1
00:00:04,160 --> 00:00:06,750
Hello and welcome
to Mayo Clinic Talks,

2
00:00:06,750 --> 00:00:08,640
The Opioid Edition.

3
00:00:08,640 --> 00:00:11,040
I'm Tracy McCray  and
this is the first of

4
00:00:11,040 --> 00:00:14,220
two bonus episodes on
the opioid crisis.

5
00:00:14,220 --> 00:00:15,930
This podcast is
brought to you by

6
00:00:15,930 --> 00:00:17,670
the opioid conference, held

7
00:00:17,670 --> 00:00:18,810
each year as part of

8
00:00:18,810 --> 00:00:21,225
Mayo Clinic’s continuing
medical education.

9
00:00:21,225 --> 00:00:22,500
For more information on

10
00:00:22,500 --> 00:00:23,640
all opioid episodes

11
00:00:23,640 --> 00:00:25,080
available for credit, visit

12
00:00:25,080 --> 00:00:29,040
ce.mayo.edu/opioidpc.

13

00:00:29,040 --> 00:00:30,840
Today we

14
00:00:30,840 --> 00:00:32,340
are showcasing
Dr. Halena Gazelka,

15
00:00:32,340 --> 00:00:34,980
an anesthesiologist
boarded in pain

16
00:00:34,980 --> 00:00:36,330
and palliative medicine at

17
00:00:36,330 --> 00:00:38,034
Mayo Clinic in Rochester.

18
00:00:38,034 --> 00:00:39,919
She'll be sharing
best practices

19
00:00:39,919 --> 00:00:41,239
for opioid monitoring

20
00:00:41,239 --> 00:00:44,720
and considerations
for tapering.

21
00:00:44,720 --> 00:00:45,770
We're going to talk about

22
00:00:45,770 --> 00:00:47,435
opioid monitoring and then

23
00:00:47,435 --> 00:00:49,520
outline a monitoring
program that's

24
00:00:49,520 --> 00:00:51,080
feasible for
daily practice,

25

00:00:51,080 --> 00:00:52,700
but mostly we're
going to talk about

26
00:00:52,700 --> 00:00:54,200
critical factors related to

27
00:00:54,200 --> 00:00:55,835
initiating an opioid taper.

28
00:00:55,835 --> 00:00:57,440
So I think the most
important thing,

29
00:00:57,440 --> 00:00:58,610
and of course this
has been drilled

30
00:00:58,610 --> 00:00:59,780
into us all by now,

31
00:00:59,780 --> 00:01:01,145
is that safety first.

32
00:01:01,145 --> 00:01:03,200
By now, you've fairly
been beat with

33
00:01:03,200 --> 00:01:05,780
the CDC guidelines for
prescribing opioids

34
00:01:05,780 --> 00:01:06,650
and I hope that you've had

35
00:01:06,650 --> 00:01:07,640
a chance to look at them.

36
00:01:07,640 --> 00:01:09,500
I always say that the
most important part

37

00:01:09,500 --> 00:01:11,540
is on page, I think
it's page 16,

38
00:01:11,540 --> 00:01:14,510
where they have one box
that outlines the 12

39
00:01:14,510 --> 00:01:16,280
tenants of this guideline

40
00:01:16,280 --> 00:01:18,260
and it's a very
readable and so

41
00:01:18,260 --> 00:01:19,460
it's worth being familiar

42
00:01:19,460 --> 00:01:20,720
with. We like to
use in our clinic

43
00:01:20,720 --> 00:01:22,910
this careful model for
opioid monitoring.

44
00:01:22,910 --> 00:01:24,560
It's simple,
easy to follow,

45
00:01:24,560 --> 00:01:26,360
and it kind of
reminds you to do

46
00:01:26,360 --> 00:01:28,310
some of the key
things. We talk about

47
00:01:28,310 --> 00:01:29,975
controlled substance
agreements,

48
00:01:29,975 --> 00:01:31,970

assessing the risk of
addiction, monitoring,

49
00:01:31,970 --> 00:01:33,980
functional assessment,
urine drug screening,

50
00:01:33,980 --> 00:01:36,215
and longitudinal
follow-up, of course.

51
00:01:36,215 --> 00:01:38,030
So the most important
things I wanted to

52
00:01:38,030 --> 00:01:38,450
tell you about

53
00:01:38,450 --> 00:01:39,830
the Controlled
Substance agreement,

54
00:01:39,830 --> 00:01:41,300
really, it's
just two things.

55
00:01:41,300 --> 00:01:42,320
It's what are your patient’s

56
00:01:42,320 --> 00:01:45,710
responsibilities toward
their opioid program?

57
00:01:45,710 --> 00:01:47,495
And what are your
responsibilities?

58
00:01:47,495 --> 00:01:48,650
Most importantly, I

59
00:01:48,650 --> 00:01:50,060
think is your
responsibility

60
00:01:50,060 --> 00:01:51,860
to obtain consent for

61
00:01:51,860 --> 00:01:53,870
the patient before
they take opioids.

62
00:01:53,870 --> 00:01:54,860
Just as I wouldn't

63
00:01:54,860 --> 00:01:56,240
do an interventional
procedure

64
00:01:56,240 --> 00:01:57,320
on a patient without

65
00:01:57,320 --> 00:01:59,015
discussing with
them the risks

66
00:01:59,015 --> 00:02:00,830
inherent to that procedure,

67
00:02:00,830 --> 00:02:02,180
these medications are risky

68
00:02:02,180 --> 00:02:03,770
medications and patients

69
00:02:03,770 --> 00:02:05,240
need to be fully informed

70
00:02:05,240 --> 00:02:07,190
before they engage
in that therapy.

71
00:02:07,190 --> 00:02:08,870
Lots of examples
of CSA's,

72
00:02:08,870 --> 00:02:10,850
as we talked about.
Addiction risks.

73
00:02:10,850 --> 00:02:12,320
So there's lots
of ways to assess

74
00:02:12,320 --> 00:02:13,970
addiction risk, other than

75
00:02:13,970 --> 00:02:15,920
just asking the
questions yourself,

76
00:02:15,920 --> 00:02:17,990
but the first on
this are really used

77
00:02:17,990 --> 00:02:19,070
a lot for research and

78
00:02:19,070 --> 00:02:20,645
they're good,
excellent tools.

79
00:02:20,645 --> 00:02:22,790
The opioid risk tools
are a very simple,

80
00:02:22,790 --> 00:02:24,890
five-question
screening tool.

81
00:02:24,890 --> 00:02:26,330
But really what's important

82
00:02:26,330 --> 00:02:27,620
is that you follow up

83
00:02:27,620 --> 00:02:28,895
on it and you look at it

84
00:02:28,895 --> 00:02:30,365
and you use it
for something.

85
00:02:30,365 --> 00:02:32,150
So I really think
that a lot of

86
00:02:32,150 --> 00:02:33,440
these screening tools that

87
00:02:33,440 --> 00:02:35,150
we recommend are best

88
00:02:35,150 --> 00:02:36,950
when you actually
take time to

89
00:02:36,950 --> 00:02:39,050
review them and when you

90
00:02:39,050 --> 00:02:40,940
actually discuss
the results with

91
00:02:40,940 --> 00:02:42,950
the patient and
then put some of

92
00:02:42,950 --> 00:02:45,530
that in your narrative
in your notes and

93
00:02:45,530 --> 00:02:46,775
documented as well.

94
00:02:46,775 --> 00:02:48,710
Prescription Monitoring
Databases, well

95
00:02:48,710 --> 00:02:50,780

I have learned more than
I want to know about

96
00:02:50,780 --> 00:02:52,490
prescription monitoring
databases in

97
00:02:52,490 --> 00:02:53,960
the last year and a half

98
00:02:53,960 --> 00:02:55,700
while I've been
working on behalf of

99
00:02:55,700 --> 00:02:58,520
Mayo on our Opioid
Stewardship but

100
00:02:58,520 --> 00:03:00,320
you know by now
that 49 states

101
00:03:00,320 --> 00:03:03,560
have prescription drug
monitoring programs.

102
00:03:03,560 --> 00:03:05,690
The Minnesota program
We have access to, I think

103
00:03:05,690 --> 00:03:08,045
it's 21 or 23 states now.

104
00:03:08,045 --> 00:03:09,575
You have to be enrolled

105
00:03:09,575 --> 00:03:12,305
now, this is the law
as of this summer,

106
00:03:12,305 --> 00:03:14,390
to prescribe opioids in

107
00:03:14,390 --> 00:03:15,710
Minnesota, you need
to be enrolled.

108
00:03:15,710 --> 00:03:16,625
You don't have to check it.

109
00:03:16,625 --> 00:03:18,050
Nobody's checking
up on this.

110
00:03:18,050 --> 00:03:19,160
And if you have complaints

111
00:03:19,160 --> 00:03:20,210
to the state medical board,

112
00:03:20,210 --> 00:03:22,250
this is one of the first
things they ask you.

113
00:03:22,250 --> 00:03:23,660
And then you want
to document when

114
00:03:23,660 --> 00:03:25,085
you search that database.

115
00:03:25,085 --> 00:03:26,780
You know, I think there are

116
00:03:26,780 --> 00:03:28,535
some really inherent flaws

117
00:03:28,535 --> 00:03:29,960
with these databases.

