The dog ate my methadone: Challenges in treating patients with advanced illness, pain, and addiction

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CCSP/Palliative Care Rounds
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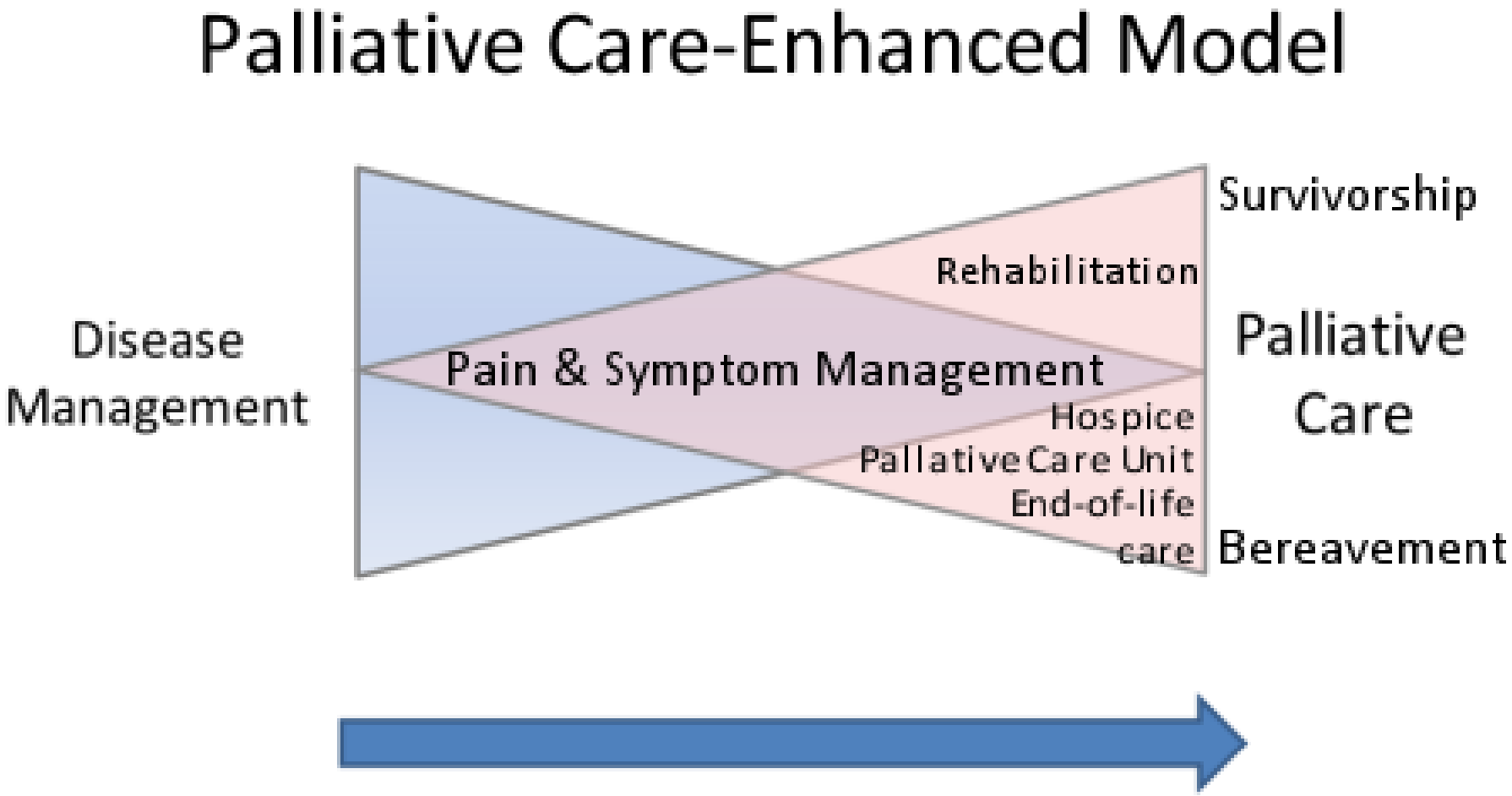
Disclosures

- In theory, there is a forthcoming UpToDate chapter related to this topic
- I am not an addiction psychiatrist
- There is virtually no evidence base to guide discussion
- Cases today will address oncology patients
- This session does not fulfill new CME standards for opioid-prescribers
- I have a buprenorphine license but use it sparingly

