



OPIOID CASES

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Family Physician, Kingston Community Health
Center

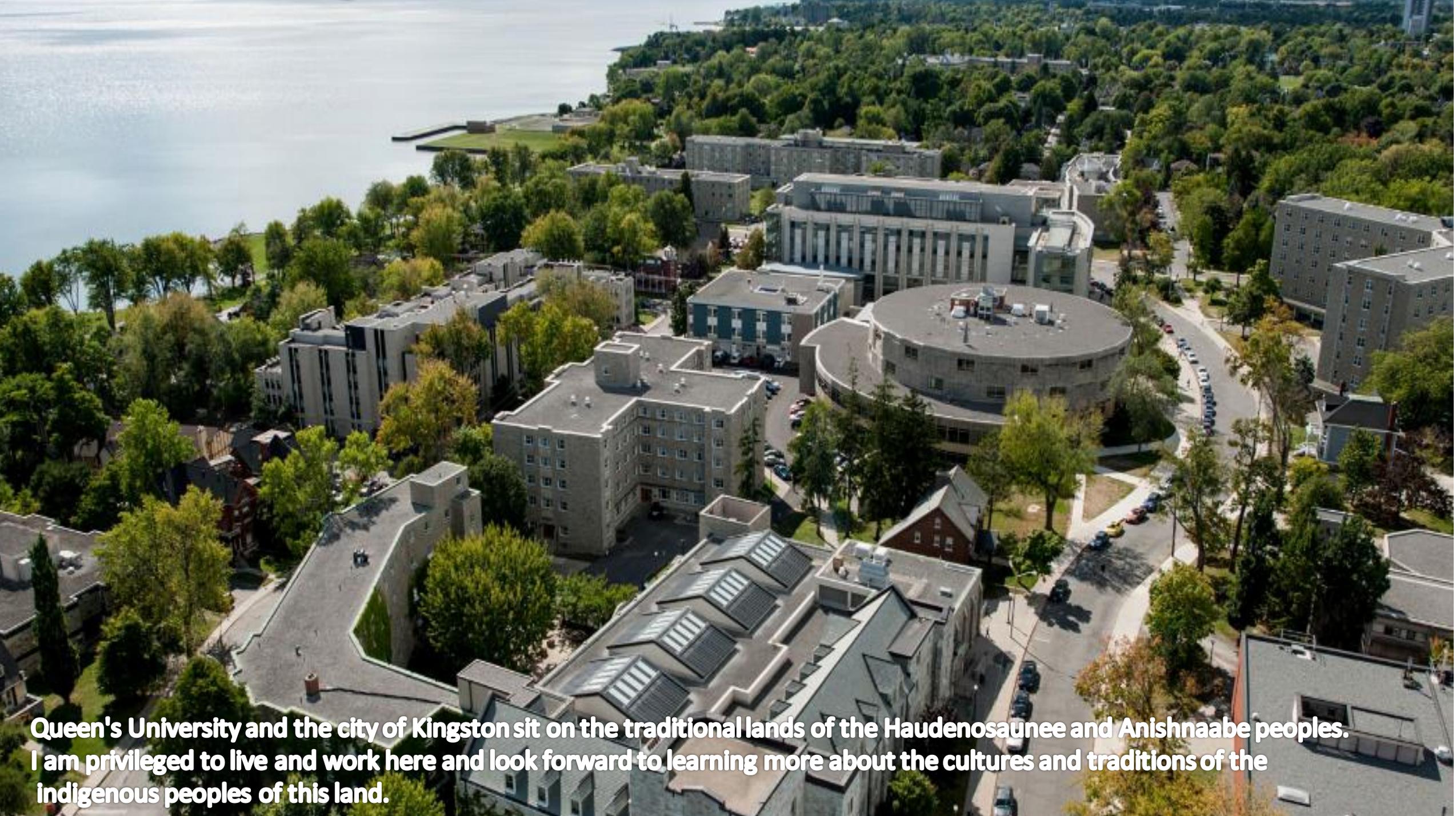
Queens University Department of Family
Medicine

Health Quality Ontario Opioid Prescribing for
Chronic Pain Quality Standard Advisory
Committee



DISCLOSURES

I have no financial disclosures of conflicts of interest.



Queen's University and the city of Kingston sit on the traditional lands of the Haudenosaunee and Anishnaabe peoples. I am privileged to live and work here and look forward to learning more about the cultures and traditions of the indigenous peoples of this land.



OBJECTIVES

1. Identify the features of safe and responsible opioid prescribing
2. Explain how to taper and rotate opioids
3. Identify effective communication techniques and key phrases when discussing unsafe opioid use with patients

2011

Oxycontin 400
mg BID

Fentanyl 100mcg
Q3 days

Oxycontin 100
mg TID

Percocet tabs
12/day

Oxycontin and
Percocet

HM Contin 24
mg TID
and HM tabs

2011-2013

You're the worst
doctor I've ever
had!

My pain is so bad I
feel like dying

I'm in so much
pain you don't
understand

This is so unfair!

What would you
understand about
my pain? You
don't have pain!

I'm gonna
report you to
the college!

2013-2021

I wish I had known
these pills were
addictive

I do online tai chi
and mindfulness
every day

I lost a decade of
my life to
oxycontin

I wish doctors
were never
allowed to
prescribe pain
pills.

I feel the best I
have ever felt
now



THE OTHER EPIDEMIC

- In Kingston, we have had 1 person die in the last year due to Covid.
- In the last year, we have had 30 people die in the last year due to opioid overdose.

Presented to hospital:

22 times in 2017

32 times in 2018

10 times in 2019

Admitted to hospital:

13 times from overnight

2-3 days and up to 2 weeks.

RIP March 11, 2020

Deidra 'wasn't just a kid on the street'

Steph Crosier

Mar 09, 2021 • March 10, 2021 • 9 minute read



Deidra Garrah, 14 at the time, in the spring of 2017. PHOTO BY SUPPLIED PHOTO

Most patients
who become
addicted to
opioids begin
with
prescription
opioids

'One bad pill': Parents of Ottawa teen killed by opioid overdose speak out

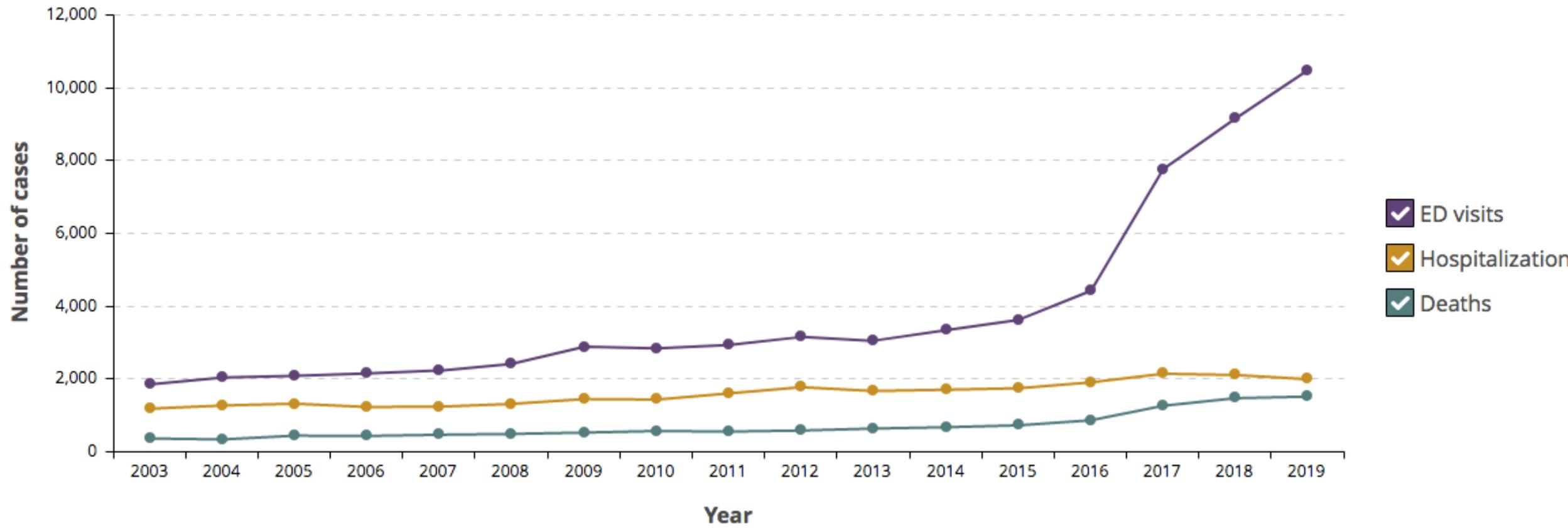
Naomi Librach

Feb 25, 2017 • February 26, 2017 • 3 minute read

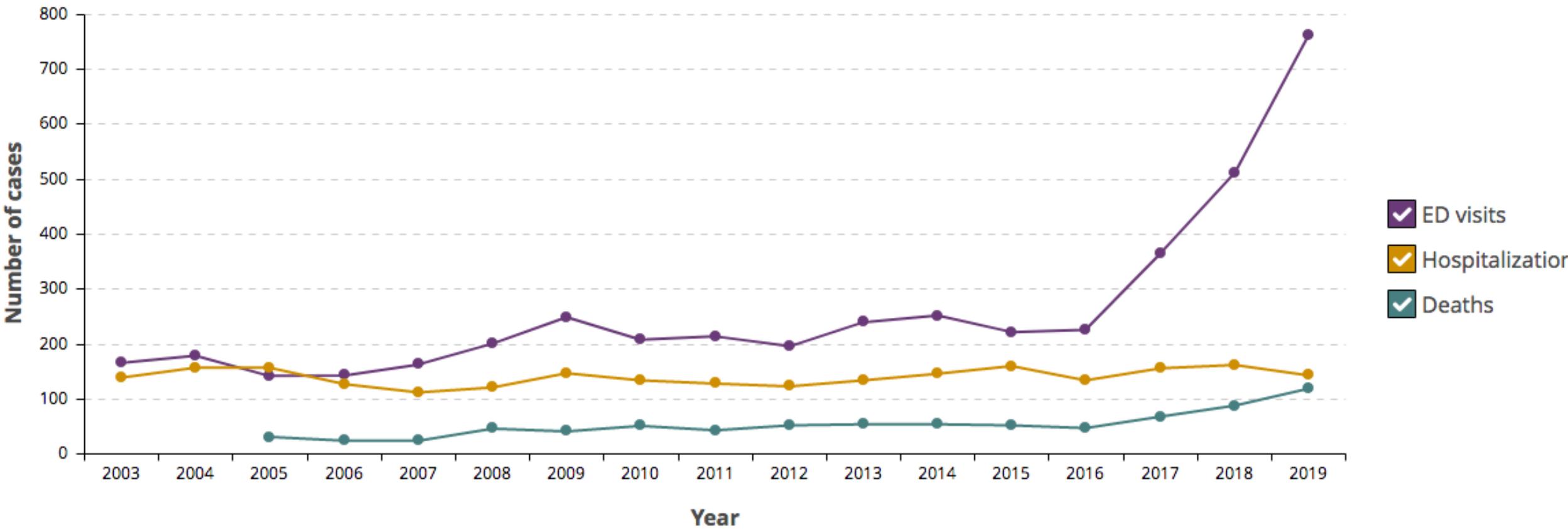


Teslin Russell died in December. Her parents are now speaking out about opioid overdoses. -

