Project ECHO: YOUR case discussions

March 2019 VIP Chat
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Noon-12:30 MST
Adam Gordon, Discussant
adam.gordon@va.gov

A VISN 19 – VA SLC Initiative
The Discussant has no conflict of interests to disclose

Disclosures and Acknowledgements

- I have no personal fiduciary conflicts of interest www.tinyurl.com/vip-initiative
- I work full time for the Salt Lake City VA Health Care System and the University of Utah
- The views expressed in this presentation are solely my own and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government or any other university or organization
- The VIP Initiative and these “VIP Chats” are sponsored by VA’s Veteran Integrated Service Network 19 (VISN 19) and the VA Salt Lake City Health Care System

AGENDA

- Introduction and Case
- “Bite Sized Teach”
- Discussion
- Extended discussion (optional)

PRIOR TOPICS

- The Case of Conundrum Carl: He wants to withdrawal… now what? (March 2018)
- The Case of Orwell: What is opioid use disorder and what it is not. (April 2018)
- The Case of Betty: Buprenorphine treatment in a nurse care management model (May 2018)
- The Case of Angry Adam: How to correctly interpret a urine drug screen result (June 2018)
- The Case of Remote Remy: how to do home induction of buprenorphine (July 2018)
- The Case of Brutus: starting XR-Naltrexone (September 2018)
- The Case of Spooky Sam: addressing medical marijuana for patients in addiction treatment (October/November 2018)
- The Case of Martel – A review of current approaches to treat marijuana/cannabis addiction (December 2018)
- The Case of Moxy: Medical Consequences of Marijuana – What to look for and what to be concerned about. (January 2019)
- The Case of Donald: Reasons why buprenorphine care is discontinued (February 2019)

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TODAY’s GOALs

- Present and Discuss some “difficult cases”
- Learn from each other

CASE 1: Mr. X

- Mr. John Xavier is a 45 year-old man with a history of total hip arthroplasty presented for first-time visit with complaints of hip pain
- One year ago he had a displaced left femoral neck fracture requiring total hip arthroplasty with subsequent chronic hip pain
- His pain was managed by his orthopedist, originally with oxycodone and more recently with ibuprofen
- Recent extensive reevaluation of his hip pain was negative

CASE 1: Mr. X

- He requested that his orthopedist prescribe something stronger like “oxys” for his pain, as the ibuprofen was ineffective
- He was told to discuss his pain management with his primary care physician (you)
- He’s been on disability since his hip surgery and lives with his wife and two children
- He denies current or past alcohol, tobacco, or drug use

CASE 1: Mr. X

- Currently, he's on ibuprofen 800 mg three times per day
- He walks with a limp and uses a cane
- His vitals are normal
- He's 6 feet tall and weighs 230 pounds
- He has a large, well-healed scar over the left lateral thigh and hip area with no tenderness or warmth over the hip
- He has full range of motion
- He doesn't want to return to his orthopedist, because "he doesn't believe that I'm still in pain."

CASE 1: Mr. X (SUMMARY)

- Mr. X is a 42 year old on disability with chronic hip pain who is requesting oxycodone
  - Is he “Drug Seeking”?
  - Are opioid analgesics indicated?
    - What would you do?

CASE 1: “Drug seeking”

- “Drug seeking” is a directed or concerted effort to obtain a specific medication.
- It is difficult if not impossible to distinguish between *inappropriate* drug seeking and *appropriate* pain relief-seeking during the initial visit(s).

CASE 1: Mr. X Follow up

- One month later Mr. X is currently taking oxycodone 5 mgs, every six hours, 120 per month, as you have prescribed.
- However, he rates his pain as “15” out of 10 all the time and describes no improvement in function.
  - Should you increase his dose of oxycodone?
  - What should you do now?