118
00:03:29,960 --> 00:03:31,055
I had always assumed

119
00:03:31,055 --> 00:03:32,210

that when I gave a patient

120
00:03:32,210 --> 00:03:33,800
a prescription for
opioids and they went

121
00:03:33,800 --> 00:03:34,670
into a pharmacy and

122
00:03:34,670 --> 00:03:35,915
they fill that
prescription,

123
00:03:35,915 --> 00:03:37,490
that immediately was logged

124
00:03:37,490 --> 00:03:39,410
into some big
computer somewhere

125
00:03:39,410 --> 00:03:40,640
and if I looked in

126
00:03:40,640 --> 00:03:42,800
the next 15 minutes
or the next two days,

127
00:03:42,800 --> 00:03:44,120
there it would be. There are

128
00:03:44,120 --> 00:03:45,890
weeks leg on a lot of

129
00:03:45,890 --> 00:03:47,840
these databases
and all the states

130
00:03:47,840 --> 00:03:49,370
control their
databases differently.

131
00:03:49,370 --> 00:03:51,785

So the state of
Wisconsin, they monitor,

132
00:03:51,785 --> 00:03:53,420
they manage their own data

133
00:03:53,420 --> 00:03:55,445
and they put it into
their own database.

134
00:03:55,445 --> 00:03:57,650
In Minnesota and 41
other states,

135
00:03:57,650 --> 00:03:58,925
there's a private
company called

136
00:03:58,925 --> 00:04:01,550
Appriss that
controls the data

137
00:04:01,550 --> 00:04:04,400
and feeds it into these
monitoring programs

138
00:04:04,400 --> 00:04:06,155
and they actually
house the data.

139
00:04:06,155 --> 00:04:07,850
And so they are working,

140
00:04:07,850 --> 00:04:09,095
they are interested
in State

141
00:04:09,095 --> 00:04:10,955
sharing data
because that's,

142
00:04:10,955 --> 00:04:12,590
that's good for their

company as well

143
00:04:12,590 --> 00:04:14,300
as good for us and
sharing information.

144
00:04:14,300 --> 00:04:15,860
But I think the
answer would be

145
00:04:15,860 --> 00:04:17,705
a national database
where we had

146
00:04:17,705 --> 00:04:20,030
more rapid access
and where there was

147
00:04:20,030 --> 00:04:21,470
more sharing than just

148
00:04:21,470 --> 00:04:23,285
what's arranged
by a company.

149
00:04:23,285 --> 00:04:24,680
So you want to
document every time

150
00:04:24,680 --> 00:04:26,330
the database is
searched, as I said.

151
00:04:26,330 --> 00:04:27,560
So functional assessment,

152
00:04:27,560 --> 00:04:28,760
this is really important.

153
00:04:28,760 --> 00:04:30,920
A narrative description
is important.

154
00:04:30,920 --> 00:04:34,219
So the PEG is a short
little three-question

155
00:04:34,219 --> 00:04:36,455
screening tool,
and that's great,

156
00:04:36,455 --> 00:04:37,910
and it's wonderful to

157
00:04:37,910 --> 00:04:39,020
document that and put it

158
00:04:39,020 --> 00:04:40,190
in and put it
in the chart.

159
00:04:40,190 --> 00:04:41,630
But really you
want to know that

160
00:04:41,630 --> 00:04:42,590
patients are improving

161
00:04:42,590 --> 00:04:43,745
because they're an opioids,

162
00:04:43,745 --> 00:04:44,630
they need to be doing

163
00:04:44,630 --> 00:04:45,800
more after you put them on

164
00:04:45,800 --> 00:04:46,940
them than they were doing

165
00:04:46,940 --> 00:04:48,215
before you put
them on them.

166

00:04:48,215 --> 00:04:49,370
And we'll talk about that

167
00:04:49,370 --> 00:04:50,495
again in a few minutes.

168
00:04:50,495 --> 00:04:51,800
But don't forget
side effects,

169
00:04:51,800 --> 00:04:53,210
this is a really
important part

170
00:04:53,210 --> 00:04:55,220
of informed consent.

171
00:04:55,220 --> 00:04:57,020
Talking to patients
about what

172
00:04:57,020 --> 00:04:57,860
might happen when they

173
00:04:57,860 --> 00:04:58,970
take these medications,

174
00:04:58,970 --> 00:05:00,050
drowsiness, and how it

175
00:05:00,050 --> 00:05:01,280
might affect their job.

176
00:05:01,280 --> 00:05:02,630
Should they be
going back to work?

177
00:05:02,630 --> 00:05:03,720
You have to discuss
that with them.

178
00:05:03,720 --> 00:05:05,195

Should they'd be
driving their car home?

179
00:05:05,195 --> 00:05:07,070
Constipation,
you know, one of

180
00:05:07,070 --> 00:05:07,970
our mentors, when I

181
00:05:07,970 --> 00:05:09,020
was going through
fellowship,

182
00:05:09,020 --> 00:05:10,520
loved to say the
hand that writes

183
00:05:10,520 --> 00:05:11,600
the opioids should also

184
00:05:11,600 --> 00:05:13,220
write for the laxatives.

185
00:05:13,220 --> 00:05:14,630
And that's very true.

186
00:05:14,630 --> 00:05:16,760
So I always write
down my combination

187
00:05:16,760 --> 00:05:18,890
of Senokot S
and Miralax

188
00:05:18,890 --> 00:05:20,900
and “titrate to
effect” on a piece of

189
00:05:20,900 --> 00:05:23,360
paper for them.
Hypogonadism.

190
00:05:23,360 --> 00:05:26,360
Now this is a topic
that I don't know

191
00:05:26,360 --> 00:05:28,220
if enough people talk
to their patients

192
00:05:28,220 --> 00:05:29,960
about before they
put them on opioids.

193
00:05:29,960 --> 00:05:31,475
But it certainly
is an issue

194
00:05:31,475 --> 00:05:34,145
for patients who are
chronically on opioids.

195
00:05:34,145 --> 00:05:35,600
In men in particular,

196
00:05:35,600 --> 00:05:37,580
you should be checking
testosterone levels

197
00:05:37,580 --> 00:05:39,545
if patients are
chronically on opioids.

198
00:05:39,545 --> 00:05:41,180
And I have to
say that I have

199
00:05:41,180 --> 00:05:43,340
used this little talk on

200
00:05:43,340 --> 00:05:45,229
more than one occasion
to discourage

201

00:05:45,229 --> 00:05:46,325
young men from

202
00:05:46,325 --> 00:05:47,900
chronic opioid use
and tell them,

203
00:05:47,900 --> 00:05:48,965
you know, they're concerns

204
00:05:48,965 --> 00:05:50,360
if you go on
these, you know,

205
00:05:50,360 --> 00:05:52,370
with your libido,
sexual function,

206
00:05:52,370 --> 00:05:54,335
muscle mass, et
cetera, et cetera.

207
00:05:54,335 --> 00:05:55,580
And those are real issues

208
00:05:55,580 --> 00:05:57,110
for men, I mean,

209
00:05:57,110 --> 00:05:57,830
you can give them

210
00:05:57,830 --> 00:05:59,480
some testosterone
If the patient who

211
00:05:59,480 --> 00:06:01,760
really needs to be
maintained on opioids.

212
00:06:01,760 --> 00:06:03,020
but the, the issues for

213

00:06:03,020 --> 00:06:04,550
women are a little
more difficult

214
00:06:04,550 --> 00:06:06,290
to treat and a little
more complex and may

215
00:06:06,290 --> 00:06:08,225
need the assistance of
an endocrinologist.

216
00:06:08,225 --> 00:06:10,280
So longitudinal follow-up,
I think this is

217
00:06:10,280 --> 00:06:12,815
a key to the
opioid program.

218
00:06:12,815 --> 00:06:14,300
You need to see
the patient.

219
00:06:14,300 --> 00:06:16,370
So some clinics, you know,

220
00:06:16,370 --> 00:06:18,440
even at Mayo when we
were looking at this,

221
00:06:18,440 --> 00:06:20,360
we're seeing the
patients once a year and

222
00:06:20,360 --> 00:06:22,730
sending refills in between.

223
00:06:22,730 --> 00:06:24,605
And I think not assessing

224
00:06:24,605 --> 00:06:26,690
a patient's functional

status and how they're

225
00:06:26,690 --> 00:06:28,040
doing in the course of

226
00:06:28,040 --> 00:06:30,620
a year is really,
really too long.

227
00:06:30,620 --> 00:06:32,030
And so the CDC guidelines

228
00:06:32,030 --> 00:06:32,750
would say there should be

229
00:06:32,750 --> 00:06:35,105
some kind of follow-up
every three months.

230
00:06:35,105 --> 00:06:37,805
Ideally, a provider,
that's great.

231
00:06:37,805 --> 00:06:39,140
But I also think we've

232
00:06:39,140 --> 00:06:40,910
bandied about all
kinds of ideas for

233
00:06:40,910 --> 00:06:42,200
the nurses to
have follow-up

234
00:06:42,200 --> 00:06:43,400
visits in the clinic with

235
00:06:43,400 --> 00:06:44,600
a scripted sheet to

236
00:06:44,600 --> 00:06:45,920
go through to talk

to the patients,

237
00:06:45,920 --> 00:06:46,910
but they should be face-to-

238
00:06:46,910 --> 00:06:48,080
face if at all possible.