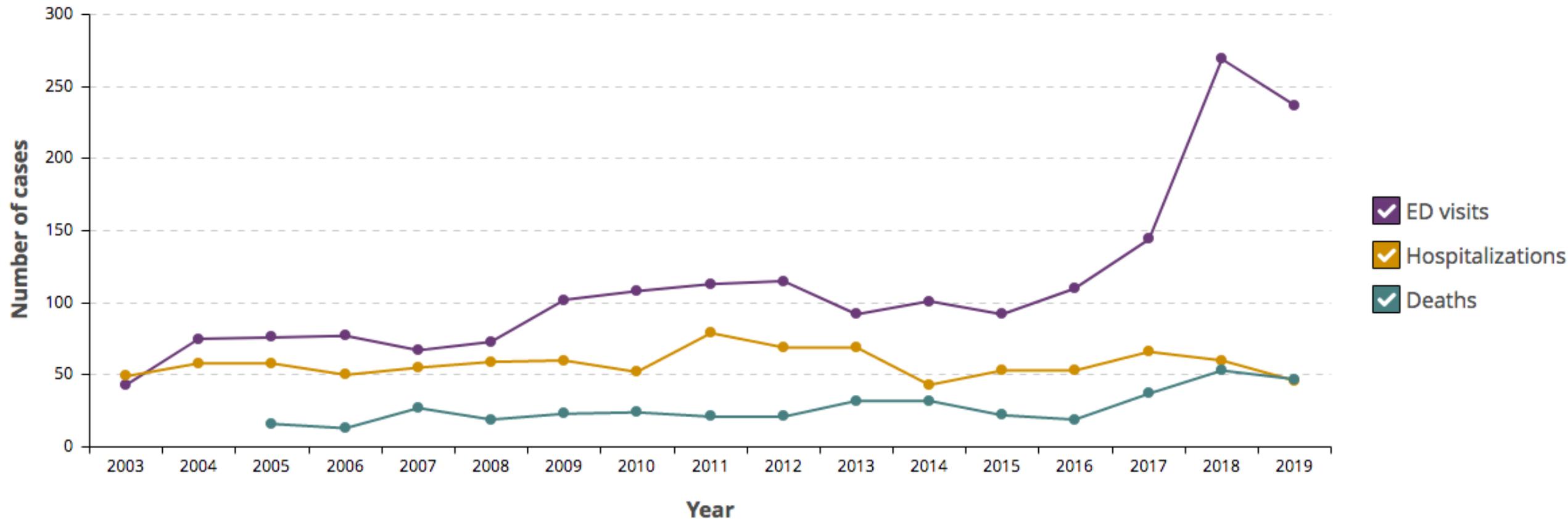
Cases of opioid-related morbidity and mortality, Ontario, 2003 - 2019



Cases of opioid-related morbidity and mortality, North East LHIN, 2003 - 2019



Cases of opioid-related morbidity and mortality, North West LHIN, 2003 – 2019



Rates of opioid-related deaths, all ages, all sexes, Ontario, 2019

Ontario

Population: **14,634,260**

Rate per 100,000: **10.4**

Cases: **1,517**

Percentile

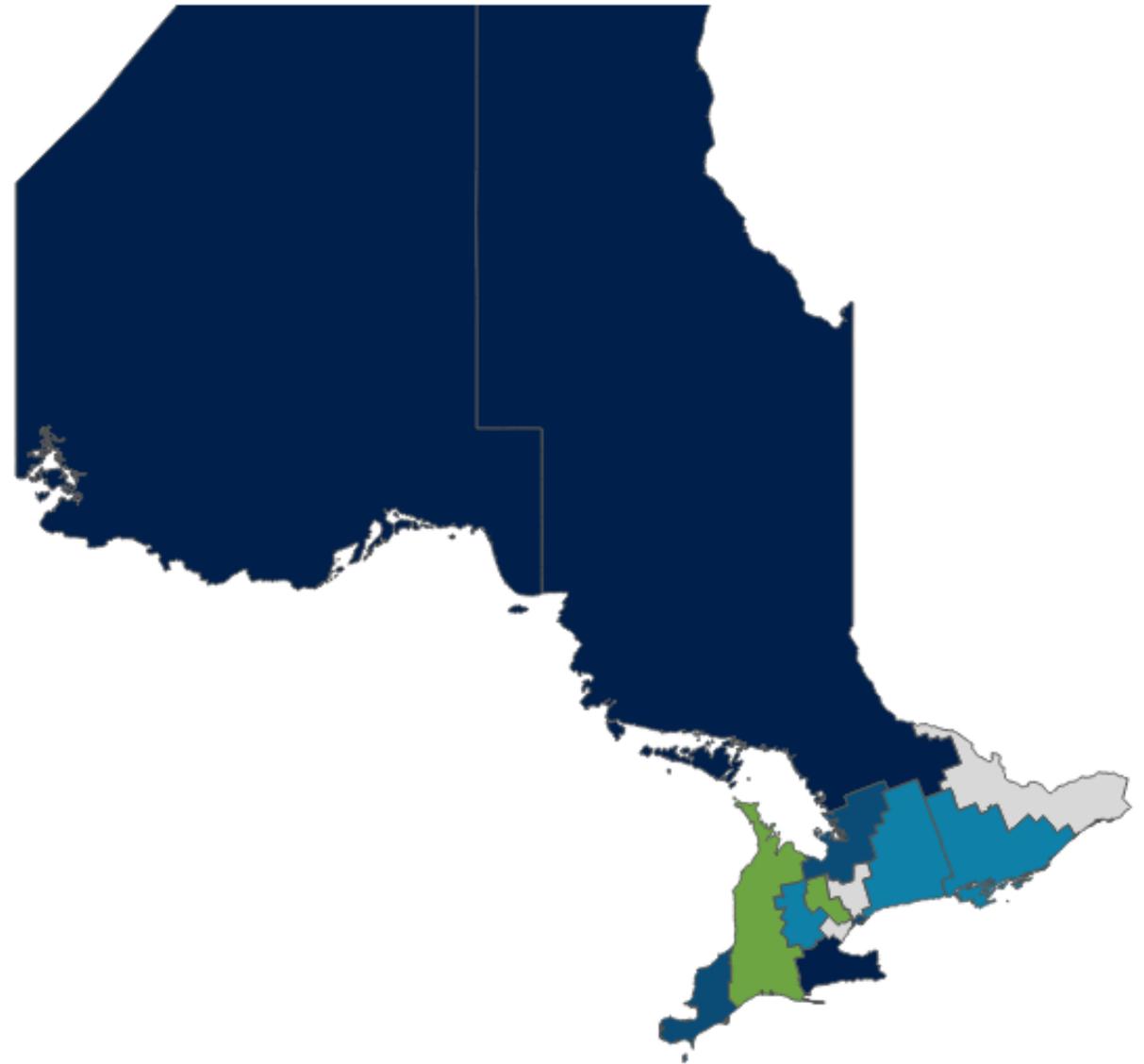
0 - 20%

> 20 - 40%

> 40 - 60%

> 60 - 80%

> 80 - 100%



Opioid-related harms

Injury Pyramid



Adapted from:

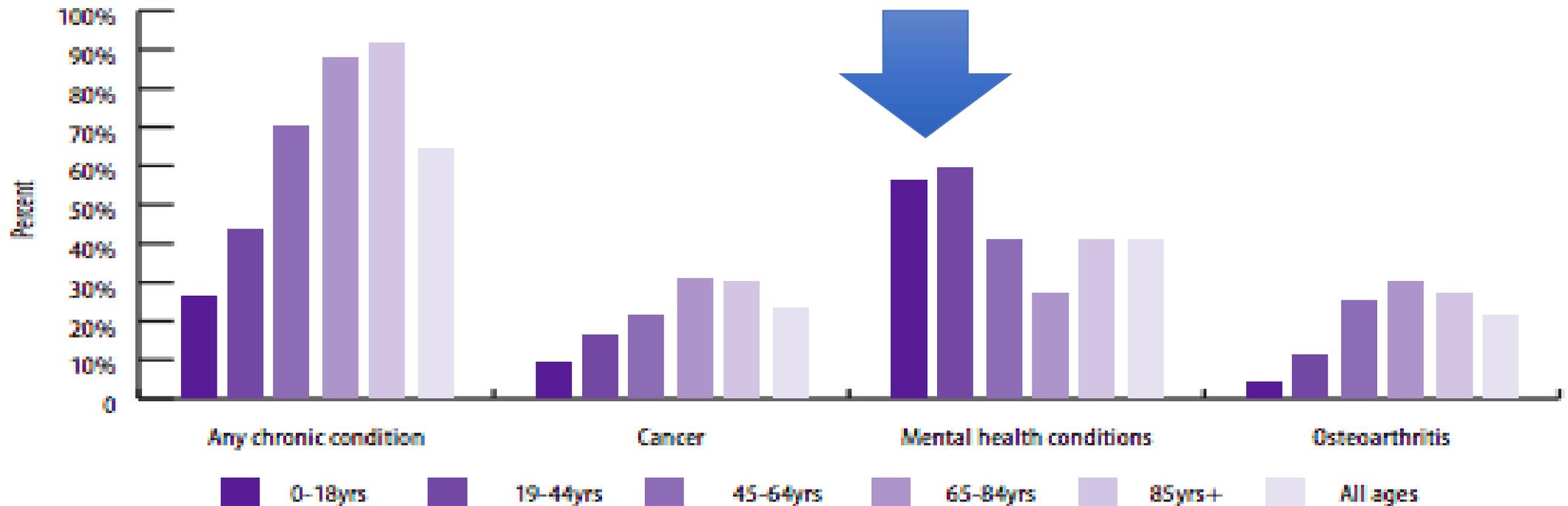
http://apps.who.int/iris/bitstream/10665/149798/1/9789241508018_eng.pdf?ua=1&ua=1&ua=1

<http://www.cdc.gov/drugoverdose/pdf/policyimpact-prescriptionpainkillerod-a.pdf>



Ontario Narcotic Atlas

Figure 1.4: Percent of all opioid recipients having chronic conditions, by age group, FY 2014/15





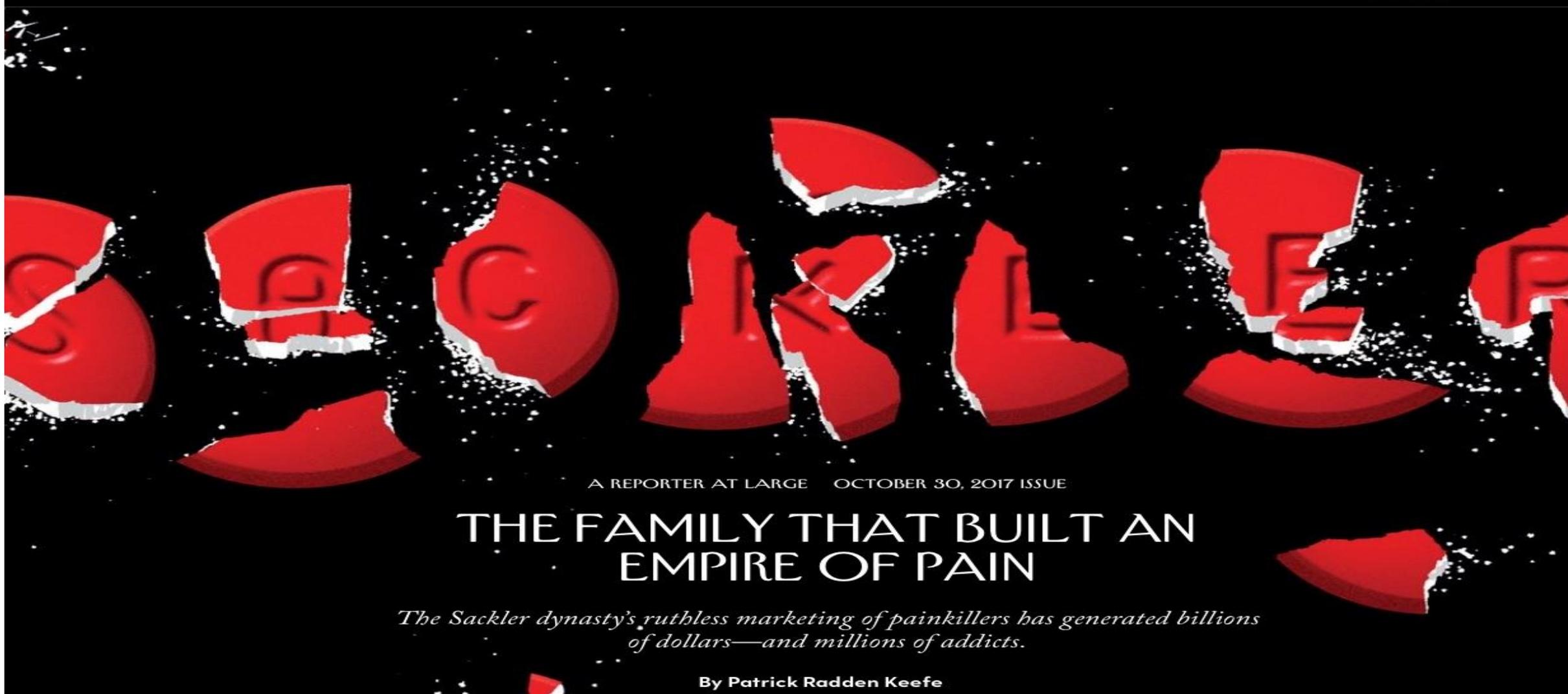




**L – R Mortimer, Raymond & Arthur Sackler
The 3 Psychiatrists who Hooked the US on Opiates**



- “He recognized that selling new drugs requires a seduction of not just the patient but the doctor who writes the prescription.”