CASE 2: Mr. Zevon

- Mr. Zevon is a very pleasant 30 year old male with a history of severe Rheumatoid Arthritis
- Among his medications, he is taking the following:
  - Percocet 1 tablet every 6 hours for pain
  - MS Contin 15mg every 12 hours for pain
- He has been stable on this medication for 3 years, without problems
  - He has signed an opioid analgesic agreement
  - He generally relates that his pain is “tolerable” at 5/10
- Today, he states he has started smoking marijuana, and that it makes his pain feel better
- What do you do?

CASE 3: Mr. Candy

- A 31-year-old white male law student in his fourth year of law school had a long history of experimental drug use including alcohol (his first drug), marijuana and LSD; but at no time had he abused a psychoactive drug
- Approximately two years ago he was introduced to cocaine in a social setting by a group of friends and fellow law students
- He became a regular recreational user of cocaine and in a social setting during an evening would chop up and snort between 10 and 20 lines of cocaine in the usual fashion
- With this law student, the pattern of recreational cocaine use continued for some time, but moved to a more daily pattern when he found that the inhalation of cocaine stimulated his performance and ability to study at night, something he found desirable because he had begun to prepare for the bar examinations

CASE 3: Mr. Candy

- One evening, a female friend with whom he was periodically having sexual relations produced a needle and syringe and indicated that the injection of cocaine produced a pleasurable, orgasmic-like “rush”
- The law student injected the cocaine simultaneously with his female sexual acquaintance and found the orgasmic “rush” quite desirable
- Over a several months basis he escalated his intravenous cocaine use on a daily basis, injecting from approximately 10 p.m. until 7 a.m., on a 15 minute to 1 hour repeated schedule, using approximately 2g of cocaine per night

CASE 3: Mr. Candy

- Despite the fact that the law student was independently wealthy as a result of a family inheritance, he found that he was rapidly consuming his inheritance as his cocaine habit was costing him $50-150 a day
- As a consequence he began dealing his own cocaine to his friends in order to help support his own habit
- While the injection of cocaine involved both male and female figures, he would almost invariably inject with a woman in sexual context, although he reported that as he became deeply involved with cocaine, his libido dropped dramatically; for both he and his female sexual partners, the orgasmic effects of the cocaine injection became a substitute for actual sexual experience

CASE 3: Mr. Candy

- One evening, he injected a female friend in his usual fashion (he would first inject the woman and then himself).
- She suddenly had a series of seizures, became comatose, required mouth-to mouth resuscitation and was subsequently transported to an emergency room.
- During this particular cocaine run, he also experienced the first evidence of cocaine psychosis, with auditory and visual hallucinations and extreme paranoia
  - The negative effects both to himself and to his girlfriend were quite shocking because he had believed cocaine to be as free of adverse consequences as marijuana
- Because of these two episodes, he decided to quit cocaine use and seek treatment
- During the “withdrawal period” he experienced a difficulty sleeping and a severe drug induced depression associated with anxiety that lasted for approximately one week
- Most depressive symptoms gradually abated; however, the anxiety continued along with an urge to use cocaine late in the evening at the time for his previous cocaine runs

CASE 3: Mr. Candy

- To help with the anxiety, depression and sleep disorder, his “normal” physician prescribed 10mg of Valium p.o. was administered each night
- As there was no evidence of a prolonged underlying depression which preceded the cocaine abuse or that lasted following the “fade out” period of the drug-induced depression, no antidepressants were presribed
- He made a decision to self-medicate the lethargy and reactive depression with the intranasal use of cocaine, which he resumed on a daily basis.
- He expressed great surprise at the toxic effects of cocaine, but was also quite ambivalent about whether he would completely discontinue cocaine
- What would you suggest for Mr. Candy?

OTHER CASES?

DISCUSSION

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Next VIP CHAT! (break in May --- but see these two presentions):

Wednesday, May 1, 2019, noon-2 PM MST

Wednesday, May 15, 2019, noon-2 PM MST

“Scholarly Presentations of the Interprofessional Advanced Fellowship in Addiction Treatment Fellows”