239
00:06:48,080 --> 00:06:49,340
We've also talked
about involving

240
00:06:49,340 --> 00:06:50,780
our pharmacists
and that. And in,

241
00:06:50,780 --> 00:06:51,650
in our clinic we have

242
00:06:51,650 --> 00:06:53,780
a small opioid population

243
00:06:53,780 --> 00:06:55,010
in our clinic, believe
it or not,

244
00:06:55,010 --> 00:06:56,525
for a very large
pain clinic,

245
00:06:56,525 --> 00:06:59,000
all of the patients are
on the same schedule,

246
00:06:59,000 --> 00:07:00,530
so they come back
for the refills

247
00:07:00,530 --> 00:07:01,610
at the same time,

248
00:07:01,610 --> 00:07:03,320

we have an opioid
clinic and it's

249
00:07:03,320 --> 00:07:05,420
staffed certain
times every month.

250
00:07:05,420 --> 00:07:06,530
No, that's not possible.

251
00:07:06,530 --> 00:07:07,850
in very large clinics; in

252
00:07:07,850 --> 00:07:09,800
our primary care
clinic at Mayo,

253
00:07:09,800 --> 00:07:11,990
there are thousands of
patients on opioids

254
00:07:11,990 --> 00:07:13,520
and when I broached
this topic with them,

255
00:07:13,520 --> 00:07:15,110
they said, you have
to be kidding.

256
00:07:15,110 --> 00:07:16,370
There's no way to put

257
00:07:16,370 --> 00:07:18,440
all these patients
on the same schedule

258
00:07:18,440 --> 00:07:20,120
and how would we possibly

259
00:07:20,120 --> 00:07:21,560
get through those
patient visits?

260
00:07:21,560 --> 00:07:23,930
So that can work
nicely if you

261
00:07:23,930 --> 00:07:25,100
don't have a big panel

262
00:07:25,100 --> 00:07:26,315
of patients on opioids.

263
00:07:26,315 --> 00:07:28,670
But follow up is really
the framework upon

264
00:07:28,670 --> 00:07:29,810
which you're
going to base all

265
00:07:29,810 --> 00:07:31,070
the rest of your program.

266
00:07:31,070 --> 00:07:32,420
If they
don't follow up,

267
00:07:32,420 --> 00:07:33,725
they don't get
a prescription.

268
00:07:33,725 --> 00:07:35,510
And that's very important.

269
00:07:35,510 --> 00:07:36,740
So talking about the risks,

270
00:07:36,740 --> 00:07:37,820
benefits, and alternatives,

271
00:07:37,820 --> 00:07:38,960
once more we're
going to hit on us.

272
00:07:38,960 --> 00:07:40,805
What else could we be doing

273
00:07:40,805 --> 00:07:43,130
if we weren't going
to prescribe opioids?

274
00:07:43,130 --> 00:07:44,600
And is this approach
really working?

275
00:07:44,600 --> 00:07:46,340
So it's worth
revisiting and you

276
00:07:46,340 --> 00:07:48,425
should talk, or at
least consider,

277
00:07:48,425 --> 00:07:49,310
is this the right time

278
00:07:49,310 --> 00:07:50,570
to taper or discontinue

279
00:07:50,570 --> 00:07:51,860
opioids for this patient

280
00:07:51,860 --> 00:07:52,985
every time you see them.

281
00:07:52,985 --> 00:07:54,320
We have decided that

282
00:07:54,320 --> 00:07:55,370
our Mayo providers should

283
00:07:55,370 --> 00:07:56,660
renew controlled substance

284
00:07:56,660 --> 00:07:58,085

agreements once a year.

285
00:07:58,085 --> 00:08:02,360
There's no data in the
literature about this.

286
00:08:02,360 --> 00:08:04,610
There's no law about this,

287
00:08:04,610 --> 00:08:06,530
but the primary care
providers who had been

288
00:08:06,530 --> 00:08:07,580
part of working with me on

289
00:08:07,580 --> 00:08:08,690
this opioid said, you know,

290
00:08:08,690 --> 00:08:10,880
we need a reminder,
at least once

291
00:08:10,880 --> 00:08:12,170
a year, that we need to

292
00:08:12,170 --> 00:08:13,460
go again over the risks,

293
00:08:13,460 --> 00:08:14,960
benefits, and
alternatives and

294
00:08:14,960 --> 00:08:16,130
that we need to consider,

295
00:08:16,130 --> 00:08:17,780
“this patient's been
on opioids for

296
00:08:17,780 --> 00:08:19,745
a year, another year,”

297
00:08:19,745 --> 00:08:21,170
is this what I want
to continue for

298
00:08:21,170 --> 00:08:23,300
this patient, is this
reasonable to continue?

299
00:08:23,300 --> 00:08:25,430
And so really I think

300
00:08:25,430 --> 00:08:26,825
at least every year

301
00:08:26,825 --> 00:08:28,400
or about every
year is probably

302
00:08:28,400 --> 00:08:29,705
a good interval to be

303
00:08:29,705 --> 00:08:31,520
considering in
discussing these

304
00:08:31,520 --> 00:08:33,080
again with patients
because patients don't

305
00:08:33,080 --> 00:08:35,030
remember all the
risks you told them

306
00:08:35,030 --> 00:08:36,920
a year later. The most
important part of

307
00:08:36,920 --> 00:08:38,495
an Opioid
Monitoring Program

308

00:08:38,495 --> 00:08:40,250
is seeing the patient

309
00:08:40,250 --> 00:08:41,300
and follow-up is going to

310
00:08:41,300 --> 00:08:42,590
tell you a lot
more about what's

311
00:08:42,590 --> 00:08:43,670
going on with them probably

312
00:08:43,670 --> 00:08:45,200
than urine drug screening.

313
00:08:45,200 --> 00:08:46,430
The one comment I wanted to

314
00:08:46,430 --> 00:08:47,540
make about urine
drug testing is

315
00:08:47,540 --> 00:08:48,440
we see our patients

316
00:08:48,440 --> 00:08:49,985
every three months
in the clinic,

317
00:08:49,985 --> 00:08:52,190
there's no random
urine drug testing.

318
00:08:52,190 --> 00:08:53,300
The patients know they’re

319
00:08:53,300 --> 00:08:54,920
coming back for a
three month follow up

320
00:08:54,920 --> 00:08:56,210

and they know that
they're going to have

321
00:08:56,210 --> 00:08:58,400
a urine performed
while they're there.

322
00:08:58,400 --> 00:09:00,830
And so while, urine
drug screen is

323
00:09:00,830 --> 00:09:03,440
important and it
really is necessary,

324
00:09:03,440 --> 00:09:06,470
I think to document
into having in your,

325
00:09:06,470 --> 00:09:08,330
in your records
because it really is

326
00:09:08,330 --> 00:09:10,820
a requirement of
appropriate follow-up,

327
00:09:10,820 --> 00:09:12,650
there are limitations
to it of course.

328
00:09:12,650 --> 00:09:15,050
So monitoring
program, this really,

329
00:09:15,050 --> 00:09:17,075
if you can put patients
on a schedule and

330
00:09:17,075 --> 00:09:19,280
assess every three months

331
00:09:19,280 --> 00:09:20,600

their function, addiction,

332
00:09:20,600 --> 00:09:21,950
do a urine drug screen,

333
00:09:21,950 --> 00:09:23,285
get the renewals teed up.

334
00:09:23,285 --> 00:09:24,860
Then the RN or

335
00:09:24,860 --> 00:09:26,030
your nursing staff or

336
00:09:26,030 --> 00:09:27,320
whoever is helping
you with your

337
00:09:27,320 --> 00:09:28,520
with your opioids can

338
00:09:28,520 --> 00:09:30,590
review the medical
record with you

339
00:09:30,590 --> 00:09:32,270
in-between. If you are

340
00:09:32,270 --> 00:09:34,490
interested in learning
more about this topic,

341
00:09:34,490 --> 00:09:35,945
Dr. Halena Gazelka

342
00:09:35,945 --> 00:09:37,670
is one of the course
directors for

343
00:09:37,670 --> 00:09:40,220
the annual Mayo Clinic
Opioid Conference.

344
00:09:40,220 --> 00:09:42,110
Mayo Clinic offers
hundreds of

345
00:09:42,110 --> 00:09:43,520
continuing
medical education

346
00:09:43,520 --> 00:09:45,020
conferences worldwide.

347
00:09:45,020 --> 00:09:48,290
Visit ce.mayo.edu and

348
00:09:48,290 --> 00:09:49,580
register today for

349
00:09:49,580 --> 00:09:51,740
the Mayo Clinic
Opioid Conference.

350
00:09:51,740 --> 00:09:52,430
We're going to switch

351
00:09:52,430 --> 00:09:53,570
gears now and talk
about when you

352
00:09:53,570 --> 00:09:55,850
do want to get patients
off of opioids.

353
00:09:55,850 --> 00:09:57,680
As I said, I think
this is something you

354
00:09:57,680 --> 00:09:58,700
should consider every time

355
00:09:58,700 --> 00:09:59,450
you see the patient.

356
00:09:59,450 --> 00:10:00,830
This is...this therapy like

357
00:10:00,830 --> 00:10:02,480
every other therapy is

358
00:10:02,480 --> 00:10:03,890
a therapy that can fail.

359
00:10:03,890 --> 00:10:05,360
So I have a lot of

360
00:10:05,360 --> 00:10:06,920
patients who I'll
sent home with

361
00:10:06,920 --> 00:10:08,630
some gabapentin and
they'll come back and

362
00:10:08,630 --> 00:10:10,160
four weeks or they'll call

363
00:10:10,160 --> 00:10:11,780
the nurse in two weeks
and they'll be like,

364
00:10:11,780 --> 00:10:13,340
I'm not taking
that anymore.

365
00:10:13,340 --> 00:10:15,050
Well, what's...
what's the problem?

