

MAT Case Presentation

#15

Select one	New Case
Presenter email address: *	james.walker@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? *	What would be the best strategy for managing her chronic pain and opioid dependence in the setting of chronic methadone and oxycodone use?
Age	52
Gender	Pt identifies as female
What are this patient's strengths?	Identifies opioid dependence as a prominent issue, even though she has presented herself for years as a chronic pain patient. Very supportive mother.
Employed	Yes
Employment details:	Self-employed artist in family sign making business.
Partner Status	Single
Describe the patients living arrangements examples: stable/unstable, alone/with others, safe/unsafe, children in the home, patient is a caregiver)	Shares home with her mother since break up with long-term male partner several years ago.
Who and/or what does this patient have as support for sustained abstinence from opioid use?:	Mother aware and willing to be involved. Patient has good insight.
Who else in the patient's life is struggling with a substance use disorder?	None known.
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)? *	Unclear at this time.
What are the current emotional, behavioral, and /or physical symptoms most concerning to the patient?	<ul style="list-style-type: none"> • Pain
Other symptoms of concern to patient:	

History of Overdose?	No
Opioids used in past year:	<ul style="list-style-type: none"> • Prescription opioid other than buprenorphine, prescribed to patient
Routes of opioid used in past year:	<ul style="list-style-type: none"> • Orally
Date of last positive drug test for opioids (other than buprenorphine or prescribed methadone):	
Estimated days of illicit opioid use in past 30 days (other than buprenorphine or prescribed methadone):	0
Does this patient have a history of prescribed buprenorphine NOT showing in urine/oral/fluid drug screens (Prescribed buprenorphine is absent)?	No
Other substances used in past year:	<ul style="list-style-type: none"> • Other substances
Other substances used in past year:	smokes 1 ppd
Details of substances used in past year (frequency, route, recent use, toxicology testing):	<p>methadone 15 mg every 12 hours</p> <p>oxycodone/acetaminophen 7.5/325 three times a day</p> <p>Previously would occasionally obtain oral opioid tablets outside of those prescribed.</p>
What are the patient's triggers for lapse/relapse?	<ul style="list-style-type: none"> • Avoid/escape psychological symptoms (e.g. anxiety) • Cravings • Other triggers:
Other triggers for relapse:	New right knee pain related to osteonecrosis diagnosed 7/15. Chronic "low grade" depression.
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):	<p>No formal drug treatment history.</p> <p>Previous doctor prescribed nicotine replacement regimens on several occasions.</p>
Please check active psychiatric diagnoses:	<ul style="list-style-type: none"> • Unclear mood 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:	Various antidepressant meds for at least six years, currently on bupropion. No known psychotherapy.
Does this patient have a history of	
Details of suicide attempts, psychiatric hospitalization, and/or trauma:	

Medical conditions (Select All that Apply): · Chronic Pain

Please provide more detail about chronic pain: At least six years of chronic musculoskeletal pain, usually involving left elbow, right shoulder, right knee, but often including a vaguely neuropathic component suggesting CTS or ulnar neuropathy.

Current Medications (INCLUDING FORMULATION, DOSE AND FREQUENCY):

- methadone 15 mg PO Q12H
- oxycodone/APAP 7.5/325 PO TID
- sulindac 200 mg PO BID
- hydroxychloroquin 200 mg PO BID

Is this patient on birth control (oral or long acting reversible) ? No, not a candidate due to reproductive capabilities

Has patient been offered naloxone? No, has not been offered naloxone

Date of most recent HIV screening

HIV screening was

Date of most recent Hep-C screening Friday, April 18, 2014

Hep-C screening was Negative

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