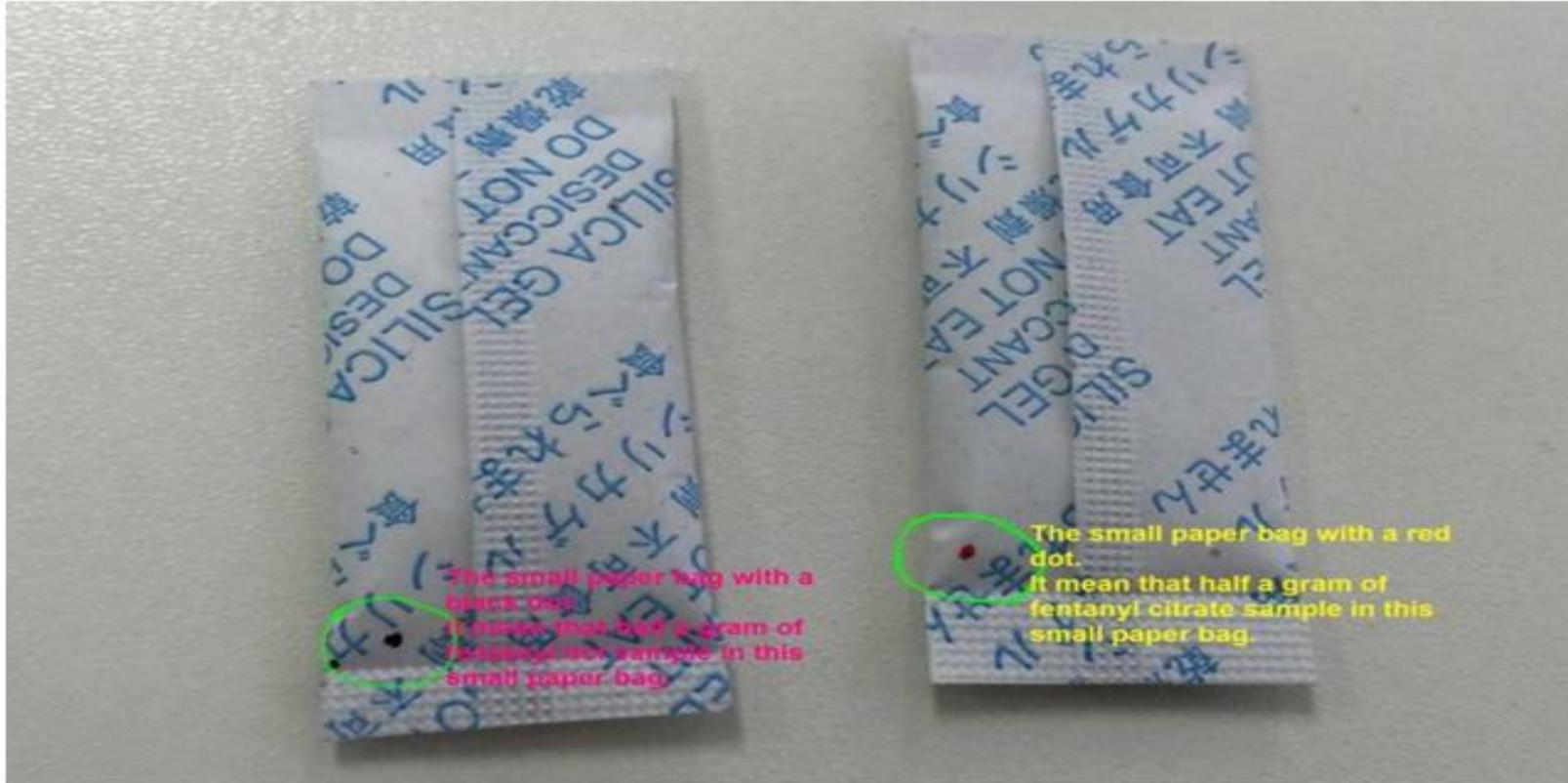
A REPORTER AT LARGE OCTOBER 30, 2017 ISSUE

THE FAMILY THAT BUILT AN EMPIRE OF PAIN

The Sackler dynasty's ruthless marketing of painkillers has generated billions of dollars—and millions of addicts.

By Patrick Radden Keefe

Powdered Fentanyl (“bootleg”)



Fentanyl from China is sometimes hidden in silica desiccant packages.

Carfentanil:

Powerful opioid carfentanil detected in Ontario for first time

KAREN HOWLETT

The Globe and Mail

Published Tuesday, Dec. 06, 2016 7:45PM EST

Last updated Tuesday, Dec. 06, 2016 7:47PM EST

NEWS CALGARY

DEADLY DOSE

Carfentanil seizure in Calgary had potential to wipe out Canada's population

BY DAMIEN WOOD, POSTMEDIA NETWORK

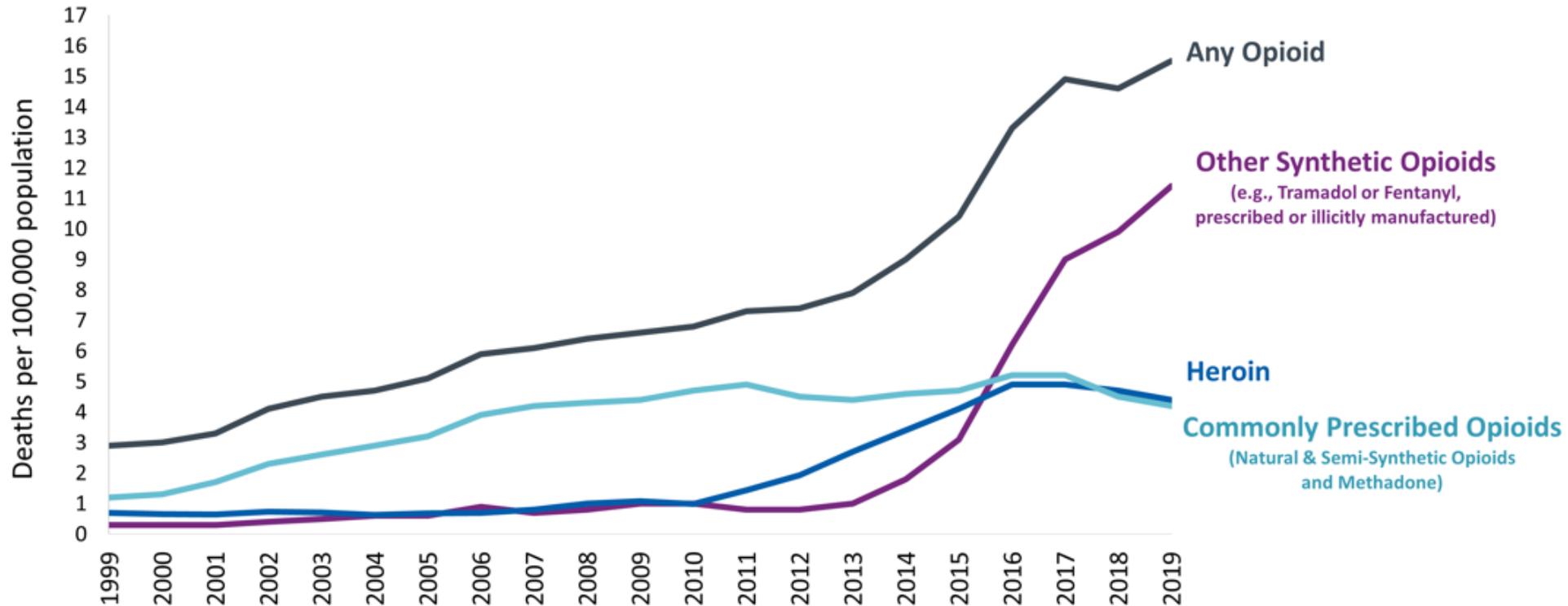
FIRST POSTED: WEDNESDAY, AUGUST 10, 2016 03:22 PM MDT | UPDATED: THURSDAY, AUGUST 11, 2016 07:37 AM MDT

Deadly opioid carfentanil detected in two deaths in Alberta

'The smallest trace of carfentanil can be lethal and Albertans should be aware of the life-threatening dangers'

CBC News | Posted: Oct 07, 2016 3:04 PM MT | Last Updated: Oct 07, 2016 4:33 PM MT

Three Waves of the Rise in Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths Started in 1999

Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: National Vital Statistics System Mortality File.

