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Medication Management

Objectives

- Identify patient criteria for risk mitigation in a medication management program at a multi-disciplinary pain clinic
- Discuss opioid discontinuation in chronic pain patients with cognitive impairment through a series of case studies

Multi Disciplinary Approach

- Functional
- Behavioral
- Medication/ Pharmacy
- Interventional/Medical
- Laboratory

Universal Precautions in Pain Medicine (Gourlay, et al 2005)

- 1. Make a diagnosis with appropriate differential
- 2. Psychological Assessment
- 3. Informed Consent
- 4. Treatment Agreement
- 5. Pre or Post Assessment of Pain Level and Function

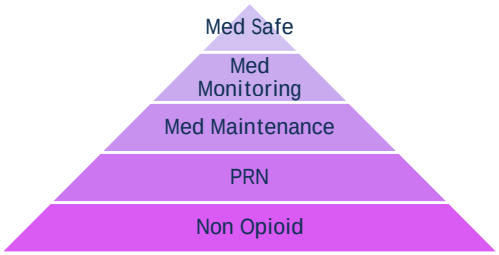
Universal Precautions in Pain Medicine (Gourlay, et al 2005)

- 6. Appropriate Trial of Opioid Therapy with or without adjuvant medication
- 7. Reassessment of Pain Score and Level of Function
- 8. Regularly Assess the "4 A's" of Pain Medicine
- 9. Periodically review Pain Diagnosis and Comorbid Conditions, including Addictive Disorders.
- 10. Documentation

Risk Assessment Tools

- SOAPP *Screener and Opioid Assessment for Patients with Pain*
- COMM *Current Opioid Misuse Measure*
- RMDI *Roland-Morris Disability Index*
- ORT *Opioid Risk Tool*
- PHQ-9 *Patient Health Questionnaire*

Medication Management Levels of Care



Enrollment Process

- Physician Consult
- Medication Management Initial Evaluation
  - Behavioral Health Assessment
  - Nurse Practitioner – Med Management Visit
  - Functional Assessment
- Interdisciplinary Team Meeting
  - Treatment Plan /Recommendations

Treatment Agreement

- Use one pharmacy
- Allow BPC staff to access data contained in insurance database regarding medication history
- Current primary care physician
- Meet with BH staff periodically
- Urine tox screen every MM visit
- Lockbox

Medsafe: Goals of therapy

- Introduce strategies for self management of symptoms
- Improve ability to safely and accurately manage medications
- Provide patient with resources to better cope with stress caused by symptoms.

MedSafe Program

- Medication Management Visit
- Behavioral Health Visit
- Urine Toxicology Screen
- Pill counts

Opioid Dosing Considerations

- Current MME?
- Taper/ Reduction Plan
- Rational Prescribing (IR/ER Formulations)
- Pertinent Labwork (LFTs, Creatinine Clearance)
- Comorbid Conditions
- Coprescribing of Benzodiazepine

The High Risk Patient

- Abuse Deterrent Formulations
- Butrans®
- Suboxone®
- Naloxone

The High Risk/ Non Opioid Patient

Maximize non opioids…

- Anti-inflammatory
- Neuropathic
- Antidepressants
- Muscle Relaxants
- Topical
- Compound creams

Discontinuation of Care

- Coordinate care with primary care physician, outpatient mental health provider(s)
- Outline treatment recommendations :
- Non opioid options, CAM, mental health support, psychopharmacology consult, interventional procedures (if indicated and appropriate)

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Case Studies: Chronic Pain Management in the Cognitively Impaired Patient

Patient R.S.

- 76 y/o Female
- PMH: Hypertension, osteoarthritis, anxiety
- Patient since 2017 for treatment of cervical neck and low back pain

Patient R.S.

- Lorazepam 0.5mg one tablet by oral route up to four times per day
- Carvedilol 6.25mg BID
- Escitalopram 10mg daily
- Tylenol extra strength 500mg BID
- Butrans® 15mcg transdermal patch q 7 days
- Tizanidine 2mg one tablet at bedtime.

Patient R.S.

- Concerns raised among providers regarding patient's presentation during MM visits
- Difficulty responding appropriately to direct questions
- Inconsistent reports of pain within visits
- Inconsistent reports of pain observed by family members
- Patient refused MoCA on multiple occasions

Patient R.S.

- Patient admitted to hospital after being found unresponsive in a vehicle. Had undergone cardiac workup which was negative.
- Med combination (Butrans® and lorazepam) thought to have contributed to episode.
- In consultation with mental health provider decision was made to taper patient off lorazepam

Patient R.S.

Six months later…patient found unresponsive by spouse in vehicle

Patient had reportedly taken 2 tabs of tizanidine prior to going out shopping

Decision was made to discontinue Butrans ® and discharge from medication management program

Clinic Recommendations

- Neuro cognitive assessment
- Consider re-evaluation of current benzodiazepine in light of ongoing cognitive concerns
- May continue with interventional procedures
- Consider non opioid medications
- Continued outpatient mental health treatment

Patient P.B.

- 80 y/o F
- PMH osteoarthritis, low back pain x 15 years
- Clinic recommendations:
- Interventional Procedures
- Trigger point injections for myofascial pain syndrome
- Behavioral health visits q 2 weeks to assess for suspected memory concerns

Patient P.B.

- Aleve 220mg q 12 hours
- Tylenol 325mg q 4 hours
- Tramadol 50mg q 4-6 hours max 4 tabs/day

Patient P.B.

- Patient and son highly resistant to BH services
- Argumentative with providers
- Phone calls between office visits with reports of uncontrolled pain symptoms; request for dose increase
- Son dissatisfied with plan of care; concerned with mother's declining physical health

Patient P.B.

- Patient rotated to Butrans 7.5mcg
- Inconsistent and vague pain complaints by patient
- Inconsistent reports of pain relief from interventional procedures
- Son concerned with mother's worsening condition, most likely age related changes
- MoCA score: 20/30

Clinic Recommendations

- Refer to PCP for family discussion on nursing home, palliative care
- Taper off Butrans

Conclusions

- Interdisciplinary approach to pain management aids in identifying high risk patients
- Consider non opioid medications
- Communicate with other providers, including primary care physician, outpatient mental health provider
- Involve family members in patient's care when appropriate

Questions?

References

- Gourlay D, Heit HA, Almahrezi A. Universal precautions in pain medicine: a rational approach to the treatment of chronic pain. Pain Med. 2005;6:107-112.