Opioid Agonist Therapy 101:
An Introduction to Clinical Practice Workshop

The Comprehensive Patient Assessment

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- **<u>Potential for conflict(s) of interest</u>:**
  - None identified

Faculty/Presenter Disclosure

- **Faculty: Talia Carter**
- **Relationships with commercial interests:**
  - **None for either**

Learning Objectives

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

- Understanding the art & science 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
- Physical Exam
  - Lab Tests
- Goals

Opening The Interview

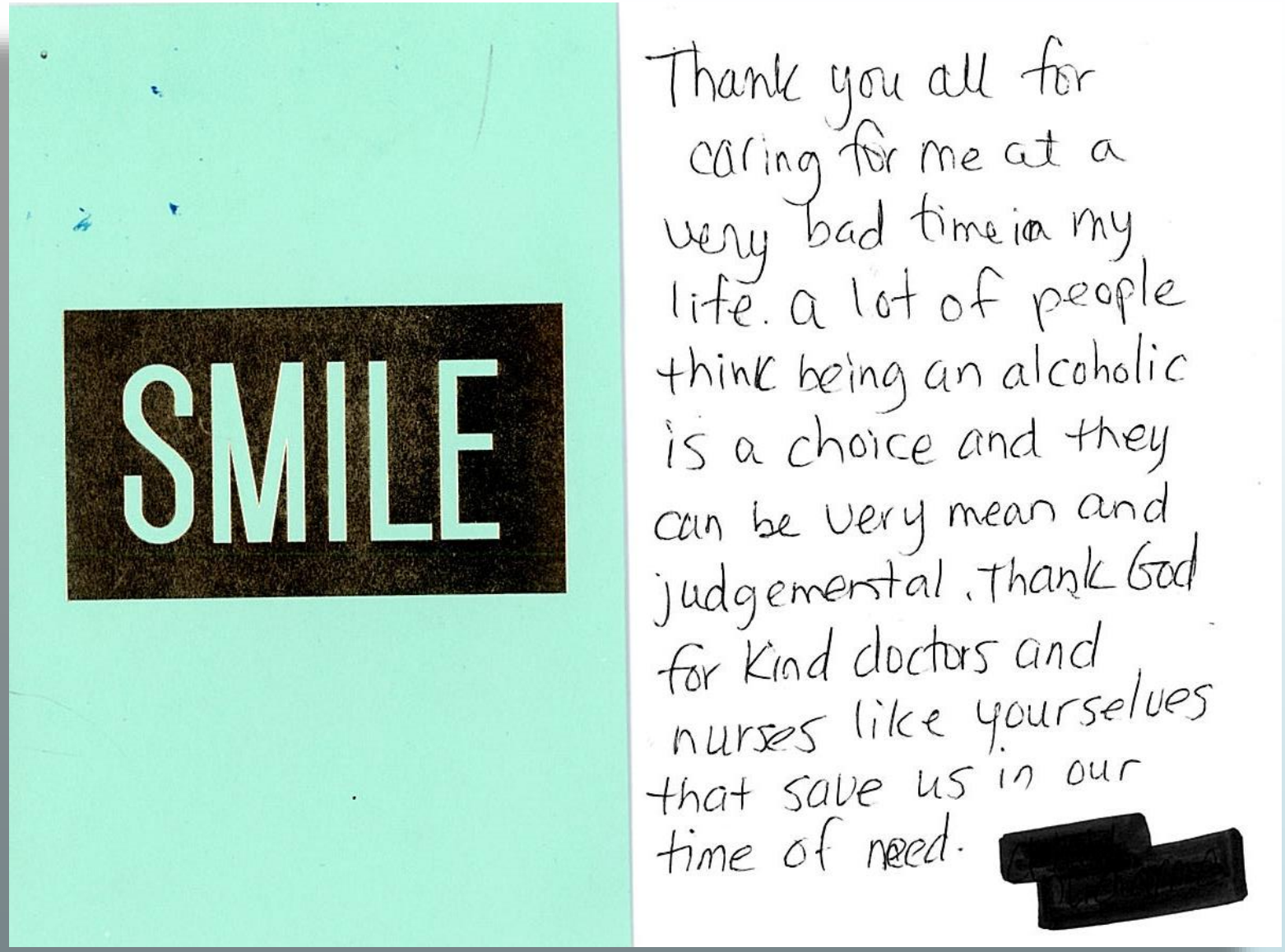
- Frames the Interaction & Expectations
- Gets you both on the same page for the work ahead