2011

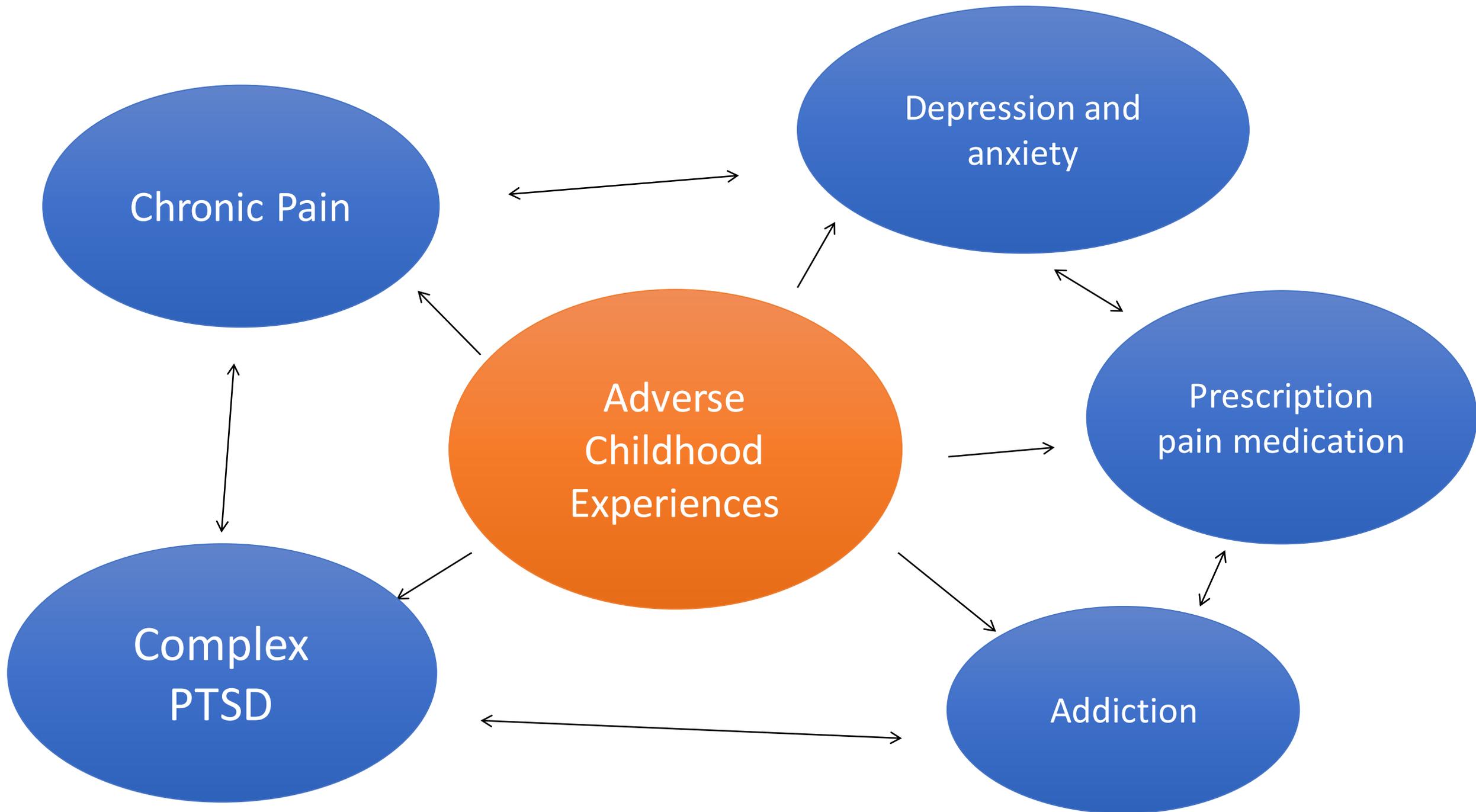
Oxycontin 400 mg BID,
multiple hospital and ER
visits

2011-2013

What would you
understand about my
pain? You don't have
pain!

**I walk for an hour a
day and feel better than
I have for a decade**

2013-2018



ADVERSE CHILDHOOD EXPERIENCES STUDY

The Most Important Study in Medicine:



Dr. Vince Felitti and Dr. Robert Anda

Number of adverse childhood experiences summed:

<u>ACE Score</u>	<u>Prevalence</u>
0	17%
1	26%
2	16%
3	10%
4 or more	16%

67% of people had an ACE score greater than 1.

Life expectancy was reduced by 20 years if your ACE score was greater than 6.



Adverse Childhood Experiences

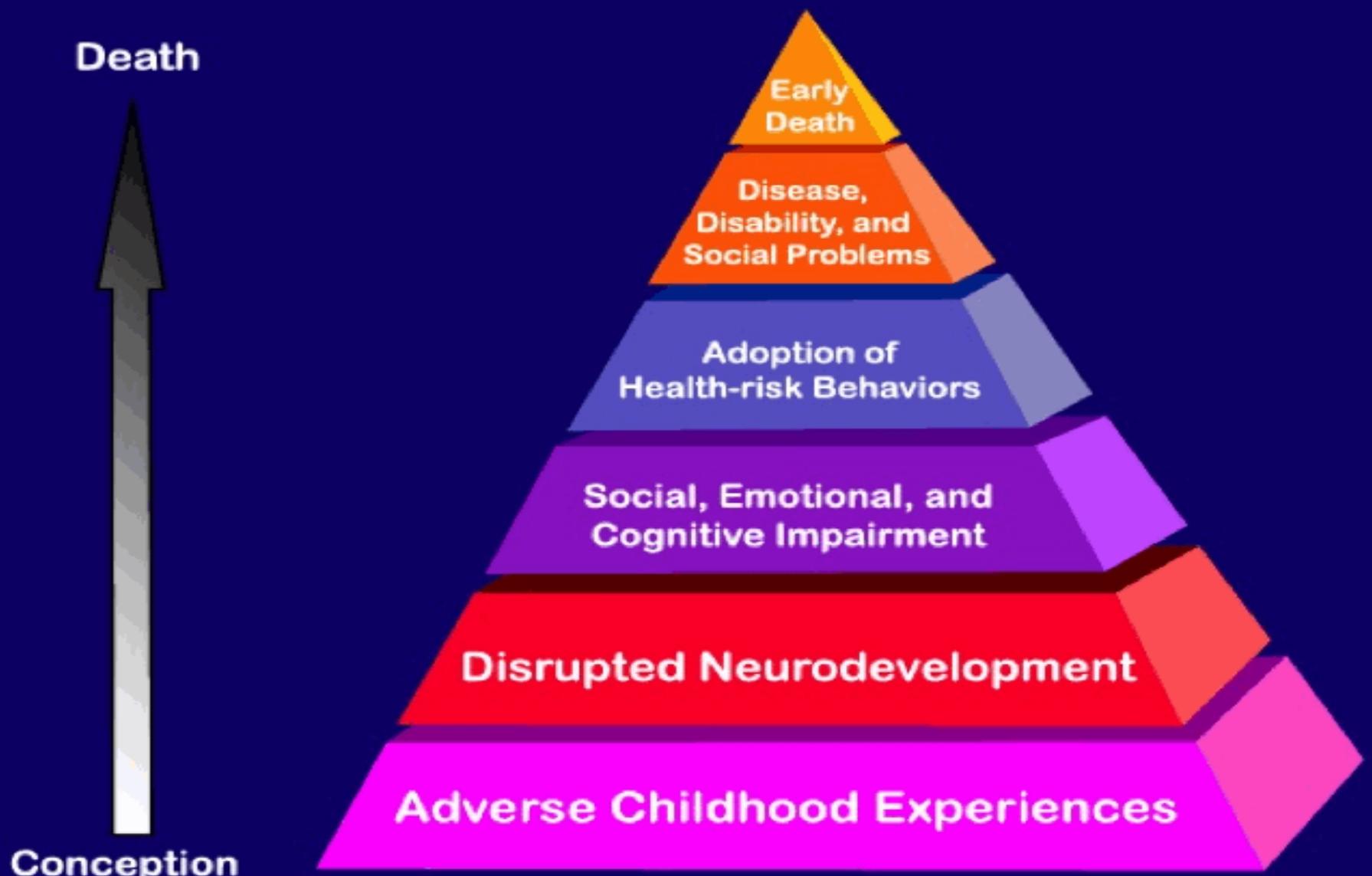
- Fibromyalgia
- Chronic fatigue
- Irritable bowel
- Headache
- Pelvic Pain



TRAUMA INFORMED CARE

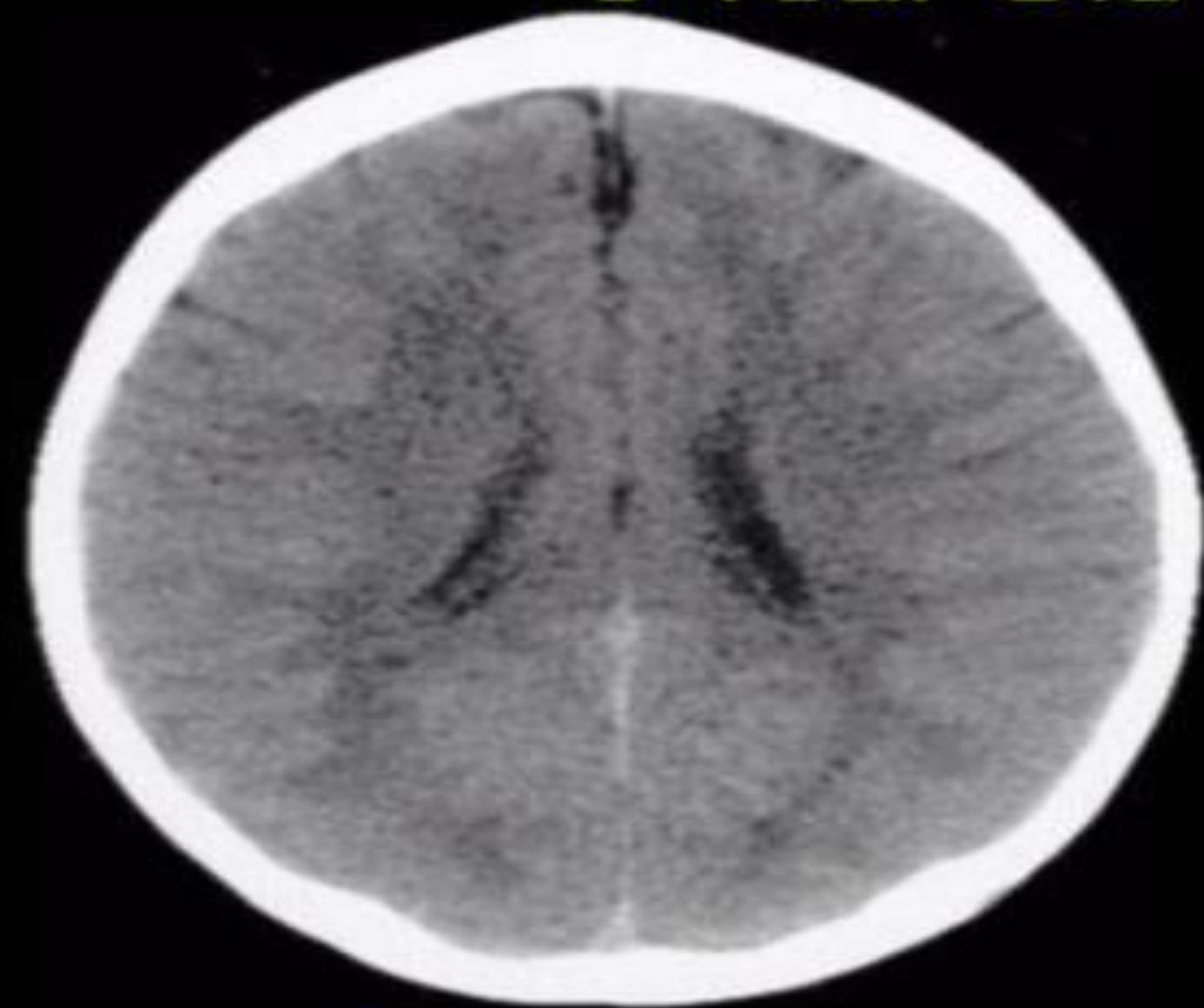
Without realizing that the past is constantly determining their present actions, they avoid learning anything about their history. They continue to live in their repressed childhood situation, ignoring the fact that it no longer exists. They are continuing to fear and avoid dangers that, although once real, have not been real for a long time.

