

MAT Case Presentation

#14

Select one	New Case
Presenter email address: *	heather.kersman@bassett.org
Date for the presentation of this case. *	Wednesday, January 25, 2017
Clinical Site *	Oneonta
What is your main question and/or challenge with this patient? *	<p>We are worried about the patient in that he is taking such a large dose of narcotics and benzodiazepines, ie: respiratory distress, overdose, increased fall risk or other complications.</p> <p>How would you recommend that we approach this: reducing benzos; reducing opioids; getting him off entirely; would suboxone be an option?</p>
Age	41
Gender	Pt identifies as male
What are this patient's strengths?	His support for this family; a firmly fixed work ethic; his desire to be productive
Employed	Disabled/Seeking Disability
Employment details:	Disabled for nine years. Former laborer.
Partner Status	Married
Describe the patients living arrangements examples: stable/unstable, alone/with others, safe/unsafe, children in the home, patient is a caregiver)	Married – lives with his wife and older children.
Who and/or what does this patient have as support for sustained abstinence from opioid use?:	He points to his daughter Crystal as being understanding and supportive.
Who else in the patient's life is struggling with a substance use disorder?	There have been questions and allegations by the pharmacist whether his wife and sister-in-law are using his opioids.
Legal Issues	
Comments regarding legal Issues	
How many months has this patient been in MAT with you or your team	0
What are this patient's reasons to move towards sustained abstinence from opioid use (goals for the next 6–12 months)? *	<p>He tells us that he is disgusted that he has to rely on a pill so that he can function.</p> <p>He would like to feel productive and involved – this was the first year that he did not set up the Christmas tree with his family – this sentiment reduced him to tears.</p>

What are the current emotional, behavioral, and /or physical symptoms most concerning to the patient?

- Irritability
- Anger
- Panic
- Uncontrollable worry

Other symptoms of concern to patient:

History of Overdose?

No

Opioids used in past year:

Routes of opioid used in past year:

- Orally
- Transdermal

Date of last positive drug test for opioids (other than buprenorphine or prescribed methadone):

Wednesday, November 30, 2016

Estimated days of illicit opioid use in past 30 days (other than buprenorphine or prescribed methadone):

Does this patient have a history of prescribed buprenorphine NOT showing in urine/oral/fluid drug screens (Prescribed buprenorphine is absent)?

Unknown

Other substances used in past year:

- Other Stimulants (Adderrall, Ritalin, etc)
- Benzodiazepines

Other substances used in past year:

Details of substances used in past year (frequency, route, recent use, toxicology testing):

Lorazepam 2mg, q8hrs for anxiety.
Positive Alprazolam detected in urine – not prescribed.
Positive Amphetamine detected in urine – not prescribed.

What are the patient's triggers for lapse/relapse?

- Interpersonal stressors

Other triggers for relapse:

Past drug treatment history (opioid use disorder and/or other SUDs) CHECK ALL THAT APPLY:

Details of past drug treatment history (including what was helpful and what was not helpful):

None that we are aware of.

Please check active psychiatric diagnoses:

- Post Traumatic Stress Disorder

Has this patient ever sought treatment for their co-occurring psychiatric diagnosis?

Yes

Please provide additional details regarding patient's prior mental health treatment:

Multiple mental health providers where he has received counseling and lorazepam – recently he was without this medication for 10 days and went through withdrawal.

Does this patient have a history of

- Trauma as an adult and/or as a child

Details of suicide attempts, psychiatric hospitalization, and/or trauma:

When the patient was a young teenager, his mother was in a terrible motor vehicle accident. She suffered from significant injuries and unfortunately left her a paraplegic – she was confined to a nursing home. His father left the family after the accident, and he has not had contact with him since. Despite the history of emotional trauma that he experienced as a teenager, he sought to live a productive life that was deep-rooted from growing up on a dairy farm. One day (13 or 14 years ago) he was laying three foot round drainage pipe in a hole at a job site. He somehow got buried by sand, and this started his ongoing back symptoms. Four years later (after a surgical cage and fusion) he was disabled. He does express feelings of worthlessness and states that he has thought about suicide several times in the past. He will not act on those thoughts because he has children that need him.

Medical conditions (Select All that Apply):

- Chronic Pain

Please provide more detail about chronic pain:

Low back, with weakness, numbness and tingling in the lower extremities. His legs have given out on him in the past, and he recently fell down a full flight of stairs due to lower extremity symptoms.

Current Medications (INCLUDING FORMULATION, DOSE AND FREQUENCY):

Lorazepam, 2 mg tablet, q8hrs.
 Oxycodone, 80 mg tablet ER, q8hrs.
 Oxycodone, 5 mg tablet immediate release, q8hrs. (recently reduced from 10 mg)
 Citalopram, 10 mg tablet daily (started this med within the last month).
 Meloxicam 15 mg tablet daily.

Is this patient on birth control (oral or long acting reversible) ?

No, patient is male

Has patient been offered naloxone?

No, has not been offered naloxone

Date of most recent HIV screening**HIV screening was**

Negative

Date of most recent Hep-C screening**Hep-C screening was**

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