Opening The Interview

- Greeting & Welcoming
- Briefly review **why *you* think** they have come today
  - GP, specialist or ER referral, community agency referral, self-referral
- Briefly review **why *they* think** they have come
  - Motivating factors (physician's idea, withdrawal, illness, loss, child & family services, criminal justice…)
- Outline interview plan
  - Timeframe, questions about life, substance use, health, goals, and discussion of treatment options

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



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

The Social Hx – Their Story

- **Age**
- **Housing** (where, who, stable, safe)
- **Education** (level, literacy) & **Work** (past, current, employer aware, LOA)
- **Family** & **Relationships** (sober vs. users, safe, aware of problem, children in custody or care)
- **Childhood** & **Teens** (family dynamics, family addiction, abuse/trauma experience… depth dictated by patient)

The Social Hx – Their Story

- **Finances** (income source, untraditional means, debt)
- **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)

The Substance Hx

- **Opioids**
- **Benzodiazepines** alprazolam/Xanax, lorazepam/Ativan, diazepam/Valium, temazepam/Restoril, Clonazepam
- **Alcohol** type, loss of consciousness, seizure or DT risk, DUIs, drunk tank
- **Stimulants** cocaine/crack, crystal meth, amphetamines, methylphenidate/Ritalin, ecstasy
- **Hallucinogens** Acid, ecstasy, mushrooms, phencyclidine (PCP)
- **Marijuana**
- **OTC** dimenhydrinate/Gravol, cough syrups, sleep aides
- **Solvents**
- **Other** steroids, gabapentin, baclofen, quetiapine
- **Nicotine**

