

*Opioid Agonist Therapy 101:
An Introduction to Clinical Practice Workshop*

The Comprehensive Patient Assessment

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created with **Dr. Morag Fisher**, MBChB, CCSAM, Lecturer Dept. Family Medicine



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- ▶ Potential for conflict(s) of interest:
 - ▶ None identified



Faculty/Presenter Disclosure

Faculty: Talia Carter

Relationships with commercial interests:

None personally

Spouse in Animal Health Pharmaceuticals

Learning Objectives

Upon completion of this session, you should be able to **perform a comprehensive assessment of an individual with Opioid Use Disorder** including:



- Understanding the science & art of history taking in addictions medicine
- Taking a sensitive social history
- Taking a history of substance use & recovery
- Assessing comorbid medical conditions & impact on treatment
- Conducting a focused physical examination
- Discussing treatment options



The Comprehensive Assessment

Opening

Social History

Addiction History

Substance Hx

Behavioural Hx

Treatment History

Medical History

Physical Health

Mental Health

Medication Review

Physical Exam

Lab Tests

Wrap Up & Plan

Opening The Interview



- ▶ Frames the Interaction & Expectations
- ▶ Gets you both on the same page for the work ahead



Opening The Interview

- Greeting & Welcoming
- Briefly review **why you think** they have come today
Doctor's referral, community agency referral, self-referral, walk-in
- Briefly review **why they** have come
Motivating factors? Referring doctor's idea? Withdrawal, illness, loss?
Child & family services or criminal justice pressure?
- Outline interview plan – tell them what to expect.

Opening The Interview

“Just so you know what to expect in our time together - we have about 30 minutes to talk. **I’m going to ask you a bunch of questions**, about your life, substances, and your health.

Some questions **might feel difficult or sensitive, but bare with me** – the more I learn about you, the better we can work together on a treatment plan that makes sense for you...”

“So, tell me **what brings you in today...**”




I JUST WANTED TO SAY THANKYOU
YOU'VE MADE MY STAY HERE ALOT
MORE COMFORTABLE AND YOU'VE
TREATED ME LIKE A HUMAN AND HAVE
NOT BEEN JUDGEMENTAL TOWARDS
ME UNLIKE ALOT OF OTHER
PEOPLE YOU'VE TREATED ME LIKE A
PERSON & NOT LIKE AN ADDICT
THAT JUST NEEDED HELP SO WITH
THAT I THANK YOU BOTH

SCIENCE & ART of Addiction Medicine



SMILE

Thank you all for caring for me at a very bad time in my life. a lot of people think being an alcoholic is a choice and they can be very mean and judgemental. Thank God for kind doctors and nurses like yourselves that save us in our time of need.



Workshop Objective...

“Appreciate the **value** of **sensitivity**, **understanding** and **commitment** in the delivery of **addictions medicine** in **clinical** or **pharmacy practice**.”

**“What unites people?
Armies? Gold? Flags?
Stories.**

There’s nothing **more powerful**
than a **good story.**”

Tyrion Lannister - Game of Thrones

Social Hx – Their Story

What do you ask?

What's important to know?