366
00:10:15,050 --> 00:10:16,940
Well, I felt tired on that.

367
00:10:16,940 --> 00:10:18,740
I feel like I can't think.

368
00:10:18,740 --> 00:10:20,180
I feel well what
dose are you on,

369
00:10:20,180 --> 00:10:21,110
and maybe we need to

370
00:10:21,110 --> 00:10:22,130
back the dose up a little,

371
00:10:22,130 --> 00:10:23,765
Maybe we... Nope, I'm
done with that.

372
00:10:23,765 --> 00:10:25,310
Not always the
case with opioids.

373
00:10:25,310 --> 00:10:26,420
And then you want
to discuss and

374
00:10:26,420 --> 00:10:27,380
document the reason that

375
00:10:27,380 --> 00:10:28,370
you're going to continue them.

376
00:10:28,370 --> 00:10:29,510
If you're going
to continue them,

377
00:10:29,510 --> 00:10:31,280
there needs to be a
good reason for it

378
00:10:31,280 --> 00:10:33,515
and discuss the lack of

379
00:10:33,515 --> 00:10:35,240
other successful
therapies and

380
00:10:35,240 --> 00:10:36,740
why you chose this therapy.

381
00:10:36,740 --> 00:10:38,450
So why might we
want to taper our

382
00:10:38,450 --> 00:10:39,950
patients off
of opioids?

383
00:10:39,950 --> 00:10:41,585
Well, as I said,
failure of therapy.

384
00:10:41,585 --> 00:10:43,100
I always discuss this

385
00:10:43,100 --> 00:10:43,820
with the residents and

386
00:10:43,820 --> 00:10:44,660
fellows and they're
kind of like,

387
00:10:44,660 --> 00:10:46,370
huh, that's an interesting
way to look at it.

388
00:10:46,370 --> 00:10:48,740
But really this
therapy can fail

389
00:10:48,740 --> 00:10:51,170
just like everything
else, any other therapy.

390
00:10:51,170 --> 00:10:53,960
If I do an SI joint
injection three times in

391

00:10:53,960 --> 00:10:55,160
a row and the
patients never had

392
00:10:55,160 --> 00:10:56,990
a benefit from an
SI joint injection,

393
00:10:56,990 --> 00:10:58,040
What the heck
am I doing the

394
00:10:58,040 --> 00:10:59,660
SI joint injection for?

395
00:10:59,660 --> 00:11:01,130
If they are home on

396
00:11:01,130 --> 00:11:03,230
their opioids but they're
not going to work,

397
00:11:03,230 --> 00:11:05,600
they're not moving
around their house,

398
00:11:05,600 --> 00:11:07,220
they're not functioning

399
00:11:07,220 --> 00:11:08,750
any better than they
were previously,

400
00:11:08,750 --> 00:11:10,785
then why, why opioids?

401
00:11:10,785 --> 00:11:12,320
If they have
adverse effects,

402
00:11:12,320 --> 00:11:13,610
obviously that
might be a reason

403
00:11:13,610 --> 00:11:15,230
to discontinue;
constipation is

404
00:11:15,230 --> 00:11:16,730
a big one for
patients, or just

405
00:11:16,730 --> 00:11:18,800
feeling drugged.

406
00:11:18,800 --> 00:11:21,020
Non-medically indicated
reasons for opioids.

407
00:11:21,020 --> 00:11:22,250
So sometimes these
are patients you

408
00:11:22,250 --> 00:11:24,380
inherit that they were
at another provider,

409
00:11:24,380 --> 00:11:26,240
they came to you...
How in the world did

410
00:11:26,240 --> 00:11:26,900
you get on this in

411
00:11:26,900 --> 00:11:28,220
the first place
for low back pain?

412
00:11:28,220 --> 00:11:30,230
While I ruptured
disc three years ago

413
00:11:30,230 --> 00:11:31,880
and my doctor got me on

414

00:11:31,880 --> 00:11:33,965
the got me
started on these.

415
00:11:33,965 --> 00:11:35,720
So after a surgery or

416
00:11:35,720 --> 00:11:37,520
an injury or
short-term use,

417
00:11:37,520 --> 00:11:39,935
whether it's a legitimate
reason or not,

418
00:11:39,935 --> 00:11:41,165
you need to consider that,

419
00:11:41,165 --> 00:11:42,725
“how long they'd been
on this anyway.”

420
00:11:42,725 --> 00:11:45,424
The publication
from the CDC

421
00:11:45,424 --> 00:11:47,030
earlier this year, they,

422
00:11:47,030 --> 00:11:48,200
they looked at the cases of

423
00:11:48,200 --> 00:11:50,090
1.3 million
patients through

424
00:11:50,090 --> 00:11:52,250
the insurance databases and

425
00:11:52,250 --> 00:11:53,570
they showed that patients,

426

00:11:53,570 --> 00:11:55,040
the length of time
that patients are

427
00:11:55,040 --> 00:11:57,290
on opioids after they
take them acutely,

428
00:11:57,290 --> 00:11:59,060
so ten days being

429
00:11:59,060 --> 00:12:00,680
the point where
the scales really

430
00:12:00,680 --> 00:12:02,150
tip and patients
are on them

431
00:12:02,150 --> 00:12:05,180
for ten days or more,
have very significantly

432
00:12:05,180 --> 00:12:06,725
increased risk of being

433
00:12:06,725 --> 00:12:08,390
on opioids chronically.

434
00:12:08,390 --> 00:12:10,040
Also, it matters how
much you give them.

435
00:12:10,040 --> 00:12:11,000
So how many refills

436
00:12:11,000 --> 00:12:12,020
do they get in
the meantime?

437
00:12:12,020 --> 00:12:14,000
Wow, it’s three months
later after you broke

438
00:12:14,000 --> 00:12:16,160
your wrist and wow,
when I look back,

439
00:12:16,160 --> 00:12:18,485
you've had six refills;
not on a contract

440
00:12:18,485 --> 00:12:19,550
because this was
going to be an

441
00:12:19,550 --> 00:12:21,155
acute treatment
for something.

442
00:12:21,155 --> 00:12:22,940
So remember to
keep that in line.

443
00:12:22,940 --> 00:12:24,230
And then obviously
concern for

444
00:12:24,230 --> 00:12:25,010
aberrant behavior,

445
00:12:25,010 --> 00:12:26,030
which we're going
to talk about.

446
00:12:26,030 --> 00:12:27,800
But patients feel they

447
00:12:27,800 --> 00:12:28,460
have a right to have

448
00:12:28,460 --> 00:12:29,645
their pain controlled
and they do.

449

00:12:29,645 --> 00:12:31,250
We want to do the best
for our patients.

450
00:12:31,250 --> 00:12:33,215
We want to use
multi-modal therapy.

451
00:12:33,215 --> 00:12:35,030
But I've told more
than one patient

452
00:12:35,030 --> 00:12:36,320
in the hospital,
when they had

453
00:12:36,320 --> 00:12:38,240
a respiratory rate of
seven and I had to

454
00:12:38,240 --> 00:12:39,380
shake him to get him awake,

455
00:12:39,380 --> 00:12:40,460
and they had a pain of

456
00:12:40,460 --> 00:12:42,080
13 out of 10,

457
00:12:42,080 --> 00:12:44,420
that I have yet to see
someone die of pain,

458
00:12:44,420 --> 00:12:46,715
but I've certainly
seen patients die

459
00:12:46,715 --> 00:12:48,380
of opioid overdose

460
00:12:48,380 --> 00:12:49,610
and respiratory depression,

461
00:12:49,610 --> 00:12:50,690
and so we have to

462
00:12:50,690 --> 00:12:52,580
first err on the
side of caution.

463
00:12:52,580 --> 00:12:54,200
So aberrant
drug-related behaviors.

464
00:12:54,200 --> 00:12:55,520
Well, my word,
these are very

465
00:12:55,520 --> 00:12:57,440
obvious on the left side
of the screen: they’re,

466
00:12:57,440 --> 00:12:58,670
illicitly using drugs, uh,

467
00:12:58,670 --> 00:13:01,025
you know, it from their
toxicology screen,

468
00:13:01,025 --> 00:13:02,495
they’re borrowing another

469
00:13:02,495 --> 00:13:04,280
patients drug and
the, you know, it,

470
00:13:04,280 --> 00:13:06,380
they keep losing
their prescriptions, they’re

471
00:13:06,380 --> 00:13:07,430
are getting prescriptions

472
00:13:07,430 --> 00:13:08,690
from somewhere else,

473
00:13:08,690 --> 00:13:09,950
sometimes patients
will come in

474
00:13:09,950 --> 00:13:11,180
and say, oh yeah,
I got it from

475
00:13:11,180 --> 00:13:12,200
so-and-so they thought I

476
00:13:12,200 --> 00:13:13,550
should try some of this.

477
00:13:13,550 --> 00:13:15,980
Really? Or they are
foraging prescriptions.

478
00:13:15,980 --> 00:13:17,075
Well, that's
pretty obvious.

479
00:13:17,075 --> 00:13:17,960
Well, there's a lot of

480
00:13:17,960 --> 00:13:20,435
patients that are a lot
more savvy than that.