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

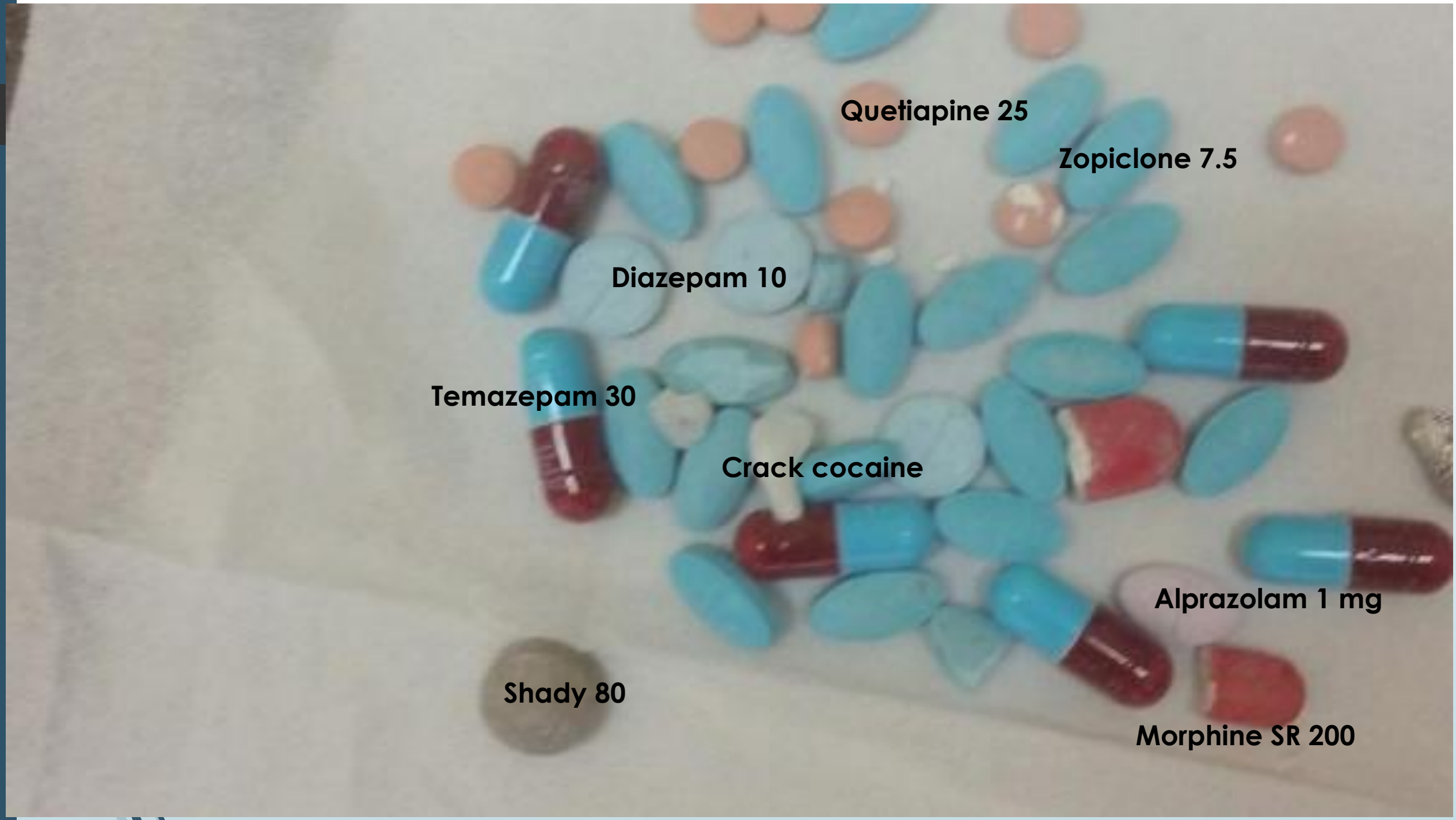
Depressant/soothers ↓

- **Opioids**
- Alcohol
- Benzodiazepines
- Zopiclone
- Barbituates

Hallucinogens

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

Marijuana


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: [redacted]
Date of Birth:

Medical Record # [redacted]

Location: GB245 - ADDICTION CLINIC
Physician: JAMES F SIMM

PHIN # [redacted]

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.

When is the last time you used cocaine?

