

MAT Case Presentation

#8

Select one	New Case
Presenter email address: *	cawolf-gould@aofmh.org
Date for the presentation of this case. *	Wednesday, January 11, 2017
Clinical Site *	Site A
Age	30
Gender	Pt identifies as male
What are this patient's strengths?	Able to transition from Female to Male with supportive mother and grandmother
Employed	Unknown
Employment details:	
Partner Status	Unknown
Describe the patients living arrangements examples: stable/unstable, alone/with others, safe/unsafe, children in the home, patient is a caregiver)	Has been living with Mom. I believe grandmother lives there too. I'm unsure of stability.
Who and/or what does this patient have as support for sustained abstinence from opioid use?:	I'm not sure.
Who else in the patient's life is struggling with a substance use disorder?	Mother is also on QID percocet 10 and Xanax. Mother also smokes.
Legal Issues	<ul style="list-style-type: none"> History of incarceration
Comments regarding legal Issues	Patient not forthcoming about legal issues. Initially denied. In old chart, there is documentation of a visit to doctor in 2007 in handcuffs. Was in jail at the time for "probation violation."
What is your main question and/or challenge with this patient? *	concern about history of drug seeking behaviors documented many times in the chart and lack of transparency with providers. Squirrely. Didn't follow up appropriately for Gender Transition. Many unanswered questions. I'd like to be helpful to him if I can be. Unsure of my own abilities in dealing with patients I distrust. It makes me angry, which is not the appropriate response if I want to be helpful. This patient has many difficult problems including mental illness and gender dysphoria.
What are this patient's reasons to move towards sustained abstinence from opioid use (goals for the next 6-12 months)? *	Told GYN that he wanted treatment for opioid addiction when diagnosed with Hep C. States has been on suboxone in the past, but unclear when. <ul style="list-style-type: none"> Pain Anger

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

Other symptoms of concern to patient:

History of Overdose? Yes

Opioids used in past year:

Routes of opioid used in past year: · 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):

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 substances used in past year:

Details of substances used in past year (frequency, route, recent use, toxicology testing): history of crack cocaine use in the past, use of mushrooms. Use of barbiturates, MJ, and Benzos on distant tox screens. Admits to heroin use in the past, last 2 years ago. States shared needle "once".

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

- Close relationships with others who continue to use
- Avoid/escape psychological symptoms (e.g. anxiety)
- Access to drug and means to purchase
- Interpersonal stressors
- Other triggers:

Other triggers for relapse: Gender issues

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): I am unsure of history.

Please check active psychiatric diagnoses: · Bipolar disorder (either type I or type II)

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

Please provide additional details regarding patient's prior mental health treatment: Patient has had many psychiatric hospitalizations in the past, unsure if he has had any recent ones.

Does this patient have a history of

- Suicide attempts
- Psychiatric hospitalization

- Trauma as an adult and/or as a child

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

multiple admissions for suicidality and homicidal ideation as a teenager. Diagnosed with bipolar and explosive disorder.

States h/o abuse because he was lesbian. Denies sexual abuse.

Medical conditions (Select All that Apply):

- Hepatitis

Please provide more detail about chronic pain:

Started on opioid meds at age 19 for chronic back pain. Now sees a pain "specialist" in Binghamton who prescribes opioids. Has been d/c from several practices for narcotic seeking behaviors.

Current Medications (INCLUDING FORMULATION, DOSE AND FREQUENCY):

chlorsoxazone 500 mg BID
testosterone 100 mg IM weekly
Percocet 10/325 QID (prescribed elsewhere).

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

Friday, December 23, 2016

HIV screening was

Negative

Date of most recent Hep-C screening

Friday, December 23, 2016

Hep-C screening was

Positive

Created 2 Jan 2017 2:47:23 PM	24.94.49.13 IP Address
PUBLIC	