481
00:13:20,435 --> 00:13:22,400
In their behavior, it

482
00:13:22,400 --> 00:13:24,500
feels wrong to
you in some way,

483
00:13:24,500 --> 00:13:26,030
but you're just not sure

484
00:13:26,030 --> 00:13:27,680
sometimes. Patients

who are using

485
00:13:27,680 --> 00:13:28,820
their drugs for another

486
00:13:28,820 --> 00:13:30,050
medical symptom that it wasn't

487
00:13:30,050 --> 00:13:32,570
prescribed for, I
increased it because I

488
00:13:32,570 --> 00:13:33,860
hurt my back this week

489
00:13:33,860 --> 00:13:35,210
and so I needed
to take more,

490
00:13:35,210 --> 00:13:36,650
they're aggressively
requesting.

491
00:13:36,650 --> 00:13:38,450
So talking to
your office staff

492
00:13:38,450 --> 00:13:39,860
is really informative.

493
00:13:39,860 --> 00:13:41,660
Patients know to behave
when they see you in

494
00:13:41,660 --> 00:13:42,470
the clinic because you're

495
00:13:42,470 --> 00:13:43,865
the hand writing
that prescription,

496
00:13:43,865 --> 00:13:45,170

but sometimes
they're not very

497
00:13:45,170 --> 00:13:46,430
pleasant to the
office staff

498
00:13:46,430 --> 00:13:47,840
and that should
be a real red

499
00:13:47,840 --> 00:13:49,400
flag. When they request

500
00:13:49,400 --> 00:13:51,020
specific drugs they have

501
00:13:51,020 --> 00:13:52,040
on their allergy list

502
00:13:52,040 --> 00:13:55,085
everything except
oxycodone or whatever.

503
00:13:55,085 --> 00:13:57,020
Acquiring drugs from
other providers

504
00:13:57,020 --> 00:13:59,915
obviously are unauthorized
dose escalation.

505
00:13:59,915 --> 00:14:01,460
Now sometimes that happens

506
00:14:01,460 --> 00:14:02,225
that patients will be like,

507
00:14:02,225 --> 00:14:03,230
oh, I took an
extra one and I

508

00:14:03,230 --> 00:14:04,280
felt so much better.

509
00:14:04,280 --> 00:14:05,960
Okay, well, we need
to talk about that,

510
00:14:05,960 --> 00:14:07,940
but if patients
continuously do that,

511
00:14:07,940 --> 00:14:09,320
that's a real red flag

512
00:14:09,320 --> 00:14:10,610
and unacceptable because

513
00:14:10,610 --> 00:14:12,710
obviously our most
important concern

514
00:14:12,710 --> 00:14:14,120
is keeping our
patients safe

515
00:14:14,120 --> 00:14:16,415
and so, we need
to be cautious.

516
00:14:16,415 --> 00:14:18,575
The predictors of
opioid overdose deaths,

517
00:14:18,575 --> 00:14:20,030
you've seen these before.

518
00:14:20,030 --> 00:14:21,800
They're changing a
little bit, however,

519
00:14:21,800 --> 00:14:24,650
so it's middle-aged males

520
00:14:24,650 --> 00:14:26,240
are the highest risk, people

521
00:14:26,240 --> 00:14:26,810
who have a history of

522
00:14:26,810 --> 00:14:29,030
substance use
disorder, or

523
00:14:29,030 --> 00:14:31,025
other psychiatric
comorbidities are

524
00:14:31,025 --> 00:14:32,570
a huge risk factor.

525
00:14:32,570 --> 00:14:33,860
And then we also
know that it

526
00:14:33,860 --> 00:14:35,630
matters how much
opioid they're on,

527
00:14:35,630 --> 00:14:38,165
so if they're prescribed
more than a 100

528
00:14:38,165 --> 00:14:39,649
oral morphine equivalents

529
00:14:39,649 --> 00:14:41,360
or equivalent dose daily,

530
00:14:41,360 --> 00:14:42,935
that's a significant risk.

531
00:14:42,935 --> 00:14:44,870
But prescription
drug overdose is

532
00:14:44,870 --> 00:14:47,165
really increasing in
the female populations.

533
00:14:47,165 --> 00:14:49,460
The death rates
from 1999 to

534
00:14:49,460 --> 00:14:51,740
2010 have really climbed

535
00:14:51,740 --> 00:14:53,300
with opioids in women

536
00:14:53,300 --> 00:14:55,415
and so that's a
significant concern.

537
00:14:55,415 --> 00:14:58,325
So there are really
three ways to taper.

538
00:14:58,325 --> 00:15:00,170
It's not rocket science.

539
00:15:00,170 --> 00:15:01,070
You can tell him you're

540
00:15:01,070 --> 00:15:02,390
not getting another script.

541
00:15:02,390 --> 00:15:04,010
You can rapidly
decrease someone

542
00:15:04,010 --> 00:15:05,720
that's about 10% per day,

543
00:15:05,720 --> 00:15:07,670
or you can slowly
decrease someone

544
00:15:07,670 --> 00:15:09,695
about ten to 20% per week.

545
00:15:09,695 --> 00:15:11,660
So a rule of thumb
that I often

546
00:15:11,660 --> 00:15:13,610
tell the residents when
I'm working with them,

547
00:15:13,610 --> 00:15:14,870
is that there's
not a lot of

548
00:15:14,870 --> 00:15:16,790
great evidence in the
literature about this,

549
00:15:16,790 --> 00:15:19,205
but in my experience
and in some

550
00:15:19,205 --> 00:15:21,290
the articles that
I've read, you know,

551
00:15:21,290 --> 00:15:23,030
others have found too
that you can drop by

552
00:15:23,030 --> 00:15:25,325
30 to 50% initially

553
00:15:25,325 --> 00:15:27,170
without patients going
through withdrawal.

554
00:15:27,170 --> 00:15:28,340
So if you really
need to get

555

00:15:28,340 --> 00:15:29,450
somebody off fast,

556
00:15:29,450 --> 00:15:31,445
you can typically do it and

557
00:15:31,445 --> 00:15:32,600
they won't experience

558
00:15:32,600 --> 00:15:33,905
withdrawal symptoms
typically.

559
00:15:33,905 --> 00:15:34,730
But first of all,

560
00:15:34,730 --> 00:15:35,720
I think most
important is to

561
00:15:35,720 --> 00:15:36,770
educate the patient, to have

562
00:15:36,770 --> 00:15:37,970
a frank discussion.

563
00:15:37,970 --> 00:15:40,700
And these can be very
Unpleasant. Why you're

564
00:15:40,700 --> 00:15:43,295
tapering them and then
what they can expect.

565
00:15:43,295 --> 00:15:44,900
What are withdrawal
signs and symptoms?

566
00:15:44,900 --> 00:15:46,100
What are we going
to do about those,

567

00:15:46,100 --> 00:15:46,730
if anything?

568
00:15:46,730 --> 00:15:48,695
If you're not giving
them more scripts

569
00:15:48,695 --> 00:15:50,660
or you're not
wanting to prescribe

570
00:15:50,660 --> 00:15:51,920
quinidine or
something else for

571
00:15:51,920 --> 00:15:54,500
withdrawal symptoms
than warning them about

572
00:15:54,500 --> 00:15:56,750
them and telling them
that they are not life-

573
00:15:56,750 --> 00:15:58,130
threatening and
their situation

574
00:15:58,130 --> 00:15:59,420
is good reassurance.

575
00:15:59,420 --> 00:16:01,295
Written and verbal
instructions.

576
00:16:01,295 --> 00:16:04,250
So it's not uncommon
when you want to taper

577
00:16:04,250 --> 00:16:07,430
someone whose behavior
has been bad that oh,

578
00:16:07,430 --> 00:16:09,410

“they didn't understand” and

579
00:16:09,410 --> 00:16:11,240
so they call back
to ask the nurses,

580
00:16:11,240 --> 00:16:12,500
“can I have another
prescription

581
00:16:12,500 --> 00:16:13,820
because oh, no, no,

582
00:16:13,820 --> 00:16:15,080
I didn't drop the dose that

583
00:16:15,080 --> 00:16:16,595
I was supposed to
drop the dose.”

584
00:16:16,595 --> 00:16:17,990
But if you have it
well-written

585
00:16:17,990 --> 00:16:19,520
out, a calendar is perfect,

586
00:16:19,520 --> 00:16:21,470
how many pills are
supposed to take that day,

587
00:16:21,470 --> 00:16:23,150
then it's easier
for them not to

588
00:16:23,150 --> 00:16:24,860
error and it is
hard to remember

589
00:16:24,860 --> 00:16:26,930
and so it's important
to have things written.

590
00:16:26,930 --> 00:16:28,130
Also at Mayo, we have

591
00:16:28,130 --> 00:16:29,420
an electronic
medical record

592
00:16:29,420 --> 00:16:30,860
that the patients
can access.

593
00:16:30,860 --> 00:16:32,540
And so I try to
spell out very

594
00:16:32,540 --> 00:16:34,220
simply at the end
of my note, in

595
00:16:34,220 --> 00:16:35,840
terms that anyone
could understand, what

596
00:16:35,840 --> 00:16:38,150
the tapering plan is
with the dates in it.

597
00:16:38,150 --> 00:16:38,880
And then you want

598
00:16:38,880 --> 00:16:40,640
to consider medical
co-morbidities,

599
00:16:40,640 --> 00:16:41,870
do these need
treatment too,

600
00:16:41,870 --> 00:16:42,920
or do you need to taper

601
00:16:42,920 --> 00:16:44,750

more cautiously in
patients with certain

602
00:16:44,750 --> 00:16:46,790
medical co-morbidities?
And that may be true.

603
00:16:46,790 --> 00:16:47,720
Patients may need to

604
00:16:47,720 --> 00:16:49,265
have their anxiety treated

605
00:16:49,265 --> 00:16:51,890
before or their depression
treated before

606
00:16:51,890 --> 00:16:53,360
you're going to be
successful tapering

607
00:16:53,360 --> 00:16:54,980
them and you may need
assistance with that.