Alice Miller

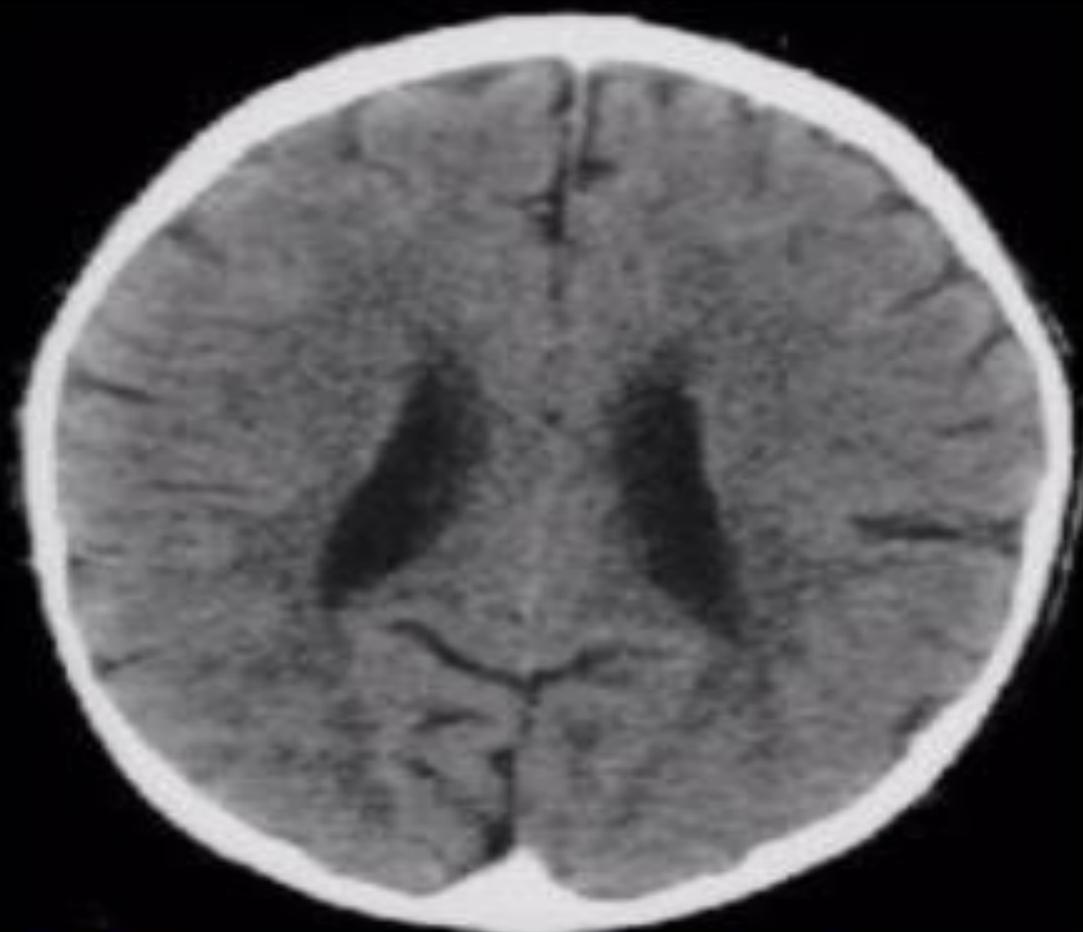


Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

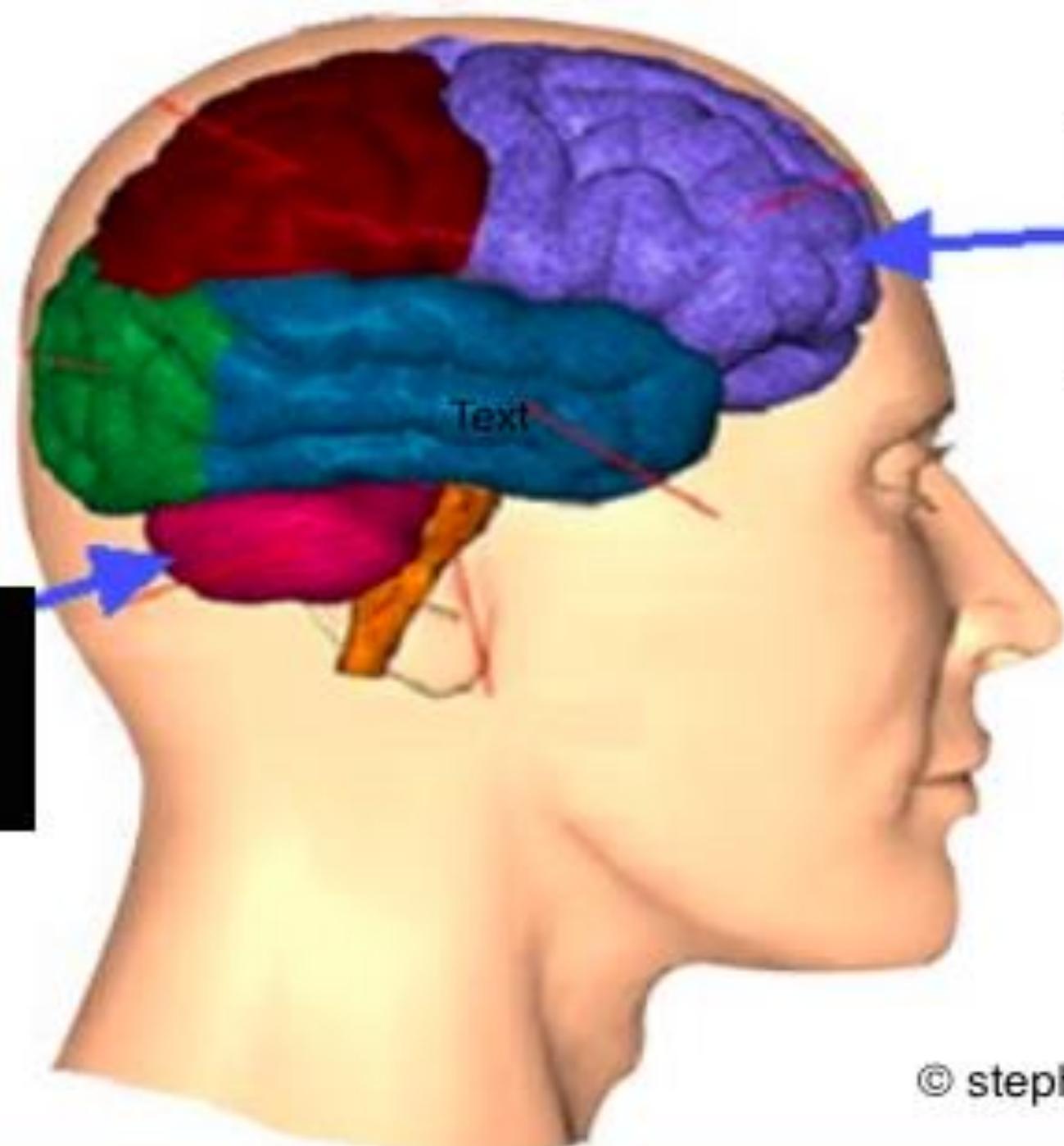
3 Year Old Children



Normal



Extreme Neglect



Thinking
Brain

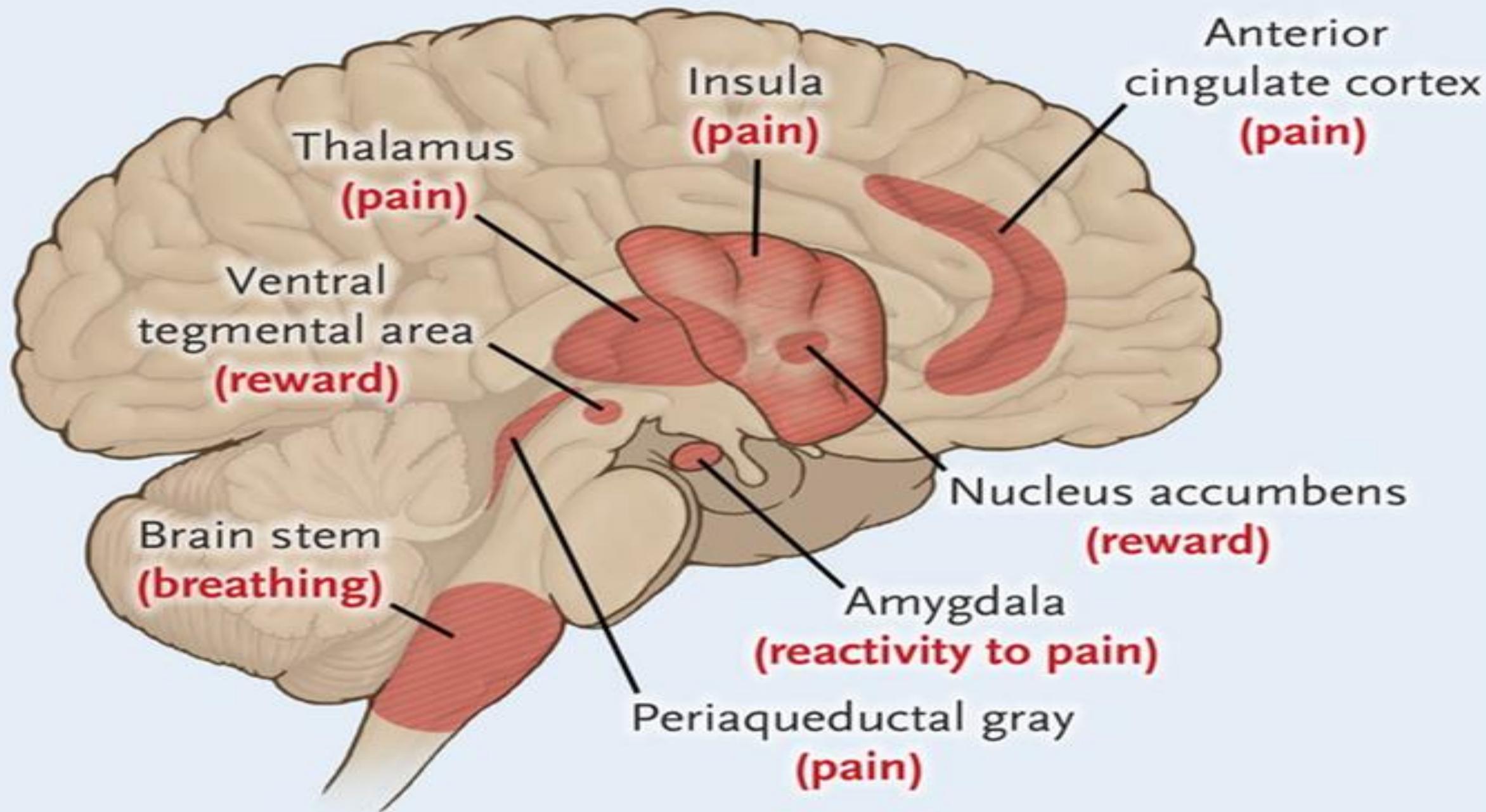
Rational
Thinking
Logical

Slow
5x weaker

Fast
5x more
powerful

Emotional
Brain

Irrational
Emotional
Illogical



When Physical and Social Pain Coexist: Insights Into Opioid Therapy

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University of Washington, Seattle,
Washington

ABSTRACT

The US opioid epidemic challenges us to rethink our understanding of the function of opioids and the nature of chronic pain. We have neatly separated opioid use and abuse as well as physical and social pain in ways that may not be consistent with the most recent neuroscientific and epidemiological research. Physical injury and social rejection activate similar brain centers. Many of the patients who use opioid medications long term for the treatment of chronic pain have both physical and social pain, but these medications may produce a state of persistent opioid dependence that suppresses the endogenous opioid system that is essential for human socialization and reward processing. Recognition of the social aspects of chronic pain and opioid action can improve our treatment of chronic pain and our use of opioid medications.

