**Summary of Recommendations:**

**Case 15: James Walker**

**Main Question/Challenge:**

“What would be the best strategy for managing her chronic pain and opioid dependence in the setting of chronic methadone and oxycodone use?”

1. General support from the group for treating co-occurring chronic pain and possible opioid use disorder (OUD) with methadone. One of the group members mentioned spreading methadone dosing out, 3x per day for added analgesic effect, versus a single dose in the AM.
   1. Dr. Martin is working on a clearer guide on this topic, so more to come!
2. Much of the discussion was focused on how much of this patient’s presentation is predominated by: 1. legitimate chronic pain, 2. opioid physical dependence, and 3. opioid use disorder (abuse and/or psychological dependence/addiction). What percentage of the pie, so to say, is taken up by each of these factors? In this case, you and the group determined that more data is needed to get a sense of this at this time.
   1. General consensus from group is to consider bringing this patient in more regularly, with pill counts and urine screening. Substantiate concerns re: misuse and/or possible OUD with objective data.
   2. Introduce the complexity of the situation to this patient. Normalize that some patients experience all three: legitimate chronic pain, opioid physical dependence, and opioid use disorder (psychological dependence/addiction). Elicit her level of awareness and insight, can she distinguish between the three? In what situations do each of these prevail? For example, she might take medication in the morning with the motivation of being out of pain and to increase her functioning during the day. However, in the evenings or on the weekends perhaps there are more interpersonal stressors or anxiety is more severe. In these cases, her motivation to use more medication is to cope with psychological sxs and to curb more severe cravings.
3. Dr. Anderson introduced a helpful communication tool to elicit and target the patient’s underlying goals and priorities. An approach referred to as the “miracle question”. Ask the patient, “Imagine going to sleep tonight and a miracle happens in your life. If your life was changed for the better, what would you notice, what would be different?” For your patient, it sounds like there has been varying information about what concerns her the most, and this question may help to understand her intentions in the present.