Social Hx – Their Story

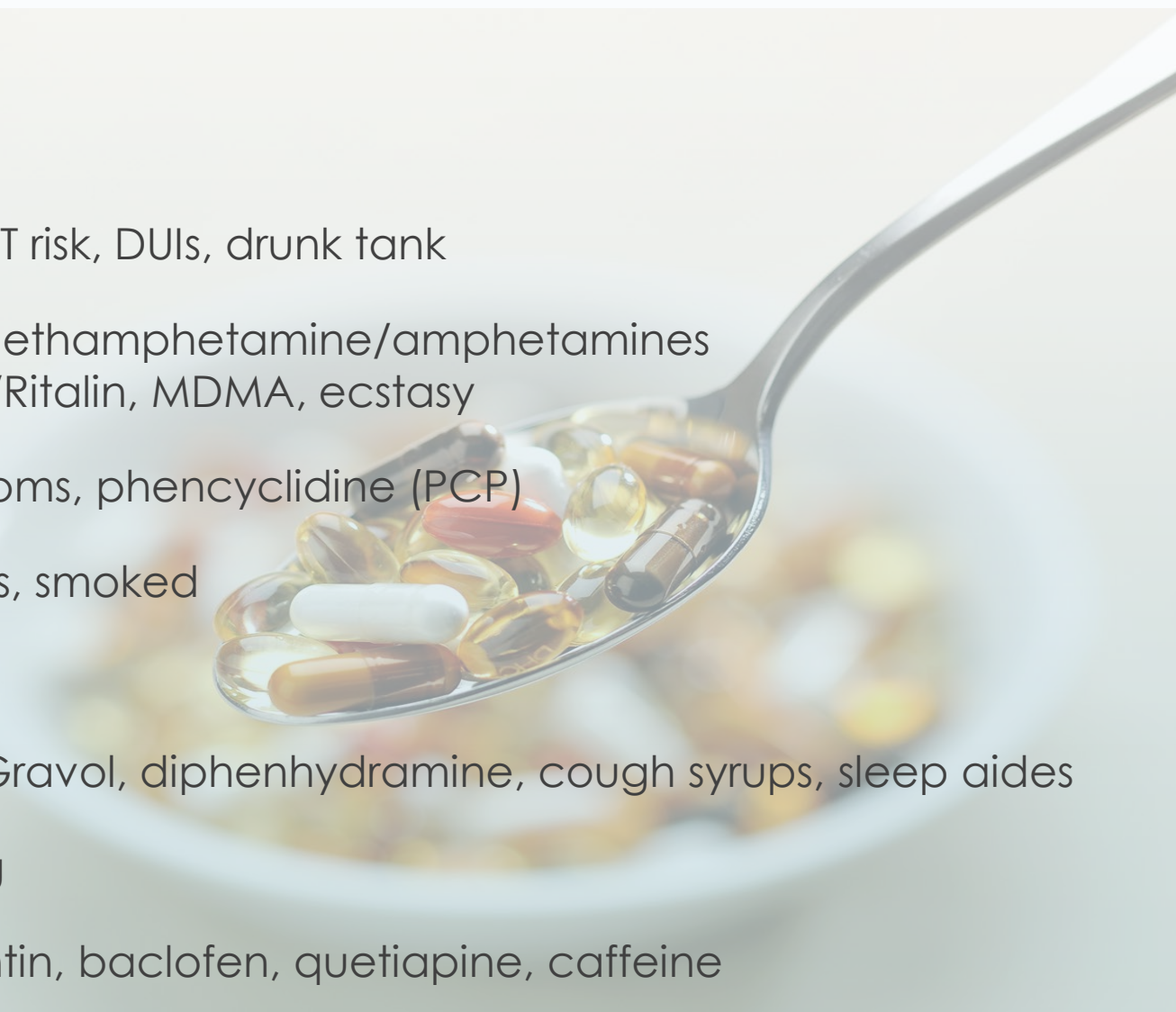
- **Age**
- **Housing** (where, with who, stable, safe?)
- **Family & Relationships** (who's in their life? sober vs. users, safe, aware of problem, children in custody or care?)
- **Education** (level, literacy)
- **Work** (past, current, employer aware, LOA)
- **Finances** (income source, untraditional means, debt)



Social Hx – Their Story

- **Illicit activity** (dealing, stealing, prostitution, gang association)
- **Legal issues** (charges, court dates, warrants, DUIs, incarceration, CFS involvement)
- **Supports** (friends, family, (para)professionals)
- **Stressors** (typically manifest in above)
- **Childhood & Teens** (family dynamics, family addiction, adverse childhood experiences/trauma ... depth dictated by patient)

Substance Hx Categories



Opioids	prescribed, illicit
Benzodiazepines	prescribed, illicit
Alcohol	type, seizure Hx, DT risk, DUIs, drunk tank
Stimulants	cocaine/crack, methamphetamine/amphetamines methylphenidate/Ritalin, MDMA, ecstasy
Hallucinogens	acid/LSD, mushrooms, phencyclidine (PCP) illicit, legal, edibles, smoked
Cannabis	
Solvents	dimenhydrinate/Gravol, diphenhydramine, cough syrups, sleep aides
OTC	cigarettes, vaping
Nicotine	steroids, gabapentin, baclofen, quetiapine, caffeine

The Substance Hx

What do you ask?