2011

Oxycontin for fibromyalgia,
knee pain, depression

2011-2013

I'm in so much pain you
don't understand

I do online tai chi and
mindfulness every day

2013-2021

Opioid Tolerance



Opioid Dependence

- Anxiety
- Muscles aches
- Restlessness
- Irritability
- Inability to sleep
- Frequent yawning
- Flu-like symptoms:
 - Diarrhea
 - Nausea / Vomiting
 - Rapid Heartbeat



1 day script = 6% rate of long term use

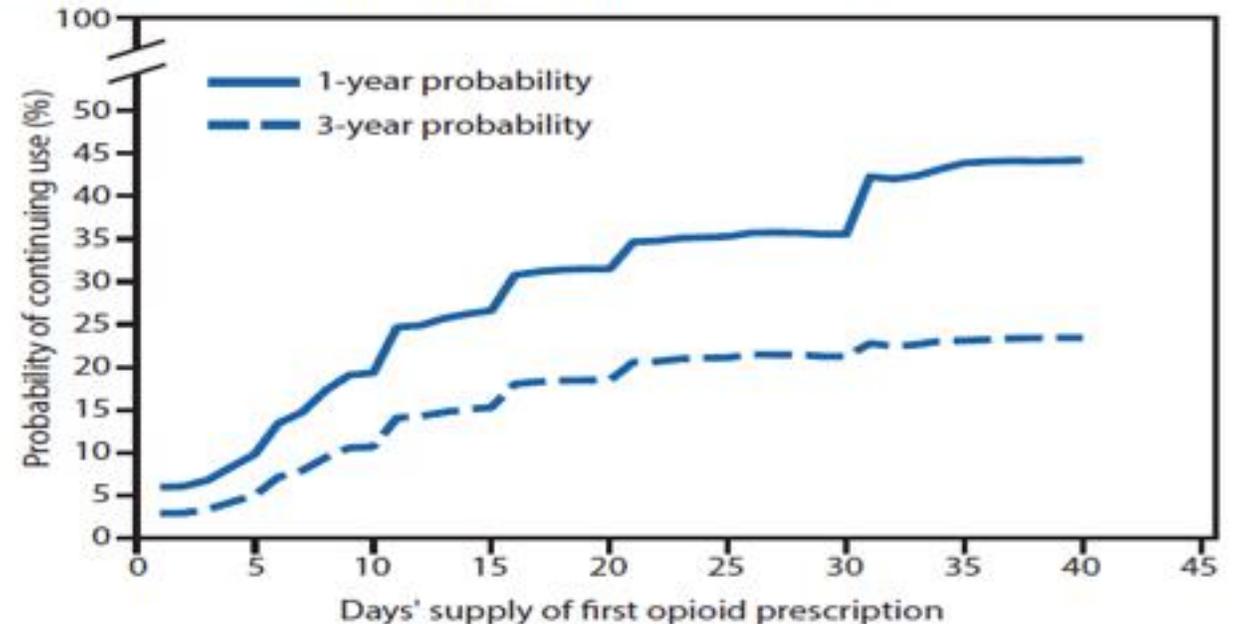
6 day script = 12%

12 day script = 24%

3 days or 30 tabs should be the max amount people are given....we need a policy!

MMWR March 17 2017:Vol 66/No.10 A. Shah

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply* of the first opioid prescription — United States, 2006–2015



* Days' supply of the first prescription is expressed in days (1–40) in 1-day increments. If a patient had multiple prescriptions on the first day, the prescription with the longest days' supply was considered the first prescription.

Opioid Use Disorder



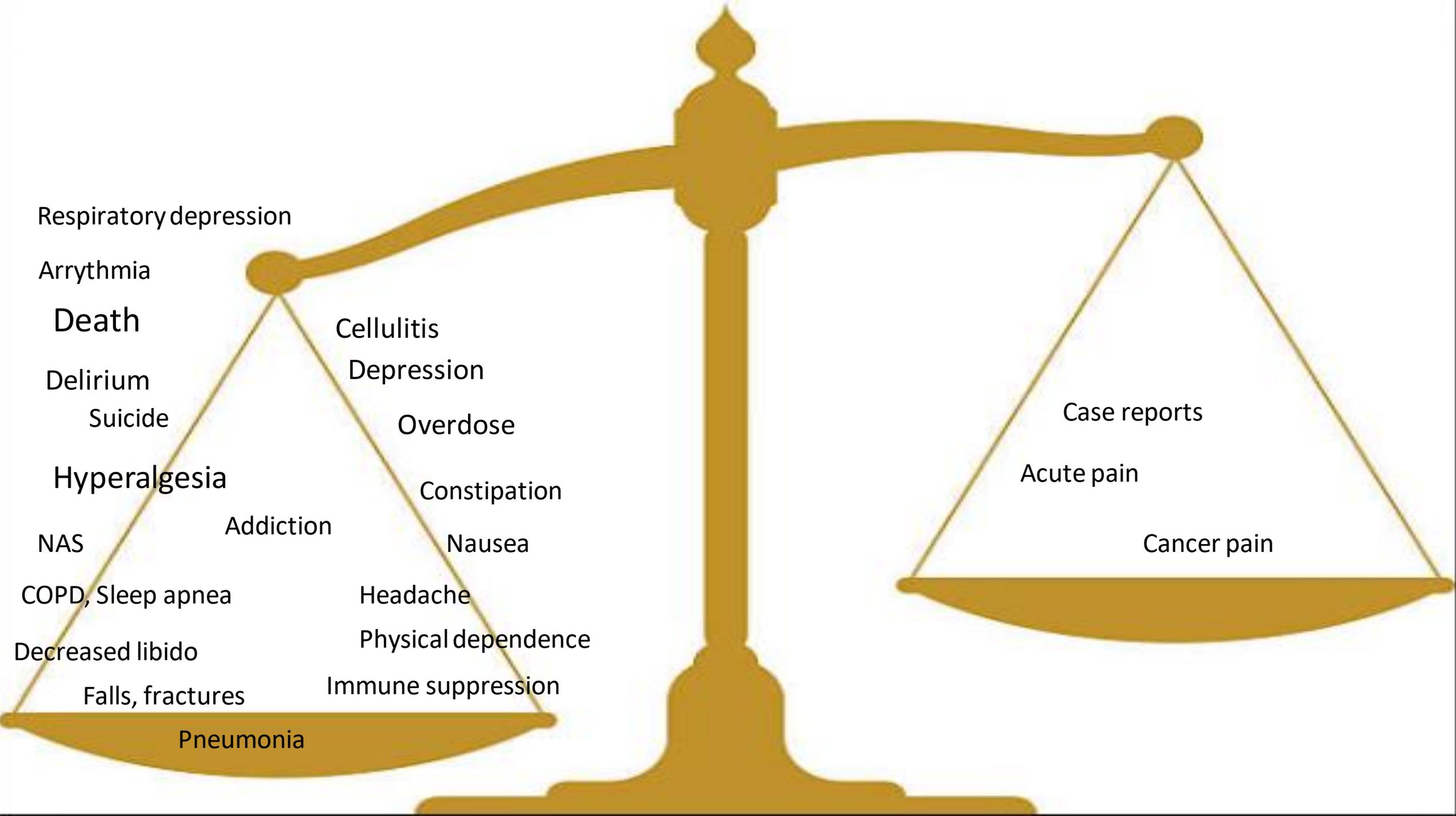
- Craving
- Compulsion
- use despite Consequences
- loss of Control

Physicians for Responsible Opioid Prescribing (PROP)



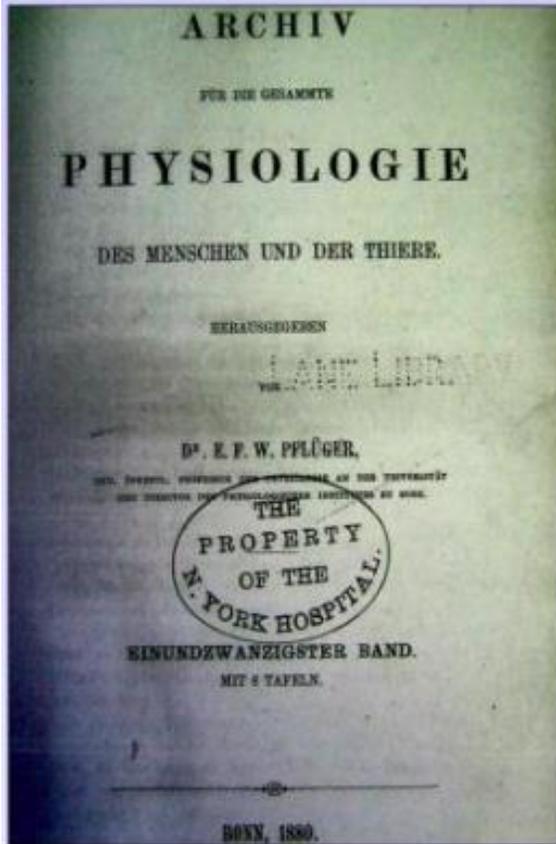
Jane Ballantyne, MD

University of Washington



Opioid-Induced Hyperalgesia

(Historical perspective)



“when dependence on opioids finally becomes an illness of itself, opposite effects like restlessness, sleep disturbance, **hyperesthesia, neuralgia** and irritability become manifest”

Opioid Efficacy and Safety:

- Opioids **DO** have proven efficacy in acute pain and cancer pain
- Opioids **DO NOT** have proven efficacy or safety for treating chronic pain long term
- **Analgesia from opioids deteriorates over time, and patients develop opioid refractoriness**
- **Addiction is a far greater problem than once thought**

The 90% of chronic pain for which opioids have not proven helpful



Axial low back pain without a pathoanatomic diagnosis



Fibromyalgia



Headache



**MINDFULNESS BASED
STRESS REDUCTION**



MindShift™ CBT

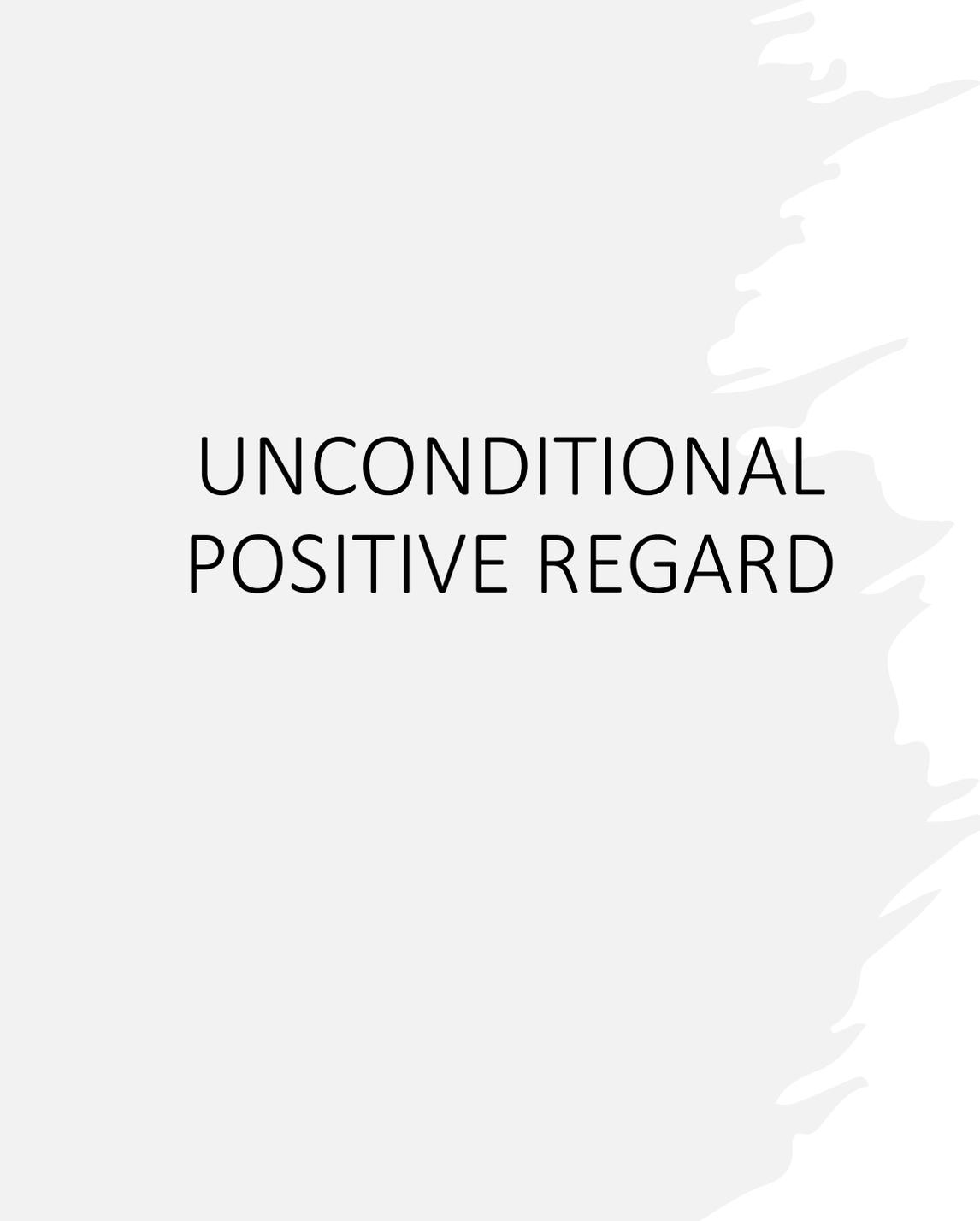


LivingWell
South East

Self-Management Program  Ontario



YOGA with
ADRIENE



UNCONDITIONAL POSITIVE REGARD

Allows a person to be themselves
without being judged or criticized

Compassionate disinterest allows the
provider to maintain objectivity and
neutrality

Accept the patient regardless of previous
actions or behaviours



DISTRESS TOLERANCE

- Don't prescribe opioids because you are not comfortable offering “only” empathy and credible reassurance and advice to stay engaged in life
- Overtreatment, excess attention or labeling a patient during the acute pain phase can precipitate or increase sickness behaviour and avoidance of activity.
- Reframe the discussion. “we are going to get this pain under control and get you back to your life”
- Above all, do not abandon the patient. See the patient regularly. Always book a followup.

