Case-Based Addiction Medicine Teaching-II

Jeffrey H. Samet, MD, MA, MPH
Chief, Section General Internal Medicine
Boston Medical Center
Professor of Medicine and Public Health
Boston University Schools of Medicine and Public Health

Overview

Medical Complications Case Scenarios:

1. The Febrile ED Patient
2. Painful Cellulitis and IDU

Case Presentation 2

36 year-old male with active IDU and right arm cellulitis and abscess

- Presents with chief complaint of “terrible pain” 10/10

Case Presentation 2

36 year-old male with active IDU and right arm cellulitis and abscess

- Presents with chief complaint of “terrible pain” 10/10
- Given methadone for opioid dependence; little relief of pain. 9/10

Case Presentation 2

36 year-old male with active IDU and right arm cellulitis and abscess

- Presents with chief complaint of “terrible pain” 10/10
- Given methadone for opioid dependence; little relief of pain 9/10
- Abscess I&D; Still reports 6/10 pain and wants narcotics meds for pain relief

Physician Management of Opioid Addiction

Methods:

- Study conducted June - December 1997 on the inpatient internal medical service of a public urban teaching hospital
- Participants: 8 inpatient physician teams and 19 patients actively engaged in illicit injection drug or crack cocaine use (primarily opioid use).
- Exploratory qualitative analysis of data on the relationship from direct observation of patient care interactions and interviews with illicit drug-using patients and their physicians.

Merrill JO, Rhodes LA, Deyo RA, et al. *J Gen Intern Med*. 2002;17:327-333.

Physician Management of Opioid Addiction: 4 Themes

1. Physician Fear of Deception

Physicians question the "legitimacy" of need for opioid prescriptions ("drug seeking" patient vs. legitimate need).

"When the patient is always seeking, there is a sort of a tone, always complaining and always trying to get more. It's that seeking behavior that puts you off, regardless of what's going on, it just puts you off."

-Junior Medical Resident

Physician Management of Opioid Addiction: 4 Themes

2. No Standard Approach

The evaluation and treatment of pain and withdrawal is extremely variable among physicians and from patient to patient. There is no common approach nor are there clearly articulated standards.

"The last time, they took me to the operating room, put me to sleep, gave me pain meds, and I was in and out in two days.. . .This crew was hard! It's like the Civil War. 'He's a trooper, get out the saw'. . ."

-Patient w/ Multiple Encounters

Physician Management of Opioid Addiction: 4 Themes

3. Avoidance

Physicians focused primarily on familiar acute medical problems and evaded more uncertain areas of assessing or intervening in the underlying addiction problem-particularly issues of pain and withdrawal.

Patient/Resident Dialog

Resident: “Good Morning”
Patient: “I’m in terrible pain.”
Resident: “This is Dr. Attending, who will take care of you.”
Patient: “I’m in terrible pain.”
Attending: “We’re going to look at your foot.”
Patient: “I’m in terrible pain.”
Resident: “Did his dressing get changed?”
Patient: “Please don’t hurt me.”

Physician Management of Opioid Addiction: 4 Themes

4. Patient Fear of Mistreatment

Patients are fearful they will be punished for their drug use by poor medical care.

"I mentioned that I would need methadone, and I heard one of them chuckle. . .in a negative, condescending way. You're very sensitive because you expect problems getting adequate pain management because you have a history of drug abuse. . .He showed me that he was actually in the opposite corner, across the ring from me."

-Patient

Physician Management of Opioid Addiction

- Medical care of opioid withdrawal requires physicians to simultaneously:
  - Treat acute medical problems
  - Manage pain and withdrawal
  - Recognize that the addiction has often caused physical and psychosocial devastation