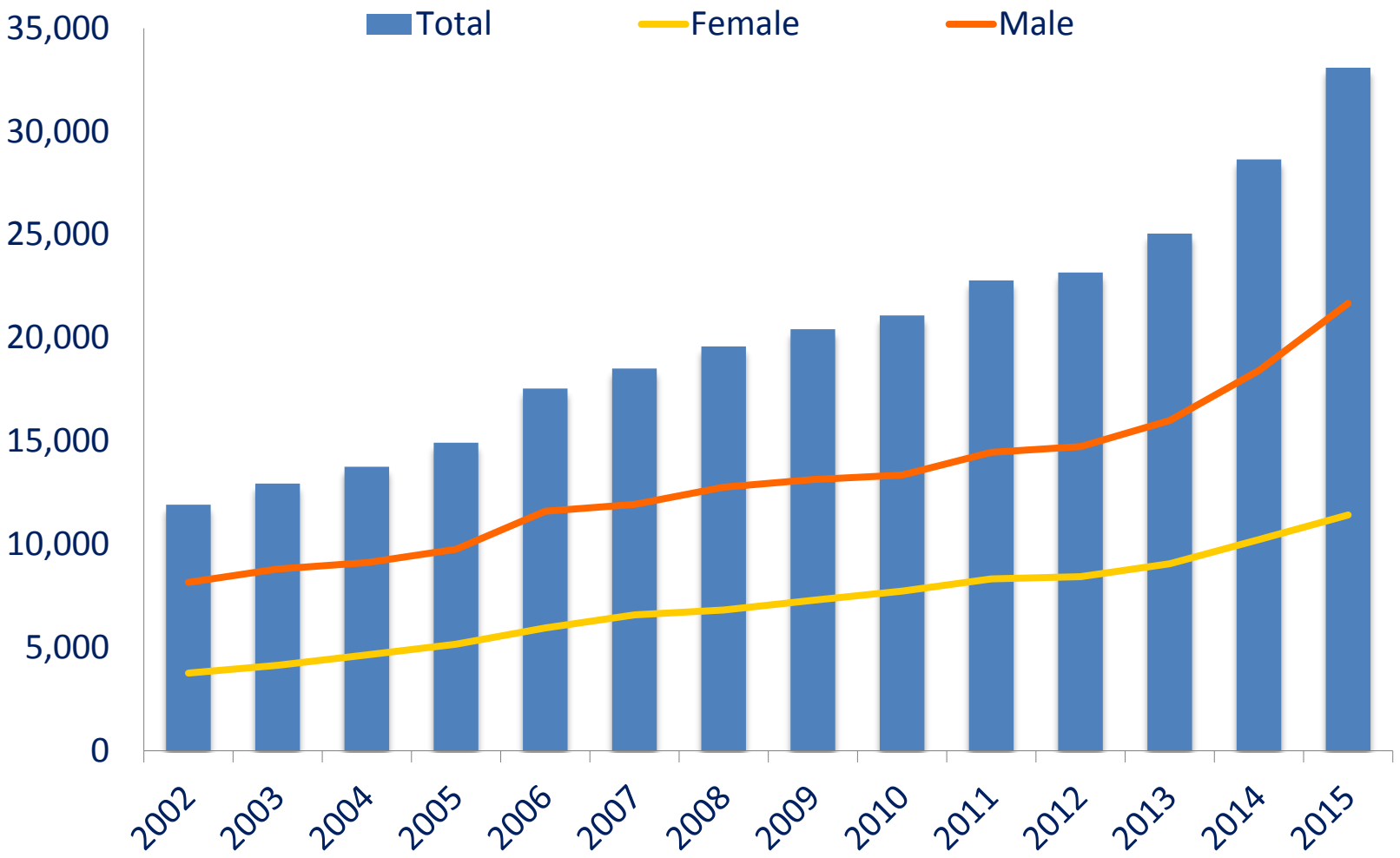
Out with the old, in with the new



National Institute on Drug Abuse

National Overdose Deaths

Number of Deaths from Opioid Drugs

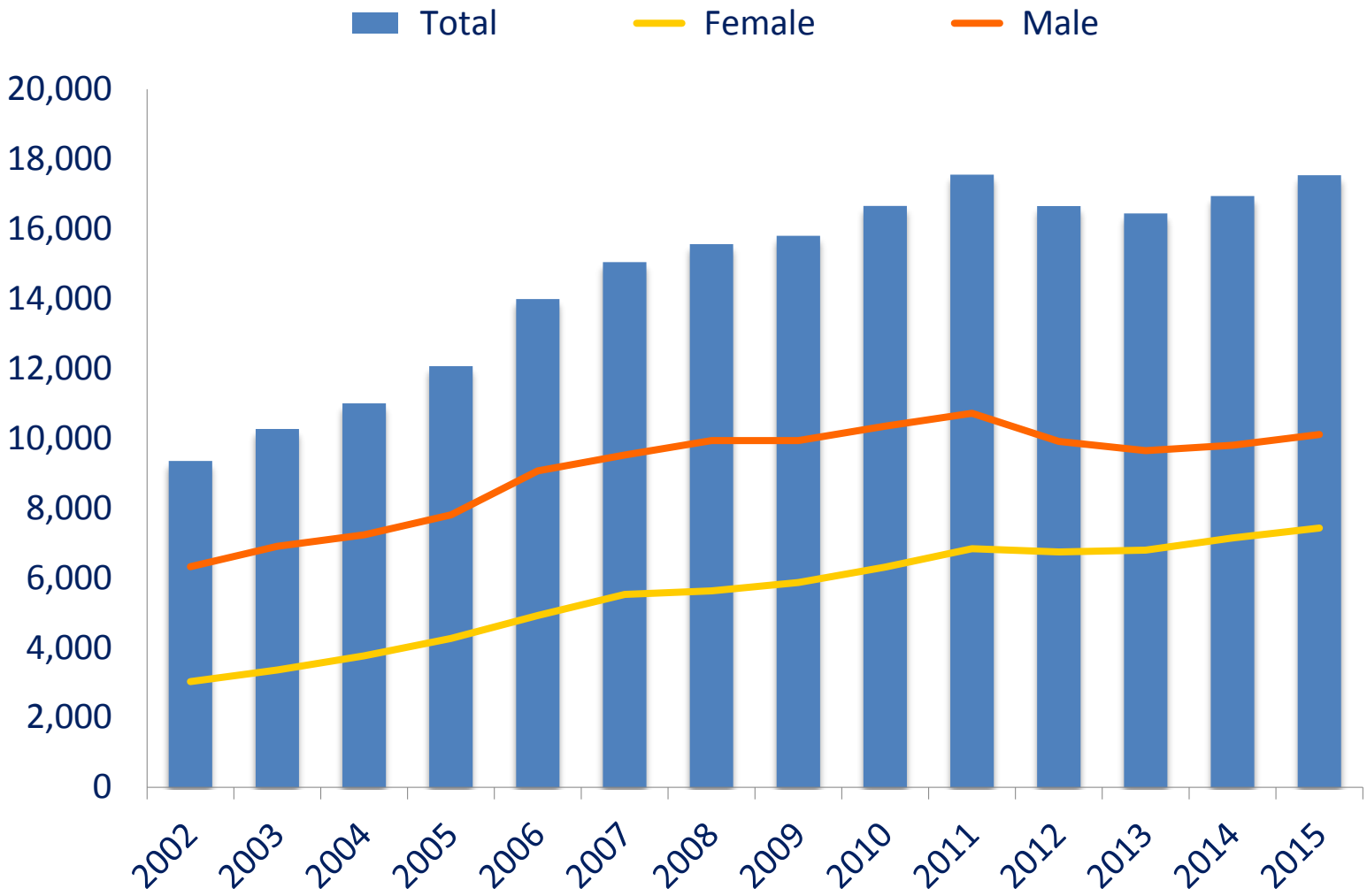


Source: National Center for Health Statistics, CDC Wonder

National Institute on Drug Abuse

National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers (excluding non-methadone synthetics)