Observer vs Rescuer



Curiosity vs Direction

Beginners mind vs Expert

Listening vs hearing

Being Present vs Planning

Eye contact vs Computer
contact

2011

Oxycontin and Percocet
tabs. multiple hospital
visits, knee and back pain

2011-2013

You're the worst doctor
I've ever had! I'm going
to report you to the
college.

**I feel the best I ever
have now.**

2013-2018

[J Pain Res.](#) 2013; 6: 513–529.

Published online 2013 Jul 4. doi: [10.2147/JPR.S47182](https://doi.org/10.2147/JPR.S47182)

PMCID: [PMC3712997](#)

PMID: [23874119](#)

Long-term opioid treatment of chronic nonmalignant pain: unproven efficacy and neglected safety?

[Igor Kissin](#)

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Perspective

Reducing the Risks of Relief—The CDC Opioid-Prescribing Guideline

Thomas R. Frieden, M.D., M.P.H., and Debra Houry, M.D., M.P.H.

opioid-related causes a median of 2.6 years after the first opioid prescription; the proportion was as high as 1 in 32 among patients receiving doses of 200 MME or higher.⁵ We know of no other medication routinely used for a nonfatal condition that kills patients so frequently.

The new CDC guideline em-

in c
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Guidelines and more Guidelines

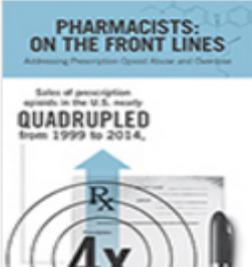
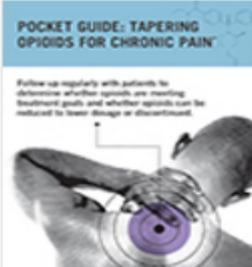
- ~~Canadian Pain guidelines (McMaster) 2017~~
- ~~Health Quality Ontario Opioid Prescribing Standards 2018~~
- **CDC Guidelines for Prescribing Opioids for Chronic Pain, March 18, 2016.**

2016 CDC guidelines for opioid prescribing for chronic pain

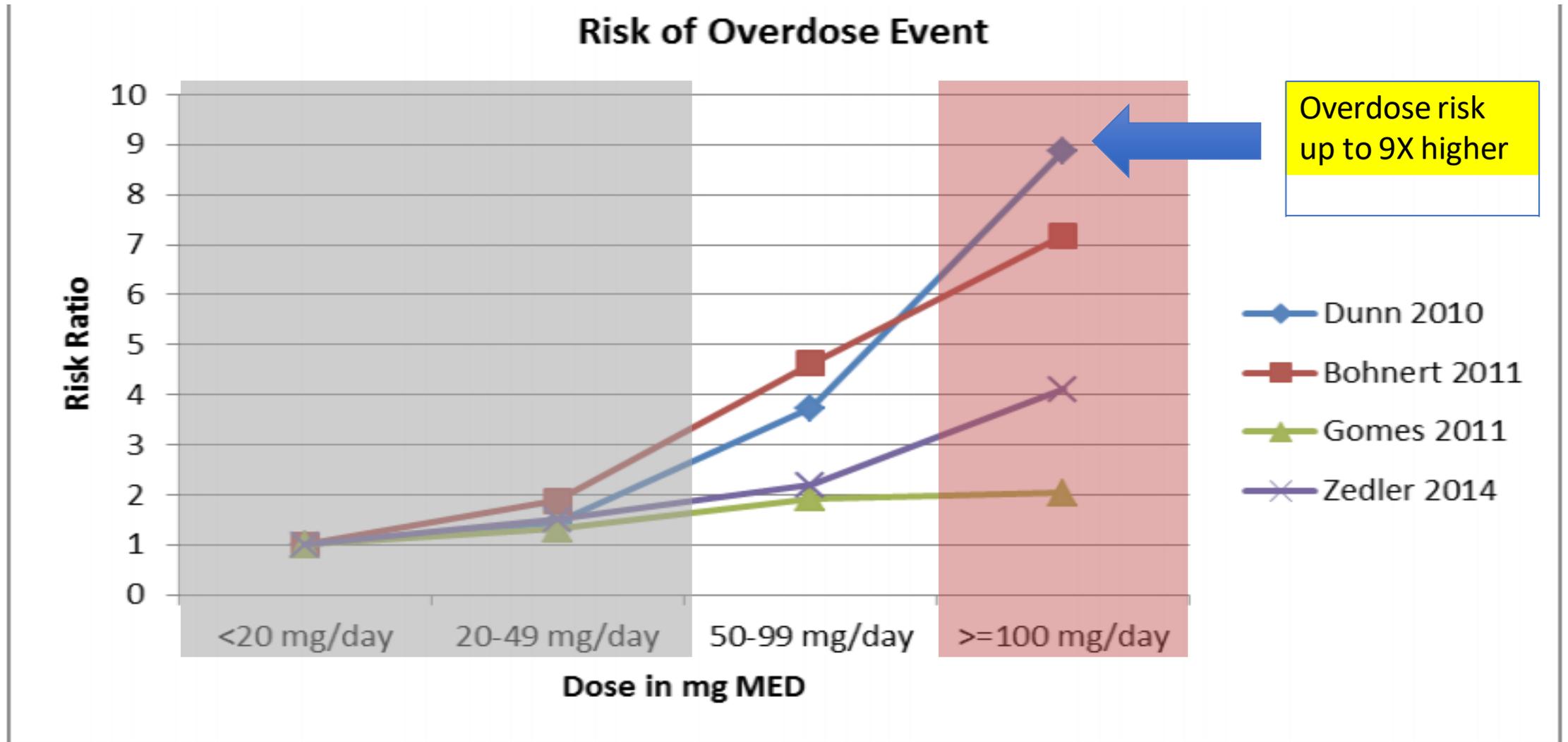
Guideline Resources: Clinical Tools



The [*Guideline for Prescribing Opioid for Chronic Pain*](#) is intended to help providers determine when and how to prescribe opioids for chronic pain, and how to use nonopioid and nonpharmacologic options that are effective with less risk. The clinical tools below have been developed with you, the primary care provider, in mind, to help you carry out the complex task of balancing pain management with the potential risks that prescription opioids pose.

<h3>Mobile App</h3>  <p>Opioid Prescribing Guideline Mobile App [PDF - 648 KB]</p>	<h3>Pharmacists' Brochure</h3>  <p>Pharmacists: On the Front Lines [PDF - 1 MB]</p>	<h3>Pocket Guide: Tapering</h3>  <p>Pocket Guide: Tapering Opioids for Chronic Pain [PDF - 2 MB]</p>
<h3>Fact Sheet</h3>  <p>Guideline for Prescribing Opioids for Chronic Pain: Recommendations [PDF - 690 KB]</p>	<h3>Checklist*</h3>  <p>Checklist for Prescribing Opioids for Chronic Pain [PDF - 537 KB]</p>	<h3>Nonopioid Treatments</h3>  <p>Nonopioid Treatments for Chronic Pain [PDF - 2 MB]</p>

What is the upper limit??



CDC Opioid Prescribing Guideline 2016



U.S. Department of
Health and Human Services
Centers for Disease Control
and Prevention

Calculating morphine milligram equivalents (MME)

OPIOID (doses in mg/day except where noted)	CONVERSION FACTOR
Codeine	0.15
Fentanyl transdermal (in mcg/hr)	2.4
Hydrocodone	1
Hydromorphone	4
Methadone	
1-20 mg/day	4
21-40 mg/day	8
41-60 mg/day	10
≥ 61-80 mg/day	12
Morphine	1
Oxycodone	1.5
Oxymorphone	3

These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.



SLOW OPIOID TAPERING

- Reduce opioids as patient acquires more coping skills
- Taper 10% of daily dose Q 4 weeks
- Regular appts at each dose decrease (q 4 weeks)
- Remain calm & supportive
- Your support will be internalized by your patient

OPIOID ROTATION

1. 50% or less equivalent dose
2. Principle of incomplete cross tolerance
3. Morphine, M-Eslon or Kadian preferred

- 54 yr old male, new to practice.

PMHx: Bipolar, obesity, hypertension

Meds: Percocet 6-8/day, Prozac, Lithium, Ramipril.

- Percocet tabs = 5 mg oxycodone
- 6 /day = 30 mg oxycodone = 45 mg morphine (MME/day)
- 8/day = 40 mg oxycodone = 60 mg morphine (MME/day)
- Options: Taper by 10% per month or rotate to another opioid and decrease total daily MME by 50%
- Last tabs were decreased by $\frac{1}{4}$ tab at a time.

- 65 yr old woman
- PMHX: chronic pain NYD, anxiety, IBS,
- Meds: Oxycontin 30mg TID, Amitryptilline,

- Oxycotin 30 mg TID =90 mg/day oxycodone= 120 mg MME
- Rotation done to Kadian (morphine LA). Patient started on Kadian 20 mg TID (50% decrease in total daily dose)
- Tapered and transitioned to Tylenol #2 prn 2-4/day.

- 60 year old male
- PMHX: COPD, Back pain, CABG, DM
- MEDS: puffers, Oxycontin 200mg QID, Metformin, Insulin, Ramipril
- Multiple admissions to hospital for COPD exacerbations.

- Oxycotin 200mg QID= 800 mg oxycodone= 1200 mg MME
- Opioid rotation to Hydromorphone 40 mg QID then 10% taper per 1-2 months
- Tapered off, COPD admissions/ER visits went from 7 per year to none in last 5 years, DM well controlled, lost 30 lbs.

- 78 yr old woman
- Pmhx: COPD, Chronic pain/Back pain
- MEDs: Fentanyl patch 50mcg/hr, puffers.

- Fentanyl patch 50mcg/hr q3days=120 MME
- Rotated to Kadian 20 mg TID, then increased to 30 mg TID.
- Multiple abherrent behaviours. Changes in prescribing from dispensing every 2 weeks to weekly to daily. Refused to go to OUD clinic. Died in home due to overdose. Empty pill bottles in home.