What's important to know?



The Substance Hx

- **Age first use**

- **Route** (oral, chew, insufflation, intravenous)

- **Pattern** (sporadic, intermittent, binge, weekly, daily)

If binge, how long does it last? If daily, how many times a day?

- **Amount** (g, oz, mLs, or points, rocks, or \$\$ spent)

Overdose experiences? Naloxone Kit & teaching?

- **Access** (prescribed, illicit, regular source, 'street' purchase)



The Substance Hx

- ▶ **Periods of abstinence** (duration, most recent, supports, relapses)
- ▶ **Last use** (relevant to withdrawal/intoxication/tolerance, discrepancies in pattern report, interpretation of UDS results)
- ▶ **Withdrawal Symptoms** (time before symptom onset, severity, symptom duration, time before need to use, seizure risks)
- ▶ **Life Consequences** (loss/damage to relationships, occupations, finances, health, freedom, etc.)

Remember **Polysubstance** is the **Norm...**

Stimulants ↑

Cocaine/Crack
Crystal meth
Amphetamines
Ecstasy/MDMA
Ritalin
Caffeine

Depressant/soothers ↓

Opioids
Alcohol
Benzodiazepines
Zopiclone
Barbituates

Hallucinogens

Acid
Mushrooms
PCP (phencyclidine)
Ecstasy/MDMA
DMT (dimethyltryptamine)
Ketamine

