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Prescription Medication Abuse: Assessing the Risk

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Helen's Hip

Helen, 67, is awaiting a hip replacement for advanced osteoarthritis. All non-opioid interventions have produced little functional or symptomatic improvement. She tells you she's in constant pain and that she can barely get around, but since she had a problem with sleeping pills in the past, she's worried about addictive medications.

The suggestion

"I'm glad you're concerned. So am I. Let's talk about safely managing your pain."

- Recognize that the patient's concern about addiction is valid
- Educate the patient about the goals of pain treatment
- Prescribe codeine-acetaminophen preparations in weekly-dispensed blister-packages
- Have the patient keep a *pain control diary*
- See the patient frequently
- Adjust medications and dosages to symptom control and functional improvement

The rationale

When control of medications has been a problem in the past, assist the patient by imposing external controls.

Short-term dispensing (weekly) in a format that allows the patient to self-monitor easily (blister-packs) and explicitly (pain control diary) reduces risk and enhances benefit.

For another case, turn to page 59.

The following checklists can provide a routine, consistent approach to evaluating the risks of prescribing medications with a high potential for abuse. Those medications are:

- opioids,
- benzodiazepines,
- sleeping medications,
- barbiturates,
- amphetamines and
- cannabinoids.

Indications that the patient __could__ be at increased risk of abuse

√ 1. Has a history of:
- Misuse
- Abuse
- Addiction

√ 2. Has a family history of:
- Misuse
- Abuse
- Addiction

√ 3. Has someone living with him or her who has a history of:
- Misuse
- Abuse
- Addiction

√ 4. Has a past or current history of a psychiatric condition that may put the person at increased risk of abuse, such as:
- Anxiety
- Depression
- Bipolar disorder
- Personality disorder, *etc*.

√ 5. Worries about ability to control substance.

Gord's Gout

Gord, 48, presents with complaints of frequent recurrences of symptomatic gout. He requests pain killers so he can do his job as a delivery driver. Paul smells of alcohol and he admits to drinking at least a six-pack of beer per day. He drinks at lunch and he drinks all day on weekends. His sick days "because of the gout" occur mostly on Mondays.

The suggestion

"I think we need to talk about your drinking."

- Do not prescribe opioids or psychotropic medications
- Make it clear that Gord's safety is your primary concern
- Explain the relationship between alcohol and gout flare-ups
- Make prescribing of strong painkillers contingent on abstention from alcohol
- Provide the patient with information about detoxification and alcohol treatment programs
- Strongly consider prescribing non-opioids, but remember, these medications are not without risks
- Do a full exam with lab tests, including liver function tests
- Provide frequent, supportive monitoring

The rationale

The risks of prescribing opioids or any other psychoactive medications that interact with alcohol far outweigh the benefits. Gord has two legitimate medical problems: alcohol addiction and gout. Cessation of alcohol is essential to treatment of both conditions.

Pain won't kill your patient, but the combination of three-beer lunches, a handful of codeine and a delivery van can kill more than one person.

Turn to page 60 for another case.

Dr. Mat Rose is an inner city physician in Edmonton whose clinical practice includes addictions and chronic pain-addiction dual diagnosis. He was the chair of the College of Physicians and Surgeons of Alberta's Methadone Maintenance Treatment Standards and Guidelines Development Committeee.

Indications that the patient would abuse medications

√ 1. Is currently drinking excessive alcohol

√ 2. Is currently using other recreational drugs, such as:
   - Cocaine
   - Amphetamines
   - Marijuana

√ 3. Shows physical signs of abuse, for examples:
   - Track marks
   - Drug intoxication

√ 4. Regularly uses over-the-counter abusable medications regularly, for example:
   - Sleeping medications
   - Dimenhydrinate

√ 5. Lab results suggest use or abuse of other substances. The labs include:
   - Urine toxicology screening
   - Liver enzyme evaluation, *etc.*

Every prescription should be accompanied by an evaluation of the risk-benefit ratio. If you are uncertain that benefits outweigh risks, do not prescribe until you are certain.