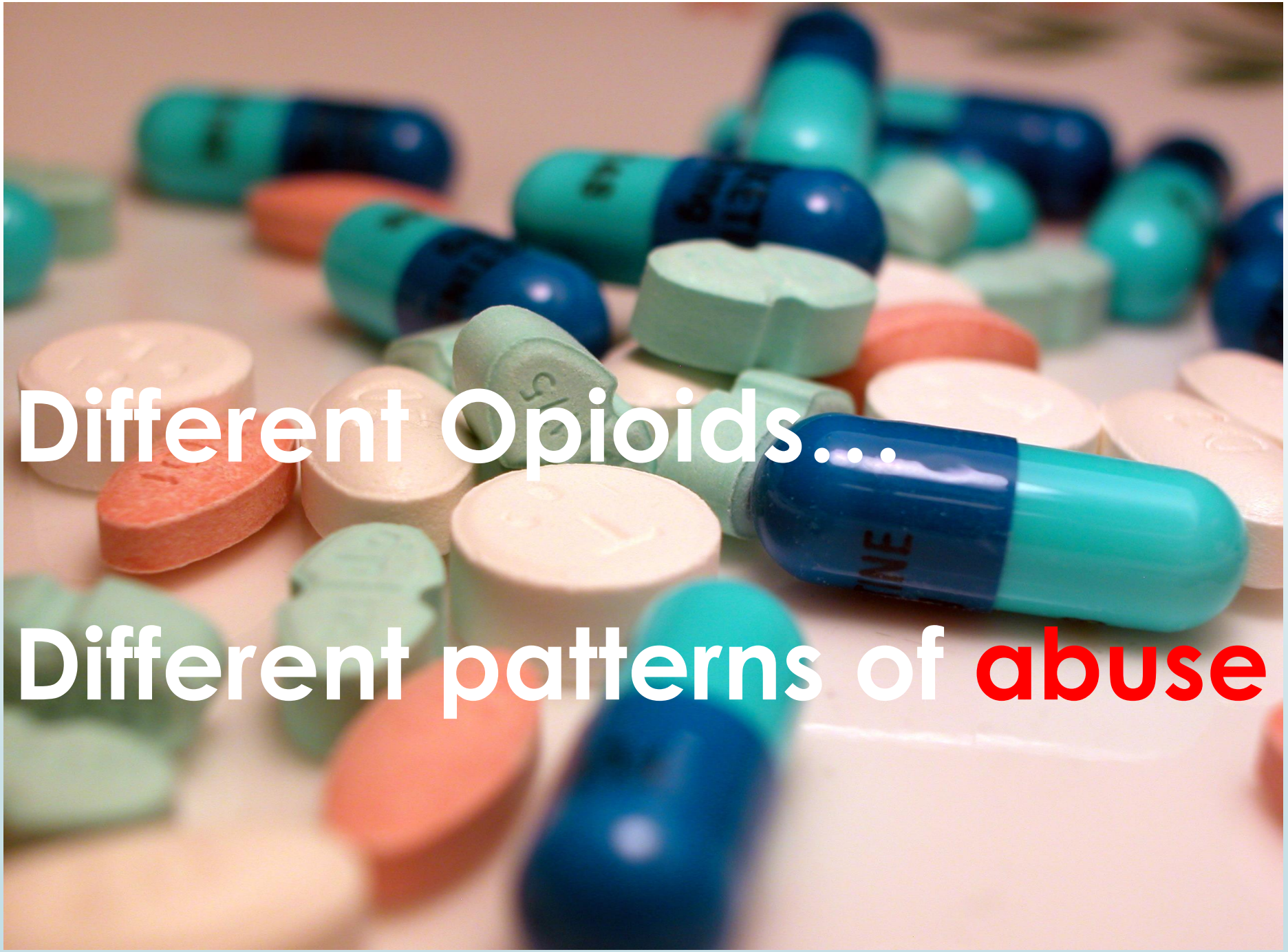
vs. Have you ever used cocaine?

How much would you drink in a night? A Two-Six (26oz)?

vs. How much do you drink?

Prescription Opioids

- Codeine (Tylenol 1, 2, 3, 4, Codeine Contin)
- Morphine (MS contin, Kadian)
- Hydromorphone (Dilaudid, Hydromorph Contin)
- Oxycodone (Percocet, OxyContin, OxyNeo)
- Hydrocodone (Vicodin, uncommon)
- Fentanyl patch (Duragesic, IV anesthetics)
- Buprenorphine (Suboxone)
- Methadone


Different Opioids…
Different patterns of abuse

Substance Hx – **LOWER POTENCY Opioids**

- **Codeine** Tylenol 3, T2, or T1 – now Rx!
  - Abuse range ~10-50 T3 per day Cold water extraction
  - Acetaminophen toxicity (↑ risk if used as backup)
  - Oral, snorting less, rarely injected
- **T&Rs** Talwin (Pentazocine) & Ritalin (methylphenidate)
  - Injected, 'Talc Lung', was more common in prairies
  - "Set" reported as 2x50 mg "T" & 20 mg "R" (2016)
- **Percocet/Oxycocet/Endocet** 5 mg oxycodone
  - Abuse range ~10-50 Percs per day
  - Oral, chewed, or snorted