Cannabis

Quetiapine 25

Zopiclone 7.5

Diazepam 10

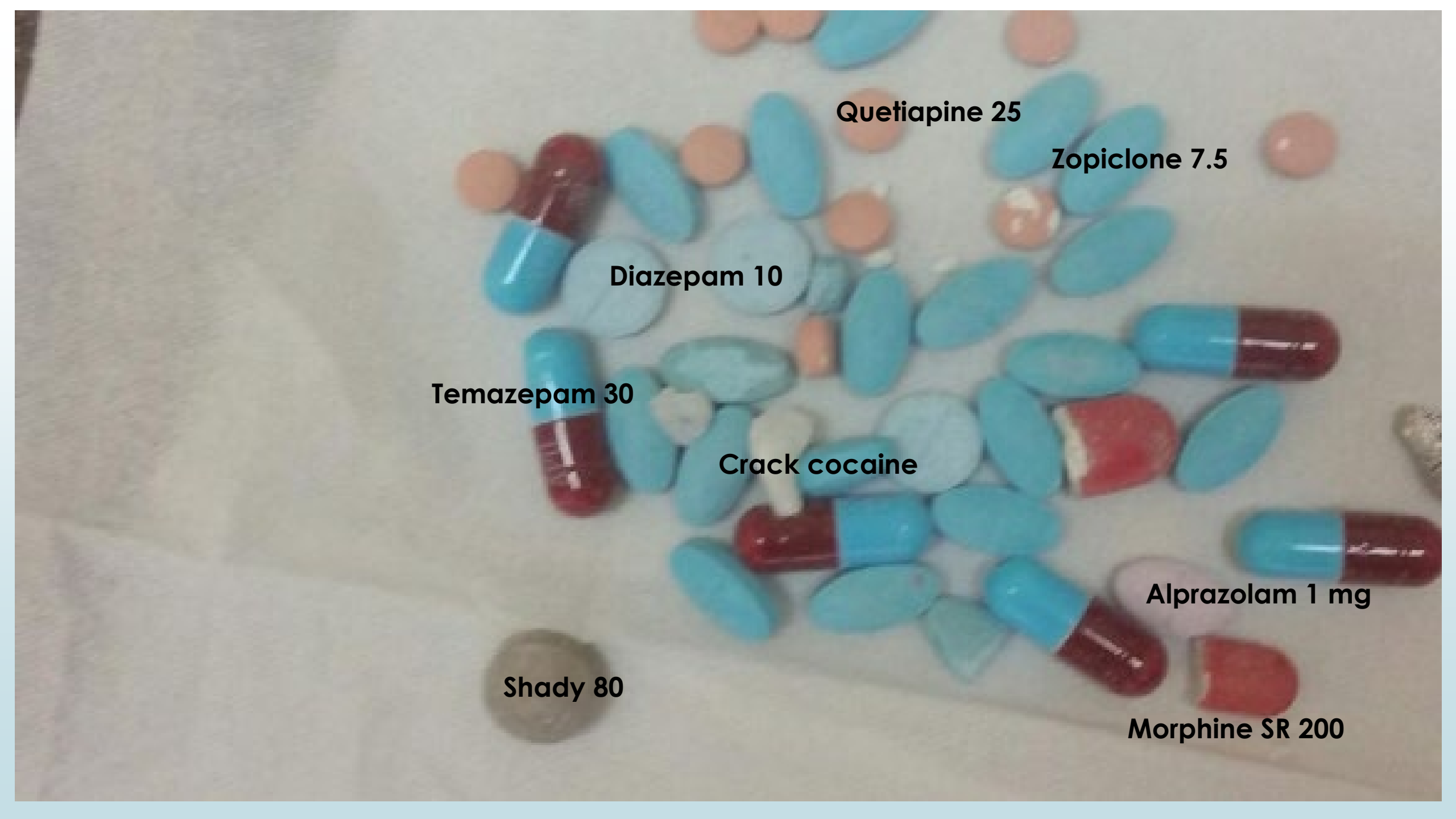
Temazepam 30

Crack cocaine

Alprazolam 1 mg

Shady 80

Morphine SR 200





DIAGNOSTIC SERVICES
MANITOBA

Health Sciences Centre
MS471A - 820 Sherbrook Street
Winnipeg MB R3A 1R9

CHEMISTRY



Health Sciences Centre
Winnipeg

A Partner Facility of DSM's
Provincial Diagnostic Network

Name:

Date of Birth:

Medical Record #

Location:

GB245 - ADDICTION CLINIC

Physician:

JAMES F SIMM

PHIN #

Lab # NE76654-2

Collected on 7 Jun 17 at 15:00

Your reference - NOT PROVIDED

Copies sent to: MS049 MEDICAL RECORDS

	RESULTS	REFERENCE	UNIT
COMPREHENSIVE URINE DRUG SCREEN			
	RESULT	CUT-OFF	
Ethanol (Urine)	Not Detected	neg <2.2	mmol/L
Cannabinoids	positive*	neg <50	ng/ml
Barbiturates	negative	neg <200	ng/ml

Drugs detected:

Zopiclone
Atenolol
Citalopram metabolite(s)
Methadone and metabolite(s)
Gabapentin
Clonazepam metabolite(s)
Morphine and metabolite(s)
Cocaine and metabolite(s)
Acetaminophen
Oxazepam
Temazepam
Quetiapine and metabolite(s)
Alprazolam
Hydromorphone
Lorazepam
Pseudoephedrine/Ephedrine

The general urine drug screen does not include salicylate, NSAIDs, diuretics, steroids, pesticides and antibiotics.

Results are for medical diagnostic purposes only. Test results are presumptive. No chain of custody in collection and transportation of sample for testing. Not suitable for employment or legal purposes or other statutory regulations.





Build your **Slang** library...

learn **Names & Trends**

W
SNO
Coke
Blow
rip
nt
g
ba
bumps
ng
pop
ping
s
rail
Parachute
hoot
Louis
Xanie Bars
purples
peaches
Green beans
80s
Oxys
Reds
Hydr
Per
CS
1s
3s
tar
China
white
D
Smack
WN
Purple H
Addys
Suzy Qs
GABBY
S
e
M
Molly
JIB
ish
Crystal
rack
Speedball
Vuitton

How you ask...

When is the last time you snorted cocaine or smoked crack?

How often do you smoke cannabis?

How much Hydromorph do you use in a day?

vs. Do you use cocaine?

Do you use crack?

Do you use cannabis?

Do you use opioids?



GOT TO
ASK...