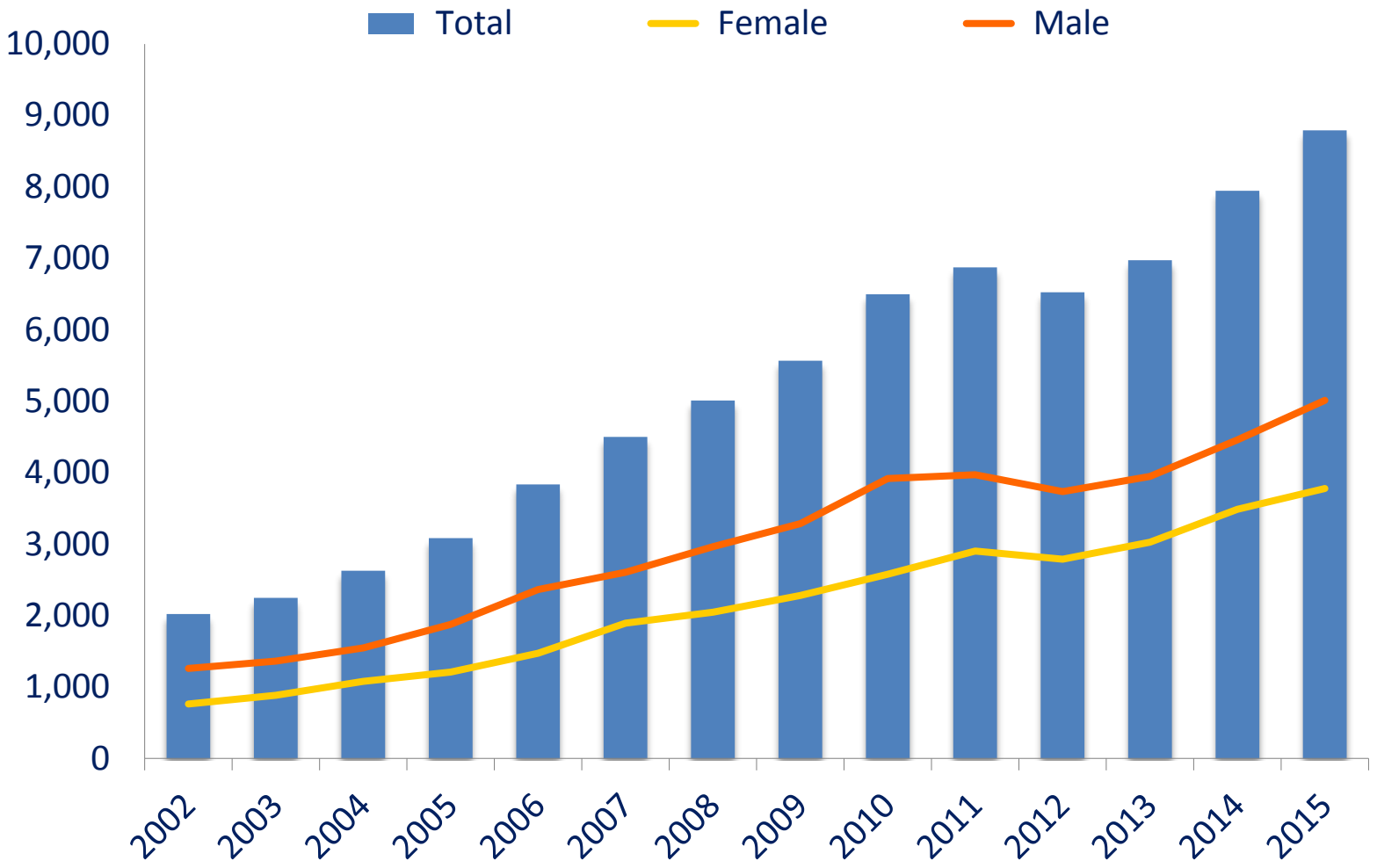


Source: National Center for Health Statistics, CDC Wonder

National Institute on Drug Abuse

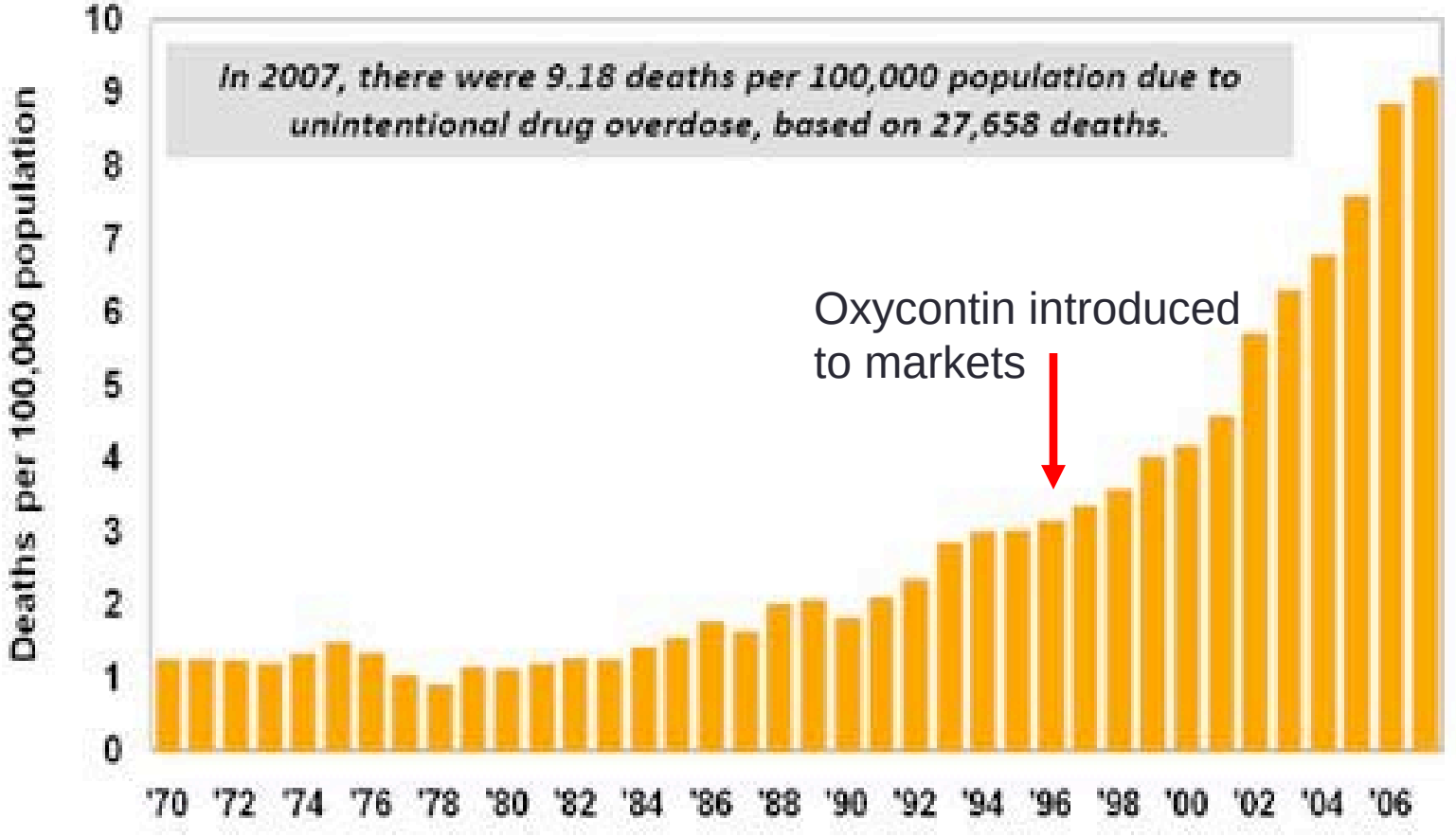
National Overdose Deaths

Number of Deaths from Benzodiazepines



Source: National Center for Health Statistics, CDC Wonder

Unintentional Drug Overdose Deaths
United States, 1970-2007



Source: Centers for Disease Control and Prevention. *Unintentional Drug Poisoning in the United States* (July 2010).

2009 National Survey on Drug Use and Health

10 Leading Causes of Death by Age Group, United States – 2015

	Age Groups										
Rank	**<1**	**1-4**	**5-9**	**10-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**	**Total**
1	Congenital Anomalies 4,825	Unintentional Injury 1,235	Unintentional Injury 755	Unintentional Injury 763	Unintentional Injury 12,514	Unintentional Injury 19,795	Unintentional Injury 17,818	Malignant Neoplasms 43,054	Malignant Neoplasms 116,122	Heart Disease 507,138	Heart Disease 633,842
2	Short Gestation 4,084	Congenital Anomalies 435	Malignant Neoplasms 437	Malignant Neoplasms 428	Suicide 5,491	Suicide 6,947	Malignant Neoplasms 10,909	Heart Disease 34,248	Heart Disease 76,872	Malignant Neoplasms 419,389	Malignant Neoplasms 595,930
3	SIDS 1,568	Homicide 369	Congenital Anomalies 181	Suicide 409	Homicide 4,733	Homicide 4,863	Heart Disease 10,387	Unintentional Injury 21,499	Unintentional Injury 19,488	Chronic Low. Respiratory Disease 131,804	Chronic Low. Respiratory Disease 155,041
