



## **“I don’t want my mother to take that” Addressing myths and concerns about opioid medications**

### **Introduction:**

This self-directed learning exercise explores common myths and misconceptions that patients, family members, and providers have regarding the use of opioids for pain. Through an unfolding case, the student will identify ways to address these concerns and anticipate and treat common side effects of opioid medications.

### **Learning objectives:**

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

- 1) Discuss common barriers to adequate pain management
- 2) Describe common side effects of opioids and their treatment
- 3) Demonstrate effective communication with patients and families to illicit and address concerns about opioids

### **ACGME Competencies:**

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

**What you need to complete this module:**

- 1) Read case presentation and review questions
- 2) Read accompanying article and Fast Fact

a) Swegle JM and Logemann C. Management of common opioid-induced adverse effects. *Amer Fam Phys* 2006;74(8):1347-1354  
<http://www.aafp.org/afp/20061015/1347.html>

b) Fast Fact: “Why patients do not take their opioids”  
[http://www.eperc.mcw.edu/fastFact/ff\\_83.htm](http://www.eperc.mcw.edu/fastFact/ff_83.htm)

- 3) Answer questions in workbook
- 4) Bring the workbook to the Palliative Medicine Workshop for discussion

## Case Presentation:



**Mrs. Williams is an 82 year-old woman who presents to the outpatient clinic for follow-up of pain. She has a history of severe osteoarthritis in both knees that is not responsive to acetaminophen 500 mg two tablets every 6 hours. She has tried physical therapy, intra-articular steroid injections, heating pads, and menthol sports cream without relief. She adamantly declines surgery.**

**One week ago her primary care doctor changed the medication to hydrocodone/acetaminophen 5/500mg two tablets every 6 hours around the clock. Today she is with her daughter, Claire, who you are meeting for the first time. Claire has several concerns about the new medication her mother has been prescribed.**

**Claire: “I know my mother is in severe pain. She can hardly get out of bed and straighten up her house anymore. Dr. Smith prescribed a narcotic medication for her. I didn’t know about it until she took the second dose. She couldn’t finish her dinner because she was falling asleep at the table.**

**I told her not to take it anymore. I just think these medications are too strong for someone her age. I mean, aren’t these supposed to be for cancer patients?”**

**1) Before you respond, what information would you like to obtain from the patient? How do you address Claire's concerns?**

**2) Describe 5 barriers (patient, family, or provider-related) to obtaining effective pain management in older adults.**

- a) ...
- b) ...
- c) ...
- d) ...
- e) ...

**Mrs. Williams: "I do feel better when I take the pills but my mind did feel a little cloudy and I had trouble staying awake. So I stopped them like Claire said."**

**3) What do you tell her? What recommendations do you make?**

**Claire: "If she has to keep taking narcotic medications won't she become addicted? That's the last thing we need is for my mother to become a drug addict!"**

**4) How do you address Claire's concerns?**

**Mrs. Williams: “I’ve also noticed that my bowels haven’t been so good with these pills. Maybe they are not such a good idea after all.”**

**5) Discuss the pathophysiology of constipation in this patient. What bowel regimen would you recommend for her?**

**6) Assess Mrs. Williams for other side effects --what questions do you ask? List two common side effects (besides sedation and constipation) and describe their treatments.**