

CASE PRESENTATION

CASE #1

- ▣ 64 year old, Caucasian female has been managed by you for 7 years:
- ▣ Chronic back pain that onset ~6 years ago
 - Usual pain ranges from 8-10
 - Knee replacement: 2004
 - Lumbar Surgery: 2013
 - Physical therapy and aquatic therapy : moderately effective
 - Injections: moderately effective
 - TENS Unit: moderately effective
 - Self-management: heat, ice, stretching, and light exercises: decrease by 2 increments

CASE #1 (continued)

- ▣ Grieving death of her husband for 15 years and strained relationships with her children
- ▣ History of Major Depressive Disorder, Severe; Generalized Anxiety Disorder; Polysubstance Abuse
 - Cocaine
 - Cannabis
 - Last use was a few weeks ago
- ▣ Chronic Obstructive Pulmonary Disease
- ▣ Primary Concern: unmanageable pain that is increasing her psychological distress and polysubstance use

YOU DECIDE TO REFER HER TO

- ▣ PULMONOLOGY
- ▣ PHYSICAL THERAPY
- ▣ PSYCHOLOGY
- ▣ PSYCHIATRY
- ▣ PAIN PROVIDER

GOALS

- Effectively manage pain
- Improve depression and anxiety symptoms
- Maintain medication compliance
- Increase physical functioning
- Reduce nicotine intake

CASE #1 (CONTINUED)

- ▣ Patient returns to your office 6 months later
 - Patient and her sister both express desire for patient to be placed on opioids
 - Pain remains uncontrollable
 - Several positive UDS → discharged from pain clinic
 - Increased smoking: Remains in treatment with pulmonologist
 - Decreased physical functioning: haven't started due to frequent hospitalizations associated with pneumonia and carbon monoxide poisoning
 - Increased mood symptoms: terminated with psychology, but maintains with psychiatrist
 - UDS: positive for cannabis and cocaine

CASE #1 (continued)

WHAT SHOULD YOU DO?

- DISCHARGE?
- PRESCRIBE HER OPIOIDS?
- CONSIDER MEDICATION TO TREAT HER ABERRANT BEHAVIOR (ex: buprenorphine)
- SEND HER TO INPATIENT SUBSTANCE ABUSE TREATMENT FACILITY?