4	Maternal Pregnancy Comp. 1,522	Malignant Neoplasms 354	Homicide 140	Homicide 158	Malignant Neoplasms 1,469	Malignant Neoplasms 3,704	Suicide 6,936	Liver Disease 8,874	Chronic Low. Respiratory Disease 17,457	Cerebro-vascular 120,156	Unintentional Injury 146,571
5	Unintentional Injury 1,291	Heart Disease 147	Heart Disease 85	Congenital Anomalies 156	Heart Disease 997	Heart Disease 3,522	Homicide 2,895	Suicide 8,751	Diabetes Mellitus 14,166	Alzheimer's Disease 109,495	Cerebro-vascular 140,323
6	Placenta Cord. Membranes 910	Influenza & Pneumonia 88	Chronic Low. Respiratory Disease 80	Heart Disease 125	Congenital Anomalies 386	Liver Disease 844	Liver Disease 2,861	Diabetes Mellitus 6,212	Liver Disease 13,278	Diabetes Mellitus 56,142	Alzheimer's Disease 110,561
7	Bacterial Sepsis 599	Septicemia 54	Influenza & Pneumonia 44	Chronic Low Respiratory Disease 93	Chronic Low Respiratory Disease 202	Diabetes Mellitus 798	Diabetes Mellitus 1,986	Cerebro-vascular 5,307	Cerebro-vascular 12,116	Unintentional Injury 51,395	Diabetes Mellitus 79,535
8	Respiratory Distress 462	Perinatal Period 50	Cerebro-vascular 42	Cerebro-vascular 42	Diabetes Mellitus 196	Cerebro-vascular 567	Cerebro-vascular 1,788	Chronic Low. Respiratory Disease 4,345	Suicide 7,739	Influenza & Pneumonia 48,774	Influenza & Pneumonia 57,062
9	Circulatory System Disease 428	Cerebro-vascular 42	Benign Neoplasms 39	Influenza & Pneumonia 39	Influenza & Pneumonia 184	HIV 529	HIV 1,055	Septicemia 2,542	Septicemia 5,774	Nephritis 41,258	Nephritis 49,959
10	Neonatal Hemorrhage 406	Chronic Low Respiratory Disease 40	Septicemia 31	Two Tied: Benign Neo./Septicemia 33	Cerebro-vascular 166	Congenital Anomalies 443	Septicemia 829	Nephritis 2,124	Nephritis 5,452	Septicemia 30,817	Suicide 44,193