Substance Hx – **POTENT Opioids**

- **Oxycodone** OxyContin, OxyNeo
  - Abuse range 80-600 mg
  - Long-acting, but when chew, snort or inject, becomes high-dose, rapid acting drug (all Contins)
- **Morphine** Morphine IR, MS Contin
  - Abuse range 60 - ?800 mg "greys" (100 mg), "reds" (200 mg)
  - Oral or IV, less common snorting
- **Hydromorphone** Dilaudid, HM Contin
  - Abuse range 6 - ?120 mg HMC 6's, 30's
  - Oral or IV, less common snorting
- **Fentanyl**
  - Abuse range 50-200 µg patch
  - Chew or IV use (vinegar extraction)

Substance Hx – **POTENT illegal Opioids**

- **Fentanyl powder**
  - ?Range grams, points ↑ OD risk! Fake Oxy80's (Shadies)
  - Snort or inject
- **Carfentanyl**
  - Inject or oral, 'blotters'
  - ↑ OD risk!
- **Heroin**
  - ?Range grams, points
- **Diverted methadone (or buprenorphine/naloxone)**
  - It happens ↑ OD risk

How much Hydromorph do you use, like 2, or 3, 30's in a day?
When's the last time you injected?

vs. How much Hydromorphone do use?

Do you inject?

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 duration 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

The Medical Hx

- Past medical issues
- Current conditions
  - Chronic HIV, Hep C, diabetes, hypertension, cardiac issues, cirrhosis, COPD
  - Acute Pain, IE, PE, septicemia, cellulitis, osteomyelitis
- Physicians involved, hospitalizations, surgical procedures
- **Chronic Pain**
  - Origin, mechanism, severity, treatable cause, impact on function, psychosocial contributors
  - Non-opioid management or alternative therapies trialed
- **Medications**
- Allergies

The 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 as soon as possible in pregnancy for the wellbeing of Mom & baby
  - **So important allocated a hour session!**

Medical Hx - Mental Health

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

Examination

- Physical Exam
  - Vitals Heart rate, BP, RR, Temp as applicable
  - Examine lung & heart function as applicable
  - Exam of 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
- Note assessment of psychiatric status (SI, affect, mood, thought process, evidence of psychosis, personality traits, cooperation, engagement, readiness)

Examination – Lab Tests

- **Urine drug screen** Comprehensive vs Street
  - Does it match the history given?
  - Are opioids present ? Are other drugs present?
- HIV, Hepatitis B&C
- CBC, LFTs, RFTs, Glucose
- Other tests as indicated e.g. STI testing, pregnancy test
- ECG?


Goals

Discussing Treatment Options

- Is this Opioid Use Disorder?
  - Can be challenging to sort out addiction from chronic pain & mental health D/o
- Do they want treatment?
  - Are they willing & able to participate in treatment? Readiness to change ?
- Education about OAT vs Abstinence-based treatment
- Buprenorphine/naloxone typically first line but methadone has a part to play 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

"Most people do
not listen with the
intent to understand;

they listen with the
intent to reply."

Stephen R. Covey

(1932-2012)

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 where you when you first tried Oxy?"

"Do you use opioids every day?"

"Have you tried Fentanyl?"

"Do you inject?"

The 1:2 Tip 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 Percocets, 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 Messages

- There's a science & an art to history taking
  - Greatest tool is the **ability to connect with the patient**

    Relationships can be healing
- Comprehensive assessment acknowledges the patient's story along with their drug use & medical history
- Initiating OAT is just one aspect of the care needed
  - RECOVERY is the big picture
- Methadone & buprenorphine/naloxone both have benefits & drawbacks for discussion with patient

There is NO MAGIC PILL

"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