Behavioural Addiction

Gambling

Disordered Eating

Sex, pornography

Videogames

Social Media



Addiction Treatment Hx

- ▶ **Past experience with treatment** What substance?
Residential or Community
When, format, likes/dislikes, problems, successes, completion
Abstinence during or after
- ▶ **Past experience with OAT**
When, duration, likes/dislikes, abstinence from illicit use
Process & reason for cessation
- ▶ **Current treatment** agency involvement
- ▶ Past or current self-help groups



Medical Hx

- ▶ PMHx

- ▶ Current conditions

 - Chronic HIV, Hep C, diabetes, hypertension, cardiac issues, cirrhosis, COPD

 - Acute Pain, IE, PE, septicemia, cellulitis, osteomyelitis

- ▶ Doctors involved, hospitalizations, surgeries

- ▶ **Chronic Pain?**

 - Origin, mechanism, severity, impact on function, psychosocial contributors

 - Non-opioid management or alternative therapies trialed

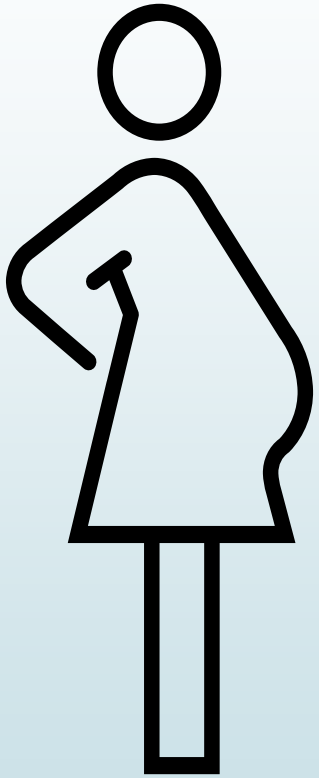
- ▶ Allergies



Medical Hx - Mental Health

- ▶ Past psychiatric issues
- ▶ **Current conditions**
 - Predating substance use or precipitated by use/withdrawal cycle
 - Stability Managed or unmanageable, impact on function
 - Acuity Suicide risk (ideation, plan, past attempts, self-harm)
- ▶ Previous treatments or hospitalizations
- ▶ Doctors involved, past or current psychiatrist

Medical Hx - Pregnancy



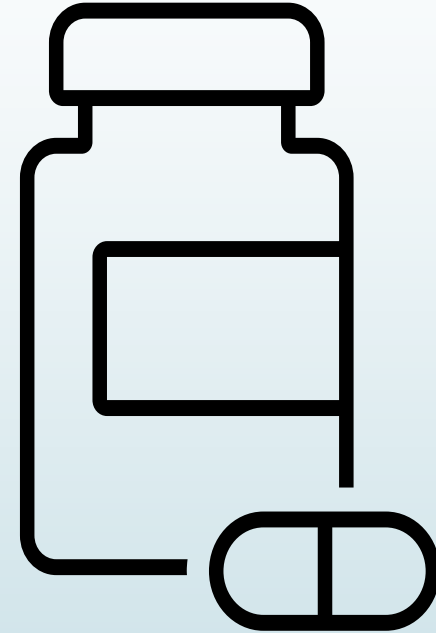
- Childbearing age? Take a menstrual history & ask about potential for pregnancy
- If any doubt send a pregnancy test
- OAT should be initiated ASAP in pregnancy for the wellbeing of mom & baby

So important – talk tomorrow!

Medical Hx – Medications

- ▶ Recent Medications
- ▶ DPIN review
- ▶ Link meds to problem list
- ▶ Attention to **Sedatives & Polypharmacy**

So important – own talk!





Examination

- ▶ **Focus Physical Exam**

- Vitals Heart rate, BP, RR, Temp as applicable

- Examine lung & heart function as applicable

- Examine skin surface for injection marks, abscesses, cellulitis

- Observe Signs & Symptoms of withdrawal or intoxication

- ▶ **Pain Conditions?**

- Visual/physical exam of tenderness, ROM, functional mobility, observe for pain-related behaviours

- ▶ **Focused MSE** as applicable

- Affect, mood, thought process, SI, evidence of psychosis, personality traits, cooperation, engagement, readiness



Examination – Lab Tests

- ▶ **Urine drug screen** Comprehensive vs Street
 - Does it match History given?
 - Are opioids present ? Are other drugs/meds present?
- ▶ HIV, Hepatitis B&C, other STBBIs, pregnancy
- ▶ CBC, LFTs, RFTs, Glucose
- ▶ ECG?
- ▶ All ideal, but does not have to delay OAT start if indicated

A green rectangular sign with rounded corners and a white border, mounted on two wooden posts. The sign features the word "Goals" in a large, white, sans-serif font. The background is a bright blue sky with scattered white clouds.