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2015

	Age Groups										
Rank	**<1**	**1-4**	**5-9**	**10-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**	**Total**
1	Unintentional Suffocation 1,125	Unintentional Drowning 390	Unintentional MV Traffic 351	Unintentional MV Traffic 412	Unintentional MV Traffic 6,787	Unintentional Poisoning 11,231	Unintentional Poisoning 10,580	Unintentional Poisoning 11,670	Unintentional Poisoning 7,782	Unintentional Fall 28,486	Unintentional Poisoning 47,478
2	Homicide Unspecified 135	Unintentional MV Traffic 332	Unintentional Drowning 129	Suicide Suffocation 234	Homicide Firearm 4,140	Unintentional MV Traffic 6,327	Unintentional MV Traffic 4,686	Unintentional MV Traffic 5,329	Unintentional MV Traffic 5,008	Unintentional MV Traffic 6,860	Unintentional MV Traffic 36,161
3	Homicide Other Spec., Classifiable 69	Homicide Unspecified 153	Unintentional Fire/Burn 72	Suicide Firearm 139	Unintentional Poisoning 3,920	Homicide Firearm 3,996	Suicide Firearm 2,952	Suicide Firearm 3,882	Suicide Firearm 3,951	Suicide Firearm 5,511	Unintentional Fall 33,381
4	Unintentional MV Traffic 64	Unintentional Suffocation 131	Homicide Firearm 69	Homicide Firearm 121	Suicide Firearm 2,461	Suicide Firearm 3,118	Suicide Suffocation 2,219	Suicide Suffocation 2,333	Unintentional Fall 2,504	Unintentional Unspecified 5,204	Suicide Firearm 22,018
5	Undetermined Suffocation 50	Unintentional Fire/Burn 100	Unintentional Other Land Transport 32	Unintentional Drowning 87	Suicide Suffocation 2,119	Suicide Suffocation 2,504	Homicide Firearm 2,197	Suicide Poisoning 1,835	Suicide Poisoning 1,593	Unintentional Suffocation 3,837	Homicide Firearm 12,979
6	Unintentional Drowning 30	Unintentional Pedestrian, Other 75	Unintentional Suffocation 31	Unintentional Other Land Transport 51	Unintentional Drowning 504	Suicide Poisoning 769	Suicide Poisoning 1,181	Homicide Firearm 1,299	Suicide Suffocation 1,535	Unintentional Poisoning 2,198	Suicide Suffocation 11,855
7	Homicide Suffocation 24	Homicide Other Spec., Classifiable 73	Unintentional Natural/ Environment 24	Unintentional Fire/Burn 41	Suicide Poisoning 409	Undetermined Poisoning 624	Undetermined Poisoning 699	Unintentional Fall 1,298	Unintentional Suffocation 777	Adverse Effects 1,721	Unintentional Unspecified 6,930
8	Unintentional Fire/Burn 22	Homicide Firearm 50	Unintentional Pedestrian, Other 20	Unintentional Poisoning 36	Homicide Cut/Pierce 312	Unintentional Drowning 445	Unintentional Fall 492	Undetermined Poisoning 828	Unintentional Unspecified 696	Unintentional Fire/Burn 1,171	Unintentional Suffocation 6,914
9	Undetermined Unspecified 21	Homicide Suffocation 31	Unintentional Poisoning 17	Unintentional Suffocation 26	Undetermined Poisoning 234	Homicide Cut/Pierce 399	Unintentional Drowning 374	Unintentional Suffocation 469	Homicide Firearm 681	Suicide Poisoning 1,005	Suicide Poisoning 6,816
10	Four Tied 12	Unintentional Fall 30	Unintentional Struck by or Against 17	Suicide Poisoning 23	Unintentional Fall 217	Unintentional Fall 324	Homicide Cut/Pierce 291	Unintentional Drowning 450	Two Tied: Undet. Poisoning, Unint. Fire/Burn 565	Suicide Suffocation 908	Unintentional Drowning 3,602

