Pan Northern Clinical Rounds – September 8, 2021

Identifying and Managing Patients with Opiate Use Disorder in Primary Care Outpatient Practices

Case

"Frank" is a 35 year old male patient with Crohn's disease who is a newer patient to my practice. He is on ODSP, single and does not have any children. He has told me that he does not have any hobbies, interests or friends as he is too unwell. I recently received a note from his GI physician who advised that his abdominal pain is secondary to his opiates causing constipation and they suggested a taper. Here are his current medications:

Oxycodone 60mg ER PO BID (120mg per day)
Percocet 2 tabs PO QID prn (40mg per day)
(24 hour dose of oxycodone = 160 mg x1.5 for morphine equivalents = 240mg morphine

I called Frank into the office to discuss the next steps with him. I thought that I was being kind in my approach (explained rationale for tapering with him, reassured I would support him, explained it was not his fault that he was in this situation), but I was met with a very angry patient. He also refused to do a urine drug screen or sign an opiate contract. When I asked him if he ever runs out of meds early or gets opiates from any other sources he became quite upset. He said I was accusing him of being a "drug addict", pounded his fists down on the table and said "everyone treats me f*cking badly! It's unfair, you're a sh*tty doctor!" I tried to diffuse the situation, set boundaries around appropriate conduct and come to a reasonable plan after close to an hour. Here was the plan:

- Taper by 1 percocet per week x 4 weeks
- Weekly dispensing (patient unhappy, previously monthly)
- Treat constipation as per GI recommendations/titrating meds
- Naloxone kit- explained, patient got angry, "You're treating me like a f*cking addict!!"
- Follow up in 1 month- try to establish rapport, check on mental health, establish boundaries

Later that week I got a note from my front staff that the patient called in screaming that "she is the worst doctor, I'm in terrible pain, she's trying to KILL ME!" So I called him back and advised him again of appropriate conduct and advised that if new/severe pain to go to emerg. He refused. Said he was taking 15 Percocet per day some day before (sometimes 8/day, not specific) and "my other doctor would give me another prescription when my last one ran out!" (This doctor lost their opiate prescribing privileges). Emphasized that we are working together to try to help him with his abdominal pain/constipation and he needs to cut down on opiates to do this. Kept the plan the same.

I am feeling really stressed and unsafe and at a bit of a loss. I have a number of questions about next steps:

Questions:

Does he meet criteria for an opiate use disorder?
Do you think a referral for methadone/suboxone would be helpful for this patient? If so, how should I communicate this in a way that would be more acceptable to him?
Should I continue weekly dispensing or would it be reasonable to move to daily?
Do you have any tips for managing this patient's behaviour and boundary setting? What about the possibility of discharging the patient from my practice if I feel unsafe seeing him in person (could try more phone visits first)? I don't want to do this as I know he will have a hard time finding someone to manage his opiates but at the same time I am starting to feel unsafe.
How should I manage the urine drug screen refusal?

Resources

https://www.bccsu.ca/wp-content/uploads/2017/08/DSM-5.pdf

https://www.opioidmanager.com/

https://www.cmaj.ca/content/189/18/E659

www.machealth.ca (module 6)

www.metaphi.ca