Goals

Discussing Treatment & Plan

➤ **Dx: Opioid Use Disorder?**

May need to sort out addiction from chronic pain & mental health d/o

➤ **Problem List**

What else can/needs to be addressed for quality care?

➤ **Do they want treatment?**

Willing & Able to participate in treatment? Readiness to change ?

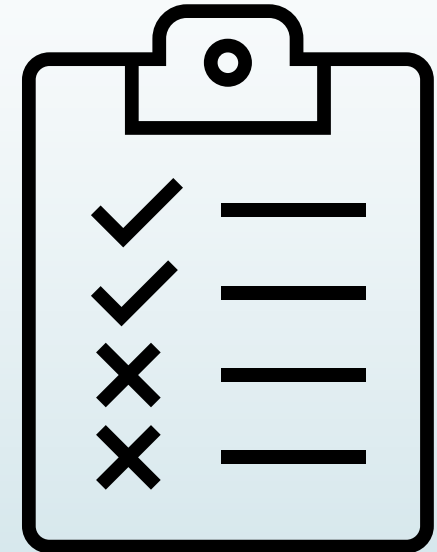
Educate about OAT vs Abstinence-based treatment

Buprenorphine/naloxone typically first line, methadone still useful for some

➤ **Can they safely start treatment in community?**

➤ In-hospital start provides closer supervision, stable dose achieved more quickly... may be indicated for some

Pregnancy, comorbid conditions, polysubstance/sedatives, rural commute



Common Interview Pitfalls

Question Stacking

Asking 2-3 questions in the same breath

Will answer what they want or whatever heard last

Ask one thing a time, be clear

Positive Spin

Phrasing questions in a way that sets the patient up to answer "Yes"

Particularly common with difficult, sensitive, or embarrassing topics

Makes it harder for patient to answer honestly

Skimming the Surface

Touching on one topic then moving to another before get details

Get details, ask more direct questions after an open-ended question

Following flow vs losing place

Following patient flow is important, but keep track of what asked and what need to know

Bring patient back on track after a tangent

Non-specific "Substance Use"

Interview Tips – Balanced Questions

Open-ended Questions

Do not have 1-2 word answers

More freedom to express thoughts

Less structured

“What’s it like where you are living?”

“Why do you think you first started using pain killers?”

“Tell me about your opioid use, what’s it like?”

“What other drugs have you experimented with?”

Closed-ended Questions

Can get specifics

Can tie-up loose ends

More structure

“Do you live alone?”

“How old were you when you first tried Oxy?”

“Do you use opioids every day?”

“Have you tried Fentanyl?”

“Do you inject?”

Balance Questions & Paraphrasing/Reflecting

Paraphrasing Content

Summarize, Synthesize, or Clarify
what you hear

Lets them know you hear them

Makes sure you are getting it right

“So you started school, really struggled with anxiety, then had to drop out.”

“You tried Percs, felt more confident, then all that worry you talked about was, like, gone.”

“Can you explain what you mean when you say ‘freaked out’?”

Reflect Feelings

Can be very validating, helps to
normalize

Lets them know you understand them

Makes sure you are getting it right!

“So every time you had a test, you felt doomed to fail”

“That must have been a relief, at first.”

“You must have felt so nervous, afraid even.”

“A lot of people feel that way under pressure.”

Take Home Message

It's a long road...

The **Art** is the **ability to connect with the patient**

RECOVERY is the **Big Picture** **OAT & Therapeutic Roles** are key parts

There is NO MAGIC PILL

Therapeutic Relationships can be healing

“I’ve learned that people
will forget what you said,
people will forget what you did,
but people will never forget
how you made them feel.”

Maya Angelou
1928 - 2014