608
00:16:54,980 --> 00:16:57,230
So I usually choose

609
00:16:57,230 --> 00:16:59,120
to use the same
opioid, if possible.

610
00:16:59,120 --> 00:16:59,840
The patient’s already

611
00:16:59,840 --> 00:17:01,190
familiar with that opioid,

612
00:17:01,190 --> 00:17:02,780
I think it feels odd

613
00:17:02,780 --> 00:17:04,610

to switch opioids
to taper with.

614
00:17:04,610 --> 00:17:06,440
If I can taper with
the same opioid,

615
00:17:06,440 --> 00:17:07,490
I will, but you may need

616
00:17:07,490 --> 00:17:08,510
a different formulation,

617
00:17:08,510 --> 00:17:11,435
so I often choose to taper.

618
00:17:11,435 --> 00:17:12,680
I usually get rid of

619
00:17:12,680 --> 00:17:14,210
the long-acting
formulation first,

620
00:17:14,210 --> 00:17:16,010
so we can talk a
little bit about that.

621
00:17:16,010 --> 00:17:19,250
Then I taper the short-
acting agent next.

622
00:17:19,250 --> 00:17:20,540
But I have
colleagues who do

623
00:17:20,540 --> 00:17:21,890
it the opposite way where

624
00:17:21,890 --> 00:17:23,780
they keep the patient
on the long-acting to

625

00:17:23,780 --> 00:17:25,670
try to keep things
smoother than they are,

626
00:17:25,670 --> 00:17:26,780
get rid of the
short-acting to

627
00:17:26,780 --> 00:17:28,055
come down on the
long-acting.

628
00:17:28,055 --> 00:17:28,910
The problem is by

629
00:17:28,910 --> 00:17:30,200
the time you get to
the end of that,

630
00:17:30,200 --> 00:17:31,160
you're almost surely going

631
00:17:31,160 --> 00:17:32,090
to need to switch them to

632
00:17:32,090 --> 00:17:33,620
a short-acting to be able

633
00:17:33,620 --> 00:17:35,240
to get rid of that
long-acting agent.

634
00:17:35,240 --> 00:17:36,980
So it's hard to
take a patient from

635
00:17:36,980 --> 00:17:39,230
a twelve mic[rogram] fentanyl
patch to nothing.

636
00:17:39,230 --> 00:17:40,670
It's hard to take
a patient from

637
00:17:40,670 --> 00:17:42,320
a ten milligram oxycodone

638
00:17:42,320 --> 00:17:44,585
twice a day to once
a day to nothing.

639
00:17:44,585 --> 00:17:46,250
It's easier if you can use

640
00:17:46,250 --> 00:17:48,200
short-acting
pills, that you can

641
00:17:48,200 --> 00:17:49,850
divide even, down to

642
00:17:49,850 --> 00:17:52,130
2.5 milligrams or smaller.

643
00:17:52,130 --> 00:17:54,350
The last stage is
almost always the most

644
00:17:54,350 --> 00:17:56,990
difficult and you
may have to adjust.

645
00:17:56,990 --> 00:17:58,340
So this is why
you're seeing

646
00:17:58,340 --> 00:17:59,510
the patient regularly in

647
00:17:59,510 --> 00:18:00,770
follow up because
you want them to

648
00:18:00,770 --> 00:18:02,540
feel supported

during this time.

649
00:18:02,540 --> 00:18:05,060
Even if their behavior
has been poor,

650
00:18:05,060 --> 00:18:06,440
you're concerned
or they are,

651
00:18:06,440 --> 00:18:08,390
the opioids aren't
working for them.

652
00:18:08,390 --> 00:18:10,520
Seeing them regularly
in follow up because

653
00:18:10,520 --> 00:18:12,290
you may need to slow
down your taper,

654
00:18:12,290 --> 00:18:13,940
it may be difficult
to tolerate.

655
00:18:13,940 --> 00:18:15,380
This is a 46-year-old guy,

656
00:18:15,380 --> 00:18:17,735
had a crush injury
three years ago.

657
00:18:17,735 --> 00:18:18,890
He wants to increase his

658
00:18:18,890 --> 00:18:20,705
pain medication every
time you see him.

659
00:18:20,705 --> 00:18:22,460
His urine was positive

for meth and

660
00:18:22,460 --> 00:18:23,660
Benzos, as well as for

661
00:18:23,660 --> 00:18:25,310
his methadone and
hydromorphone.

662
00:18:25,310 --> 00:18:26,660
Well, what are you
gonna do with this guy?

663
00:18:26,660 --> 00:18:28,700
Well, immediately
you're going to say, “no,

664
00:18:28,700 --> 00:18:29,810
you can't have
any more scripts

665
00:18:29,810 --> 00:18:30,710
from me because you're on

666
00:18:30,710 --> 00:18:33,410
methamphetamine,” and
you document why

667
00:18:33,410 --> 00:18:34,610
you're doing it with your

668
00:18:34,610 --> 00:18:36,320
urine drug
screening results

669
00:18:36,320 --> 00:18:37,775
and your discussion
with the patient.

670
00:18:37,775 --> 00:18:39,470
I've had patients in

671

00:18:39,470 --> 00:18:40,910
a situation where
I've had to

672
00:18:40,910 --> 00:18:42,170
do this and every

673
00:18:42,170 --> 00:18:44,105
time it has been
unpleasant.

674
00:18:44,105 --> 00:18:46,460
Now obviously you're right.

675
00:18:46,460 --> 00:18:47,180
I mean, you do not

676
00:18:47,180 --> 00:18:48,230
want to be the
hand that writes

677
00:18:48,230 --> 00:18:49,640
their opioid overdose that

678
00:18:49,640 --> 00:18:50,000
causes their respiratory

679
00:18:50,000 --> 00:18:51,740
depression and their death.

680
00:18:51,740 --> 00:18:53,555
Everyone would
back you on this,

681
00:18:53,555 --> 00:18:55,025
even reasonable

682
00:18:55,025 --> 00:18:56,450
patients would
back you on this.

683
00:18:56,450 --> 00:18:58,370

But it's really
unpleasant to have

684
00:18:58,370 --> 00:18:59,540
the conversation
in the office

685
00:18:59,540 --> 00:19:00,575
when the patient's sort of,

686
00:19:00,575 --> 00:19:02,810
you know, you gotta
do it doc I and I

687
00:19:02,810 --> 00:19:05,330
need it and things like
that or, or whatever

688
00:19:05,330 --> 00:19:07,010
but documenting is
really important.

689
00:19:07,010 --> 00:19:09,020
I had a patient who was
sent to me by one of

690
00:19:09,020 --> 00:19:10,850
our oncology fellows and he

691
00:19:10,850 --> 00:19:13,310
said, "I don't want
to do if this guy,

692
00:19:13,310 --> 00:19:15,245
he told me he uses heroin

693
00:19:15,245 --> 00:19:16,910
but he has terrible pain

694
00:19:16,910 --> 00:19:18,230
from his squamous
cell cancer,

695
00:19:18,230 --> 00:19:19,955
can you see him
and help me

696
00:19:19,955 --> 00:19:22,070
decide how to prescribe
opioids to him?”

697
00:19:22,070 --> 00:19:24,620
So he was giving him
regular prescriptions for

698
00:19:24,620 --> 00:19:27,290
both long- and short-
acting oxycodone.

699
00:19:27,290 --> 00:19:29,000
And he came in and

700
00:19:29,000 --> 00:19:30,590
I had a frank
discussion with him.

701
00:19:30,590 --> 00:19:31,835
He said, yeah, he takes

702
00:19:31,835 --> 00:19:33,785
usually takes
his oxycontin,

703
00:19:33,785 --> 00:19:35,870
often trades his oxycodone

704
00:19:35,870 --> 00:19:37,220
with his girlfriend
who's on a, who

705
00:19:37,220 --> 00:19:38,930
has a hydromorphone
prescription

706
00:19:38,930 --> 00:19:40,220

for her low back pain.

707
00:19:40,220 --> 00:19:42,800
And so I gotta
urine drug test.

708
00:19:42,800 --> 00:19:43,940
And sure enough, there were

709
00:19:43,940 --> 00:19:45,770
heroin metabolites
in his urine,

710
00:19:45,770 --> 00:19:47,240
which you almost
never see because

711
00:19:47,240 --> 00:19:48,830
it's hard to catch
patients with that

712
00:19:48,830 --> 00:19:50,285
and so I had

713
00:19:50,285 --> 00:19:51,980
I had the patient
come back to have

714
00:19:51,980 --> 00:19:53,345
a discussion with me and

715
00:19:53,345 --> 00:19:54,560
I called the
oncology fellow in

716
00:19:54,560 --> 00:19:56,000
the meantime and
I said, “we can't

717
00:19:56,000 --> 00:19:57,530
prescribe to this patient.

718

00:19:57,530 --> 00:19:59,435
This patient is
treating his own pain,

719
00:19:59,435 --> 00:20:01,580
essentially, he's treating
his own addiction and

720
00:20:01,580 --> 00:20:03,800
we can't continue to
prescribe for him

721
00:20:03,800 --> 00:20:04,850
and I will be happy to have

722
00:20:04,850 --> 00:20:06,065
that discussion for you."

723
00:20:06,065 --> 00:20:07,340
It's never pleasant, but

724
00:20:07,340 --> 00:20:09,155
sometimes it has
to happen. Mr. B,

725
00:20:09,155 --> 00:20:10,460
he's a 33-year-old.