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Bob's Back

Bob, 35, presents with a work-related fracture of the L3 vertebrae. Over the past six months, Bob's medication intake has progressed to 80 mg of oxycodone, q.i.d. He reports constant 10 on 10 pain and he has not returned to work since the injury. The Worker's Compensation Board-referred specialist examinations found few physical abnormalities and little to explain the severity of the pain.

Bob:

- has recently split up with wife of 10 years,
- is usually about a week early for refills,
- is sweaty and irritable and
- yawns frequently.

Bob's pupils are dilated and his urine toxicology testing is positive for:

- oxycodone,
- morphine,
- cocaine,
- marijuana and
- diazepam,
- temazepam.

The suggestion

"I know you have pain, but it seems to me that a much bigger problem is your out-of-control use of medications. I cannot continue to prescribe medications for you until we've dealt with that problem."

- Do not prescribe any psychoactive medications, not even some diazepam to help with withdrawal
- Offer to refer Bob to a methadone maintenance program or detoxification centre
- Keep the door open for ongoing treatment and support
- If your college of physicians monitors opioid prescriptions, report your concerns about Bob

The rationale

This is a clear example of uncontrolled opioid and other substance use that puts the patient at extreme risk. Prescribing opioids simply increases the risks without providing any benefits to health. Continuing to prescribe would amount to malpractice. However, do not abandon a patient with legitimate health problems, including addiction.

Turn to page 61 for realistic responses to unrealistic requests.

Indications that the patient should have responded to treatment

√ 1. There is no, or poor evidence of pathology, which responds to the medication in question

√ 2. Other interventions, including non-addictive medications, have been unsuccessful

√ 3. Patient exhibits decreased function. For example:
   - Ability to work
   - Inability to perform normal activities of daily living

√ 4. Patient exhibits decreased psychiatric health. For example:
   - Increased stress
   - Worsening sleep
   - Increased irritability

√ 5. Changes expected by the physician to improve symptom control result in worsening or no improvement

Patient behaviour that shouldn't be happening

√ 1. Has seen multiple physicians for prescriptions

√ 2. Has "lost" prescriptions

√ 3. Frequently requests early refills of prescriptions

√ 4. Has forged or altered prescriptions

√ 5. Has obtained prescriptions from non-medical sources

√ 6. Frequently increases dose or alters dose, contrary to direct advice

√ 7. Was fired by previous physician

√ 8. Will frequently not present for appointments with primary care or specialist physicians

√ 9. Pharmacist expresses concerns about:
   - Behaviour
   - Multiple prescriptions
   - Over-the-counter drug use

Speaking to patients about prescription abuse

The situation

The patient states: "My regular doctor is away/unavailable/too busy."

The suggestion

"Only your regular doctor can give me authorization to prescribe medication for you."

The situation

The patient states: "My prescription was lost on the bus/stolen/dropped in toilet/eaten by the dog."

The suggestion

"It is my policy not to replace lost/stolen/wet/eaten prescriptions."

The situation

The patient states: "I missed my last three appointments because..."

The suggestion

"When you've provided a urine sample and when you show up for an appointment, we can talk about resuming your medications."

The situation

The patient states: "I only went to those other doctors because I couldn't get in to see you."

The suggestion

"I cannot safely prescribe medications like these, when I don't know what else you might be taking."

The rationale

People who are responsibly taking medications, manage them responsibly. They:

- refill prescriptions when expected,
- show up for appointments and
- plan in advance for vacations

Furthermore, when individuals are responsibly taking their medications, pharmacists do not call you about multiple doctoring or unusual behaviours.

When any risk indicates are positive, very few patients will suffer significantly as a result of not prescribing.

Every prescription should be accompanied by an evaluation of the risk-benefit ratio. If you are uncertain if the benefits outweigh the risks, do not prescribe until you are certain. When any risk indicators are positive, very few patients will suffer significantly as a result of not prescribing.

The prudent physician can take the following actions to reduce risk and enhance benefit:

- conduct open, non-judgmental discussions with the patient,
- evaluate for addiction or substance use,
- conduct physical and laboratory examinations, including routine urine toxicology testing,
- take a prescription history,
- review previous medical records,
- review referrals to specialists,
- enlist the pharmacist in ongoing monitoring of prescriptions,
- strictly control dispensing of medications and
- clearly define treatment agreement.

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