Please see attachment and case recommendations for case #12 from last week.

**Case #12 Carolyn Wolf-Gould**

ECHO Date: 1/18/17

**What is your main question and/or challenge with this patient?**

“I have a number of chronic pain patients on high doses of narcotics. I'm unsure which of them are good candidates for Suboxone and which should just be maintained as they are on their Lortab. This patient has h/o addiction, was in jail in 2005 for same. Over the years, he has had a number of surgeries and been put on increasing doses of hydrocodone. He has seen psych who has put him on benzos. He is irritable and angry and in chronic pain all the time. Seen frequently in the office.”

**Recommendations**:

* First a foremost, it is clear that many of your colleagues related to your current dilemma and greatly appreciated the fact that you brought this situation up. The dilemma being the ongoing, conflicting assessments (i.e., am I helping or hurting?) of prescribing medications like opioids and benzodiazepines and the challenge of approaching the conversation when the medications are starting to do more harm than good. Kudos!
* It is clear that you have reason for concern regarding this pt’s use of prescription medication. One possible way to start this conversation is to explain to the patient that you conduct ongoing assessments of the safety and risk/benefit analysis of prescribing medications like opioids. Introduce the objective, new data that concerns you and ask the patient… What concerns are you starting to have about these medications? How can you and I work together to make sure these medications don’t start to make things worse for you? From your perspective, what would be warning signs to YOU that these medications are starting to be more unhelpful versus helpful?
  + Emphasize that patients don’t actively CHOOSE for these medications to become problematic. It’s the nature of the medication and its effects on the dopamine reward pathway in the brain – changes in behavior and attitude can happen and patients don’t even realize it.
* Often, the discussion of health promoting medication use, problematic use, and use that is overt psychological dependence becomes very black and white for patients and can prevent collaborative conversation about warning signs that use is becoming problematic. This black and white attitude also deters helpful strategizing to prevent further misuse. I’ve attached the visual diagram that depicts this spectrum of use and can be used as a guide for conversation on the topic with patients.



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