Naloxone



- Opioid antagonist
- First aid for an opioid overdose
- Reverse effects of opioid overdose by displacing them from receptors
- * Only works on **OPIOIDS = heroin, codeine, methadone, fentanyl, oxycodone, hydromorphone, morphine etc.**

Naloxone takes 1-5 minutes to work and wears off (30-120 minutes) so any opioids still in the body may attach to receptors again and repeat overdose



Buprenorphine/Naloxone Microdosing: The Bernese Method
A Brief Summary for Primary Care Clinicians

Urine drug testing



Appendix B-5: Sample Opioid Medication Treatment Agreement

[◀ \[BACK\]](#) [▪ \[TOC\]](#) [▪ \[SITE MAP\]](#)

I understand that I am receiving opioid medication from Dr. _____ to treat my pain condition. I agree to the following:

1. I will not seek opioid medications from another physician. Only Dr. _____ will prescribe opioids for me.
2. I will not take opioid medications in larger amounts or more frequently than is prescribed by Dr. _____.
3. I will not give or sell my medication to anyone else, including family members; nor will I accept any opioid medication from anyone else.
4. I will not use over-the-counter opioid medications such as 222's and Tylenol® No. 1.
5. I understand that if my prescription runs out early for any reason (for example, if I lose the medication, or take more than prescribed), Dr. _____ will not prescribe extra medications for me; I will have to wait until the next prescription is due.
6. I will fill my prescriptions at one pharmacy of my choice; pharmacy name:

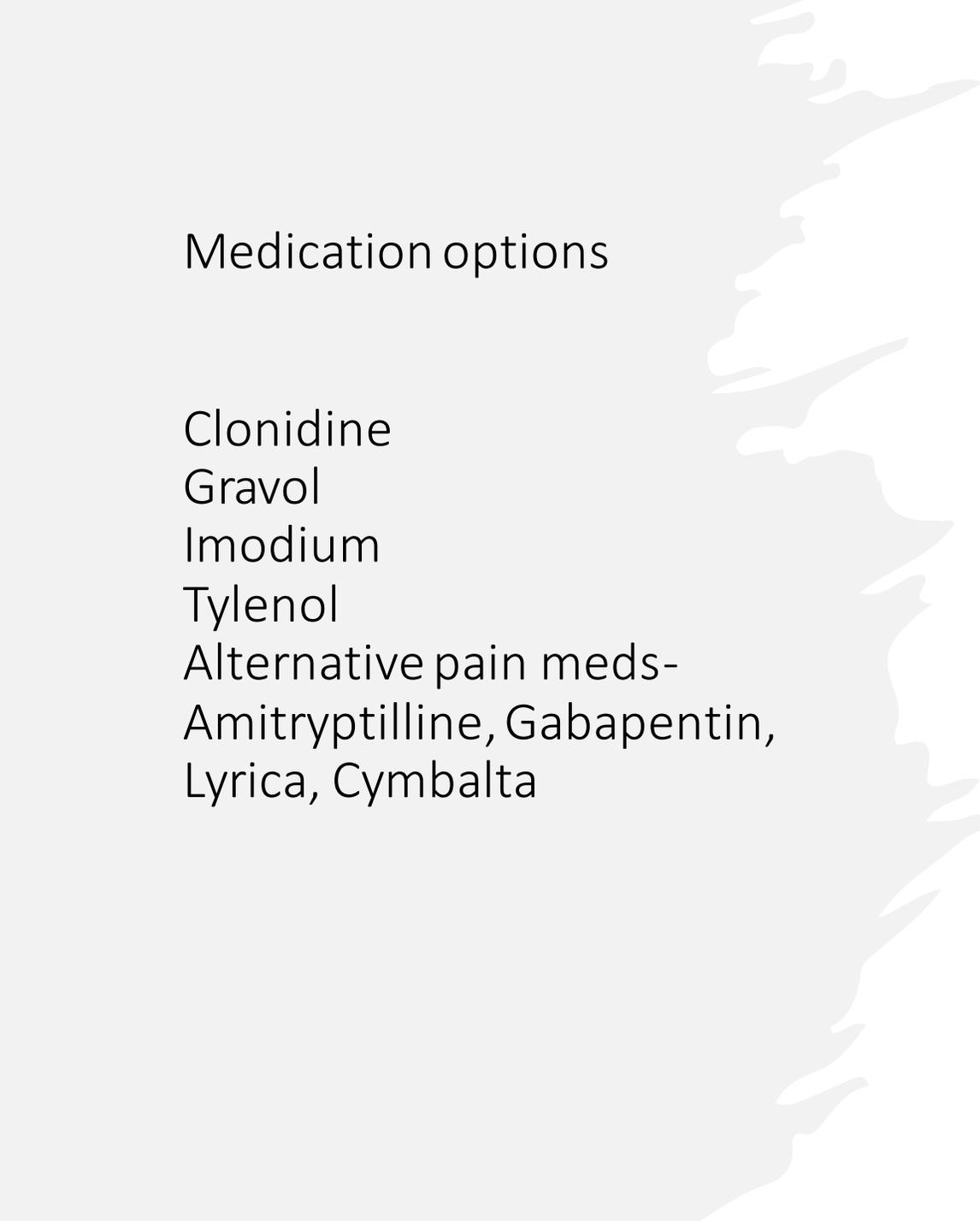
7. I will store my medication in a secured location.

I understand that if I break these conditions, Dr. _____ may choose to cease writing opioid prescriptions for me.

Opioid Risk Tool

Item	Mark each box that applies	Item score if female	Item score if male
1. Family History of Substance Abuse:			
Alcohol	[]	1	3
Illegal Drugs	[]	2	3
Prescription Drugs	[]	4	4
2. Personal History of Substance Abuse:			
Alcohol	[]	3	3
Illegal Drugs	[]	4	4
Prescription Drugs	[]	5	5
3. Age (mark box if 16-45)	[]	1	1
4. History of Preadolescent Sexual Abuse	[]	3	0
5. Psychological Disease			
Attention Deficit Disorder, Obsessive-Compulsive Disorder, or Bipolar, Schizophrenia	[]	2	2
Depression	[]	1	1
Total		_____	_____
Total Score Risk Category: Low Risk: 0 to 3 Moderate Risk: 4 to 7 High Risk: 8 and above			

- 30 yr old male
- Works manual labor. Ongoing chronic elbow and shoulder pain. Wants Percocets as he has used a friends and they have worked. States will only use them at work.
- Smoker.



Medication options

Clonidine

Gravol

Imodium

Tylenol

Alternative pain meds-

Amitryptilline, Gabapentin,

Lyrica, Cymbalta

Withdrawal symptoms

vomiting

Diarrhea

Anxiety

Increased pain

Depression

Sweating

RX: Kadian SR 100 Mg tabs

Take 3 tabs every 12 hours

Dispense 42 tabs every 7 days starting
Tuesday, May 10, 2016

M: 168 tabs

Call me if any questions at 613-888-
8242 cell



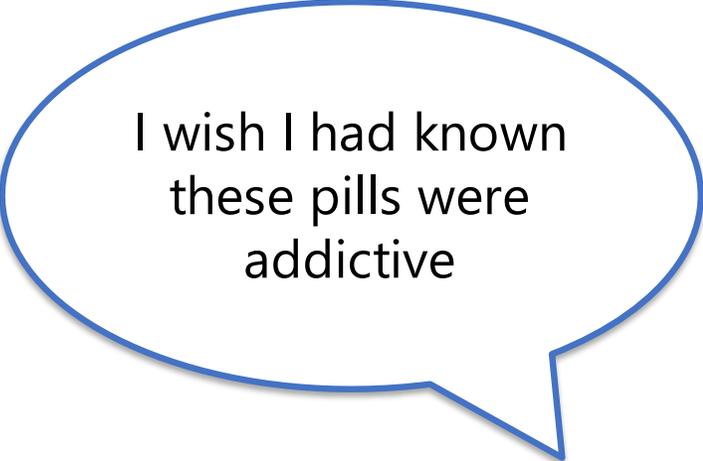
Clinic and hospital policy

- Acute Pain: 30 tabs or 3 days
- Chronic Pain: 50MME/day
- If already >50MME/day, keep below 90MME/day.
- If higher than 90MME/day, encourage taper.

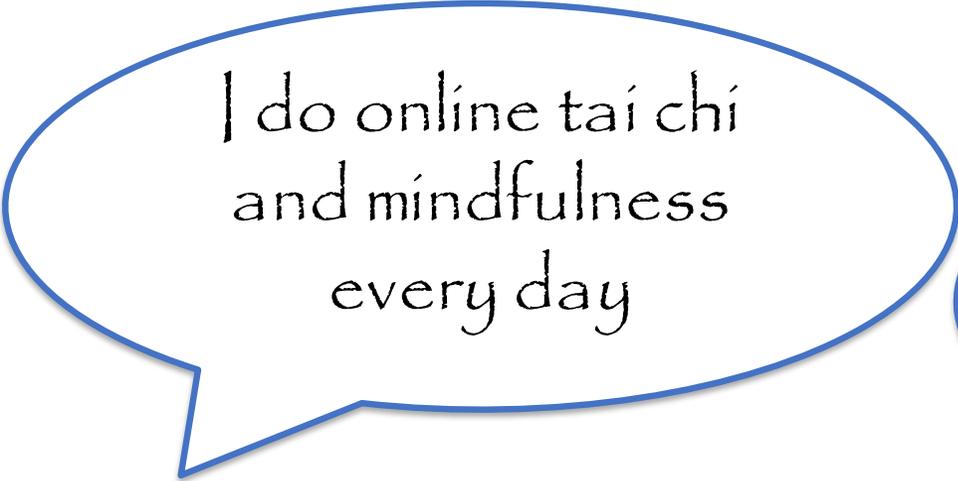
- Choice: Codeine over Morphine
- Morphine over HM
- SA vs LA

Universal Precautions

1. Make a diagnosis
2. Critique the evidence to guide your therapy
3. Screen for addiction and comorbidities- COPD/Sleep Apnea/Obesity, HADS, PCS, abherrent behaviour
4. Define end points- function
5. Treatment agreement/Narcotic contract
6. Urine testing
7. Prescribe carefully-short dispense intervals, pill counts, date your script, no fax/phone refills
8. Informed choice-explain the risks. Stay under 50MME.
9. Naloxone



I wish I had known
these pills were
addictive



I do online tai chi
and mindfulness
every day



I lost a decade of
my life to
oxycontin

I wish doctors
were never
allowed to
prescribe pain
pills.



I feel the best I
have ever felt
now

References

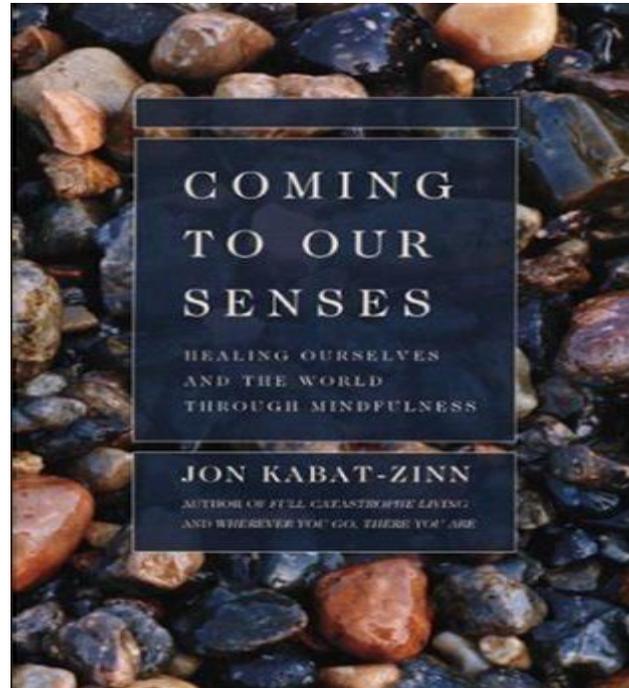
- 1. Miller A. The drama of the gifted child. The search for the true self. New York, NY: Basic Books; 1997. Google Scholar
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