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Cancer, pain and addiction

- The number of cancer survivors in US expected to exceed 20 million by 2026
- Shift toward chronic disease management (even for those living with metastatic cancer)
- Prevalence of pain in patients with cancer: systematic review (2007)
  - After curative treatment: 33% [95% CI 21% to 46%];
  - During anti-neoplastic therapy: 59% (CI 44% to 73%);
  - Advanced/terminal illness: 64% (CI 58% to 69%)
  - Highest in patients with head and neck cancer (70%, CI 51% to 88%)
- More people are presenting to cancer treatment already exposed to prescription opioids and benzodiazepines

National Cancer Institute, "Fast Stats"; van den Beuken-van Everdingen, Annals Oncology, 2007

Untreated substance use disorders worsen prognosis and adherence to care

- Worsen prognosis and adherence to care
- Perpetuate suffering and decreases quality of life
- Distracts from other important aspects of life or medical care
- Tend to require larger amounts of resources
- Impaired relationship with treatment team

We are underprepared

- 2012 survey of North American palliative care fellows
  - 41% believed that their training had prepared them to manage opioid misuse
  - 37% felt that they knew how to differentiate pain from addiction
- In a recent survey of accredited palliative medicine fellowship programs, most providers (72%) reported that substance abuse screening occurs when "the provider feels it is appropriate"
- Most opioid risk screening instruments have not been validated for the palliative care population
- Most cancer centers and palliative medicine programs do not have specific substance abuse programs

Childers et al, JPSM, 2012; Tan et al, JPM, 2015; Koyyalagunta D et al, Pain Med, 2013

Self-titration model

- Works for most oncology patients
  - Who don't have a substance use disorder
- Liberal access to potentially adictive medications
- Monthly supply per prescription
- Minimal monitoring
- Take as much as you need

- Does not work for the clinic of last resort

Case study - GL

- Young woman with metastatic breast cancer and long-standing history of cocaine abuse
- Complicated psychosocial history
  - Childhood trauma
  - Loss of primary custody of her six children
  - Lives with fiance who struggles with addiction
  - Unstable housing
- Variable adherence to outpatient appointments with oncology and supportive care
- Several admissions to MedE2 for pain control; noted to be drowsy when dose converted to IV for PCA titration

Case Study: LD

- 53yo divorced male with h/o stage II breast cancer in remission
- Severe taxane-induced peripheral neuropathy
- History of alcohol misuse pre-cancer
- Multiple psychosocial stressors and co-morbid depression
- Erratic behavior with supportive care team
- Developed alcohol, opioid and benzodiazepine dependence during cancer survivorship period
- Cardiac arrest at home s/p unintentional OD

Risk factors

- Validated risk factors
  - Younger age
  - Male gender
  - Mental health diagnosis
  - Known current or prior substance use disorder
  - Family history of addiction
- Softer risk factors
  - Sexual/childhood trauma or abuse
  - Difficulty with social interactions
  - Lack of family involvement
  - Community/neighborhood
  - Sensation-seeking, impulsivity, anxiety sensitivity and hopelessness

Evaluation goal: systematically assess for risk factors and warning signs

- Goal is to categorize patients in low, medium or high risk
- Is there currently physiologic dependence?
- Are there co-existing psychiatric disorders?
- Is there evidence of multiple prescribers, formulations or concomitant high risk meds?
- Has the primary provider or medical history already indicated concern for substance abuse or misuse?
- Are there family members with substance use disorders?
- What do the family members say?
- Is there under-treatment of symptoms?
- How open is the patient about their history?
- How does the patient cope with stress or unrelieved emotional pain (chemical coping)?