726
00:20:10,460 --> 00:20:11,855
He has low back pain.

727
00:20:11,855 --> 00:20:13,490
He's been on since he

728
00:20:13,490 --> 00:20:15,335
ruptured his disc a
few years ago,

729
00:20:15,335 --> 00:20:16,610
one of your members

730
00:20:16,610 --> 00:20:17,690

in your practice retired,

731
00:20:17,690 --> 00:20:19,175
so you inherited Mr. B.

732
00:20:19,175 --> 00:20:20,480
The office staff notes

733
00:20:20,480 --> 00:20:22,250
he started calling asking

734
00:20:22,250 --> 00:20:24,320
for extra medications
and refills.

735
00:20:24,320 --> 00:20:27,050
He really is often
very rude to the staff.

736
00:20:27,050 --> 00:20:28,925
He's threatening
and demanding,

737
00:20:28,925 --> 00:20:31,025
he's been self-escalating

738
00:20:31,025 --> 00:20:32,270
doses, running out early.

739
00:20:32,270 --> 00:20:33,215
What's happening to these?

740
00:20:33,215 --> 00:20:34,490
Oh, you know, they got

741
00:20:34,490 --> 00:20:35,930
stolen out of my car;

742
00:20:35,930 --> 00:20:37,235
I think somebody stole them;

743

00:20:37,235 --> 00:20:38,450
one of my buddies stole

744
00:20:38,450 --> 00:20:40,010
them. His urine drug screen is

745
00:20:40,010 --> 00:20:41,630
okay, only positive for

746
00:20:41,630 --> 00:20:42,530
the oxycodone that he's

747
00:20:42,530 --> 00:20:43,865
supposed to be taking.

748
00:20:43,865 --> 00:20:46,640
He's on oxycontin
and oxycodone for

749
00:20:46,640 --> 00:20:48,650
breakthrough, has a total of

750
00:20:48,650 --> 00:20:50,930
a 120 milligrams of
oxycodone a day.

751
00:20:50,930 --> 00:20:52,340
Well, what are you
gonna do with this guy?

752
00:20:52,340 --> 00:20:55,325
Well, I would say
this is a guy that

753
00:20:55,325 --> 00:20:57,080
justifies being weaned off

754
00:20:57,080 --> 00:20:58,925
of opioids. Number one,

755
00:20:58,925 --> 00:21:00,920
unless there's better

documentation,

756
00:21:00,920 --> 00:21:03,560
this gentleman doesn't
necessarily fit

757
00:21:03,560 --> 00:21:05,210
my criteria for being

758
00:21:05,210 --> 00:21:06,530
on opioid therapy
at the age of

759
00:21:06,530 --> 00:21:08,330
33 with low back pain.

760
00:21:08,330 --> 00:21:09,800
Number two, he's on

761
00:21:09,800 --> 00:21:12,425
a pretty high dose
and that's over

762
00:21:12,425 --> 00:21:14,480
my comfort zone for
a 33-year-old with

763
00:21:14,480 --> 00:21:15,710
low back pain and

764
00:21:15,710 --> 00:21:17,990
his behavior and his
escalating this dose,

765
00:21:17,990 --> 00:21:20,150
he's clearly violated
his contract with me,

766
00:21:20,150 --> 00:21:21,950
so I would
recommend weaning

767

00:21:21,950 --> 00:21:23,195
the patient while

768
00:21:23,195 --> 00:21:24,410
beginning to explore

769
00:21:24,410 --> 00:21:26,210
other options for
his pain control.

770
00:21:26,210 --> 00:21:27,500
I'm not going
to dismiss the

771
00:21:27,500 --> 00:21:28,730
patient from my practice,

772
00:21:28,730 --> 00:21:29,990
I'm not going to have

773
00:21:29,990 --> 00:21:31,250
him get another
provider. Now

774
00:21:31,250 --> 00:21:32,570
he may try to get

775
00:21:32,570 --> 00:21:33,740
another provider
because he'd

776
00:21:33,740 --> 00:21:35,270
prefer to stand as opioids.

777
00:21:35,270 --> 00:21:36,440
Interestingly, at Mayo and

778
00:21:36,440 --> 00:21:38,615
our primary care clinic,
we don't allow this.

779
00:21:38,615 --> 00:21:40,220

So the patient is paneled

780
00:21:40,220 --> 00:21:41,720
with the provider they
are paneled with,

781
00:21:41,720 --> 00:21:43,130
and that provider’s
responsible

782
00:21:43,130 --> 00:21:45,005
for opioids or no opioids.

783
00:21:45,005 --> 00:21:46,790
We do have a way
for the providers

784
00:21:46,790 --> 00:21:48,590
to review their
patients with us.

785
00:21:48,590 --> 00:21:50,420
We have a monthly
meeting where we review

786
00:21:50,420 --> 00:21:52,400
difficult cases and we put

787
00:21:52,400 --> 00:21:54,320
a note from our team in

788
00:21:54,320 --> 00:21:56,000
the patient's chart stating

789
00:21:56,000 --> 00:21:57,560
that this is what
the team decided,

790
00:21:57,560 --> 00:21:59,030
that the patient is
going to be tapered,

791

00:21:59,030 --> 00:21:59,810
this is how we're
going to do

792
00:21:59,810 --> 00:22:00,680
it, or that the patient is

793
00:22:00,680 --> 00:22:02,495
going to continue
on opioids,

794
00:22:02,495 --> 00:22:04,550
and this is how we're
going to do it, because

795
00:22:04,550 --> 00:22:06,935
that provider retains
that patient, but

796
00:22:06,935 --> 00:22:08,060
the patient doesn't have

797
00:22:08,060 --> 00:22:09,515
the option of getting
a new provider.

798
00:22:09,515 --> 00:22:11,360
But back to Mr. B here.

799
00:22:11,360 --> 00:22:12,830
So I think you could just

800
00:22:12,830 --> 00:22:14,510
continuous Oxycontin
immediately

801
00:22:14,510 --> 00:22:15,200
that's going to drop

802
00:22:15,200 --> 00:22:16,940
40 milligrams per
day or a third of

803
00:22:16,940 --> 00:22:19,610
the dose that he's on;
he’s on 20 twice a day.

804
00:22:19,610 --> 00:22:21,830
And then I'd wean the
oxycodone off rather

805
00:22:21,830 --> 00:22:24,260
rapidly because
I've decided Mr. B

806
00:22:24,260 --> 00:22:26,360
has enough red flags
that I don't want to

807
00:22:26,360 --> 00:22:28,625
prescribe him opioids
long-term anymore,

808
00:22:28,625 --> 00:22:30,530
and so this is a suggested

809
00:22:30,530 --> 00:22:32,660
wean to wean him
off over ten days.

810
00:22:32,660 --> 00:22:34,220
I'd count out the
number of pills.

811
00:22:34,220 --> 00:22:35,450
I'd give him
exactly the number

812
00:22:35,450 --> 00:22:36,665
of pills he’s to get.

813
00:22:36,665 --> 00:22:37,520
Tell him that those are

814
00:22:37,520 --> 00:22:39,230

the only pills
he will receive.

815
00:22:39,230 --> 00:22:41,390
Give him the written
instructions on,

816
00:22:41,390 --> 00:22:42,530
a calendar, if possible,

817
00:22:42,530 --> 00:22:43,355
how he's going to wean.

818
00:22:43,355 --> 00:22:44,930
So next is Mrs. P.

819
00:22:44,930 --> 00:22:46,880
This lovely
44-year-old lady has

820
00:22:46,880 --> 00:22:48,200
been in your clinic with

821
00:22:48,200 --> 00:22:50,420
fibromyalgia
for many years.

822
00:22:50,420 --> 00:22:52,160
Another colleague
put her on opioids,

823
00:22:52,160 --> 00:22:53,960
but she's been started
on duloxetine,

824
00:22:53,960 --> 00:22:55,340
really thinks
that's doing well.

825
00:22:55,340 --> 00:22:57,500
She's started on an
exercise program.

826
00:22:57,500 --> 00:23:00,020
She's motivated to
discontinue her opioids

827
00:23:00,020 --> 00:23:00,950
and you guys have planned

828
00:23:00,950 --> 00:23:01,955
that; you've been trying

829
00:23:01,955 --> 00:23:03,260
trialing medications,

830
00:23:03,260 --> 00:23:04,220
trying to get
her other help.

831
00:23:04,220 --> 00:23:05,690
And she's very
worried that she is

832
00:23:05,690 --> 00:23:06,740
addicted and she's going

833
00:23:06,740 --> 00:23:07,625
to go through withdrawal.

834
00:23:07,625 --> 00:23:09,500
Important point
for Mrs. P. is

835
00:23:09,500 --> 00:23:12,020
that physiologic
dependence is

836
00:23:12,020 --> 00:23:13,760
not the same as
being addicted.

837
00:23:13,760 --> 00:23:15,155
So a lot of
patients will think

838
00:23:15,155 --> 00:23:16,820
if I have withdrawal
symptoms,

839
00:23:16,820 --> 00:23:18,380
that must mean I'm
an addict because

840
00:23:18,380 --> 00:23:19,250
only an addict would

841
00:23:19,250 --> 00:23:20,255
have that happen to them.

842
00:23:20,255 --> 00:23:21,635
That’d happen to anyone if

843
00:23:21,635 --> 00:23:23,840
we didn't wean their
opioids appropriately.

