it is nearing the time for his next dose and he moans loudly whenever you go into his room. What is the *most likely* explanation for his behavior?

Hint: for more definitions refer to http://www.eperc.mcw.edu/ff_index.htm
Click on Fast Facts #68 and #69, "Pain or Addiction?" and "Pseudoaddiction"

- a) Addiction
- b) Pseudoaddiction
- c) Physical dependency
- d) Tolerance

- 4) What is the *first* thing should you do?
- a) Call a social worker to enroll him in a drug rehabilitation program
 - b) Confront him that he is showing signs of addictive behaviors
 - c) Schedule the morphine around the clock and increase the dose
 - d) Discharge him immediately on one weeks' supply of long-acting oral morphine and an anti-emetic

- 5) Mr. Jones' cancer is progressing and there are no further treatment options. He is referred to a home hospice program as his life expectancy is weeks to months. What additional advice would you give to Mr. Jones and his caregivers to manage his pain at this point? (circle all that apply)**
- a) Identify and involve trustworthy family and friends in his treatment plan**
 - b) Refer him to a 12-step outpatient program**
 - c) Have hospice deliver one weeks' supply of pain medication at a time**
 - d) Continue long-acting opioids and increase as necessary**
 - e) Refer him to an addiction specialist**