Before you see the patient

- "Pre-screen" the medical record
  - Allot more time if possible if several risk factors present
- Consult the NC Substance Use Database
- Screen the patients directly (nothing is perfect but something is better than nothing)
  - SOAPP-R or ORT most popular
  - Passik et al also has a scale for medically ill patients
- Everyone completes health authorization to speak to family members and other providers

Low risk patients

- Standard model of oncology care is usually fine
- Establish with the patient and family the goals and expectations of pain and other symptom management
- Everyone receives written notice (and verbal nudges to read)
  - Policies regarding missed appointments, early refills, not sharing rx, etc.
- Shared co-prescribing and q3 month visits reasonable

Behaviors less suggestive of addiction

- Aggressive complaining about medications
- Requests for specific medications
- Hoarding medications during periods of reduced symptoms
- Unapproved use of drug to treat different symptom
- Unsanctioned dose escalation on 1-2 occasions
- Openly acquiring similar drugs from other sources

Passik. Substance Abuse Issues in Cancer Patients, 1998

Behaviors suggestive of addiction

- Multiple dose escalations or other noncompliance with therapy despite warnings
- Stealing or borrowing medications
- Deterioration in work or social functioning
- Resistance to change or discontinue opioids despite adverse effects
- Refusal to comply with random drug screens
- Concurrent use of alcohol or illicit drugs
- Use of multiple physicians or pharmacies without informing prescriber
- Selling prescription drugs, drug forgery, injecting PO medications IV

Passik. Substance Abuse Issues in Cancer Patients, 1998

Medium risk patients: Explicitly discuss and document

- Single prescriber for high-risk medications
- Establish with the patient and family the goals and expectations of pain and other symptom management (e.g. "zero out of ten pain" is rarely a realistic goal);
- Verbal and written expectations and limits regarding early refills, unsanctioned dose escalations, missed appointments, and lost prescriptions
- Prior to lapses in treatment adherence, identify what, if any, consequences will occur if patients do not comply with expectations
- Everyone gets one free pass "my dog ate my meds"

High risk patients: everything before AND

- Frequent visits (eg q1-2 weeks)
- Urine toxicology screens
- Explicitly identify sober/stable supports and open line of communication with them
- Call in DEA to pharmacy directly
- Involve psych/addiction/social work specialty care
- Verbal and written treatment agreement to facilitate early identification and response to non-adherent behaviors (may need to include an exit strategy for treatment)
- Therapeutic plan for relapse
- Unerring compliance may not be realistic goal f management

Violated High-Risk Care Plan

- Inhaled naloxone if concern for overdose (with education of family members)
- Escalating structure of care
  - Visits
  - Doses
  - Monitoring
- Joint agreement with caregiver
- Mandatory concurrent care with addiction specialist/program (eg ASAP, etc)
- Anecdotal report of using benzodiazepines in shelter-based hospice patients with addiction

Podymow et al, Pall Med, 2006

Success story

- 59 yoF with stage IV breast cancer, long-standing history of IV heroin dependence, MDD, personality disorder
- Poor adherence to breast cancer and psychiatric treatment
- New desire for abstinence d/t new stable sober support
- Maintained on multiple short-acting opioids
- Suitable candidate for buprenorphine maintenance therapy
- Breakthrough pain treated with buprenorphine, dilaudid and morphine
- Engaged in regular psychiatric care, improved adherence to breast cancer therapies
- One relapse on IV heroin

More topics not covered today

- High risk medications (eg methadone, ketamine, buprenorphine)
- Adjunct treatments
  - Disulfiram
  - Naltrexone
  - Acamprosate
  - Bupropion
- Review of specific opioid risk tools
- Behavioral therapies for addiction
- Community resources

Call to action

- Dedicated working group with a clear (not overly-committed) team leader
  - Does not have to be a physician!
  - Might be a great project for a fellow
  - Dot phrases and example policies/contracts
- Addiction education programs for pall med and cancer support clinicians (educational or QI grants)
- Research to identify risk factors among oncology patients
- In-service seminars/rounds
- Clearer communication and coordination among services

24yoM with AML who needs BMT

- Poor prognosis AML who would die without BMT
- Long-standing personal, family, and community history of addiction
- Opioid dependence; cocaine/tobacco abuse
- Undergoes matched allo SCT while maintained on buprenorphine
- IVDU relapse after released to community care
- Re-presents with disseminated MRSA infection, recurrent spinal osteomyelitis, severe pain

Prescribing guidelines

- Scheduled administration with ATC dosing
- Limiting prn or breakthrough medications
- Longer duration medications
- Non-opioid adjuvant therapies
- Limiting the amount of medication prescribed
- Calling in DEA to pharmacy directly
- Everyone gets one “free pass”
- In-person visit/travel for prescriptions

SOAPP-R

- How often do you have mood swings?
- How often have you felt a need for higher doses of medications to treat your pain?
- How often have you felt impatient with your doctors?
- How often have you felt that things are just too overwhelming that you can’t handle them?
- How often is there tension on the home?
- How often have you counted pain pills to see how many are remaining?
- How often have you been concerned that people will judge you for taking pain medications?
- How often do you feel bored?
- How often have you taken more pain medication than you were supposed to?