844
00:23:23,840 --> 00:23:25,640
So her current therapy

845
00:23:25,640 --> 00:23:26,930
is a 100-microgram
per hour

846
00:23:26,930 --> 00:23:28,430
fentanyl patch; she changes it

847
00:23:28,430 --> 00:23:29,270
every three days and

848
00:23:29,270 --> 00:23:30,440
she takes her
hydromorphone.

849
00:23:30,440 --> 00:23:31,580
It's pretty much scheduled,

850
00:23:31,580 --> 00:23:32,870
takes it pretty
religiously.

851
00:23:32,870 --> 00:23:35,960
So I would do a slow
taper for Mrs. P,

852
00:23:35,960 --> 00:23:37,040
and I didn't
write it all out,

853
00:23:37,040 --> 00:23:38,060
but this is how
I would do it.

854
00:23:38,060 --> 00:23:39,620
I drop fentanyl by

855
00:23:39,620 --> 00:23:42,185
25 micrograms, about
every fourth cycle.

856
00:23:42,185 --> 00:23:43,520
Maybe she'll manage for

857
00:23:43,520 --> 00:23:44,840
you to do it
faster than that.

858
00:23:44,840 --> 00:23:46,400
So every...she's changing

859
00:23:46,400 --> 00:23:49,070
her fentanyl patch
every three days.

860
00:23:49,070 --> 00:23:50,240
So by the fourth cycle

861
00:23:50,240 --> 00:23:51,440
you'll wean it down

again and it'll

862
00:23:51,440 --> 00:23:53,420
take around 27
days to wean it

863
00:23:53,420 --> 00:23:56,105
out when it off if I
calculated that right.

864
00:23:56,105 --> 00:23:57,920
Then move on to
her hydromorphone.

865
00:23:57,920 --> 00:23:59,720
So you've gotten rid
of the long-acting,

866
00:23:59,720 --> 00:24:00,410
you're going to leave

867
00:24:00,410 --> 00:24:02,000
or hydromorphone and start

868
00:24:02,000 --> 00:24:03,140
just dropping it slowly

869
00:24:03,140 --> 00:24:04,595
by two milligrams a week.

870
00:24:04,595 --> 00:24:05,810
And then that will take

871
00:24:05,810 --> 00:24:07,520
about 42 days to wean off.

872
00:24:07,520 --> 00:24:09,020
And then you're
going to see her and

873
00:24:09,020 --> 00:24:10,550
see how she's doing

or have or call

874
00:24:10,550 --> 00:24:12,530
in, because she's a
patient who maybe

875
00:24:12,530 --> 00:24:15,260
can you can do some
phone work with.

876
00:24:15,260 --> 00:24:16,070
And you may have to

877
00:24:16,070 --> 00:24:17,300
slow this when at
the end because

878
00:24:17,300 --> 00:24:19,010
sometimes the very
smallest amount

879
00:24:19,010 --> 00:24:20,795
of opioid at the end is,
so very difficult.

880
00:24:20,795 --> 00:24:22,640
So in summary,
opioid monitoring,

881
00:24:22,640 --> 00:24:24,260
it's less painful
if you have a plan.

882
00:24:24,260 --> 00:24:26,060
You heard that from
Dr. Sanders yesterday.

883
00:24:26,060 --> 00:24:28,730
I completely agree
that it just takes

884
00:24:28,730 --> 00:24:29,990
so much pressure off of

885
00:24:29,990 --> 00:24:31,610
you and off of the patient

886
00:24:31,610 --> 00:24:33,320
if every single patient

887
00:24:33,320 --> 00:24:34,670
is treated the same way.

888
00:24:34,670 --> 00:24:36,125
You have a check
sheet, or your,

889
00:24:36,125 --> 00:24:37,610
your nurse has
a check sheet,

890
00:24:37,610 --> 00:24:38,915
and when you go in and

891
00:24:38,915 --> 00:24:40,160
you give the patient
a prescription,

892
00:24:40,160 --> 00:24:40,430
they get

893
00:24:40,430 --> 00:24:42,155
their Controlled
Substance Agreement,

894
00:24:42,155 --> 00:24:44,870
they have the same
management plan that

895
00:24:44,870 --> 00:24:46,040
every other patient in

896
00:24:46,040 --> 00:24:47,900
your practice would,
within reason.

897
00:24:47,900 --> 00:24:48,650
Now there's patients that

898
00:24:48,650 --> 00:24:49,130
you're going to see

899
00:24:49,130 --> 00:24:50,540
more often because
they can't

900
00:24:50,540 --> 00:24:51,800
go for three months,
because you're

901
00:24:51,800 --> 00:24:53,210
not sure about them yet,

902
00:24:53,210 --> 00:24:55,130
so you may not extend

903
00:24:55,130 --> 00:24:56,750
to those three month
visits right away,

904
00:24:56,750 --> 00:24:57,935
so it maybe every month,

905
00:24:57,935 --> 00:24:59,270
but with some adjustments.

906
00:24:59,270 --> 00:25:01,370
But really for the
urine drug testing

907
00:25:01,370 --> 00:25:02,645
and agreements,

908
00:25:02,645 --> 00:25:03,950
controlled substance
agreements,

909
00:25:03,950 --> 00:25:05,135
and how the rules work,

910
00:25:05,135 --> 00:25:06,500
if you treat every
patient the same,

911
00:25:06,500 --> 00:25:07,760
it really takes a
lot of pressure

912
00:25:07,760 --> 00:25:08,870
off and it makes

913
00:25:08,870 --> 00:25:10,940
those agonizing moments
when you've gotta go

914
00:25:10,940 --> 00:25:13,550
in and say something's
wrong here,

915
00:25:13,550 --> 00:25:14,660
it makes them a lot easier.

916
00:25:14,660 --> 00:25:16,640
Consistently document
and then have

917
00:25:16,640 --> 00:25:18,125
consistent expectations

918
00:25:18,125 --> 00:25:19,790
for the patient
and for you,

919
00:25:19,790 --> 00:25:21,725
of the patient and for
the patient, for you.

920
00:25:21,725 --> 00:25:23,180
And then the slide of...the

921
00:25:23,180 --> 00:25:24,260
side effects of
this therapy;

922
00:25:24,260 --> 00:25:26,120
these are risky
medications we're talking

923
00:25:26,120 --> 00:25:28,010
about and they have
significant side effects.

924
00:25:28,010 --> 00:25:30,530
I mean, when I put
someone on amitriptyline,

925
00:25:30,530 --> 00:25:32,075
I think twice about it or

926
00:25:32,075 --> 00:25:33,710
three times maybe
or I've tried

927
00:25:33,710 --> 00:25:35,150
four other drugs
first because I

928
00:25:35,150 --> 00:25:36,710
don't really like
the side effects of

929
00:25:36,710 --> 00:25:38,510
amitriptyline and a
lot of my patients

930
00:25:38,510 --> 00:25:40,790
hate the side effects
of Amitriptyline,

931
00:25:40,790 --> 00:25:43,430
but it can be a
useful medication.

932
00:25:43,430 --> 00:25:44,540
So it doesn't mean I'm not

933
00:25:44,540 --> 00:25:45,620
going to use amitriptyline,

934
00:25:45,620 --> 00:25:46,610
but I'm and make
sure that you

935
00:25:46,610 --> 00:25:47,795
know the things
that could happen.

936
00:25:47,795 --> 00:25:48,650
And I think that's very

937
00:25:48,650 --> 00:25:49,715
important here as well.

938
00:25:49,715 --> 00:25:50,810
So remember that

939
00:25:50,810 --> 00:25:52,415
tapering you
need to consider

940
00:25:52,415 --> 00:25:54,830
at every visit and
discuss with the patient

941
00:25:54,830 --> 00:25:56,600
clear expectations of
what you're looking

942
00:25:56,600 --> 00:25:58,790
for, for the therapy
and to continue it.

943
00:25:58,790 --> 00:26:00,860
These are valuable

medications to a lot

944
00:26:00,860 --> 00:26:03,110
of patients and
obviously very useful.

945
00:26:03,110 --> 00:26:04,850
So thank you very
much for your time.

946
00:26:04,850 --> 00:26:06,260
Like Dr. Gazelka mentioned

947
00:26:06,260 --> 00:26:07,985
our practice at mayo
has really been

948
00:26:07,985 --> 00:26:09,860
not to dismiss patients

949
00:26:09,860 --> 00:26:10,970
entirely from the practice,

950
00:26:10,970 --> 00:26:13,055
if they're in violation
of our agreement.

951
00:26:13,055 --> 00:26:16,010
When should we actually
dismiss people,

952
00:26:16,010 --> 00:26:17,510
say “we will not
care for them,”

953
00:26:17,510 --> 00:26:20,510
or is the both
ethical-medical,

954
00:26:20,510 --> 00:26:22,355
legal responsibility to say

955

00:26:22,355 --> 00:26:23,750
“actually we'll continue
to care for you,

956
00:26:23,750 --> 00:26:24,830
but I can't prescribe pain

957
00:26:24,830 --> 00:26:26,345
medications for
you any longer?”

958
00:26:26,345 --> 00:26:28,100
And Dr. Gazelka, can
you address that?

959
00:26:28,100 --> 00:26:29,570
We have dismissed

960
00:26:29,570 --> 00:26:31,010
more than one patient from

961
00:26:31,010 --> 00:26:34,055
our pain practice at
Mayo for poor behavior.

962
00:26:34,055 --> 00:26:35,030
So if patients are in

963
00:26:35,030 --> 00:26:36,380
the lobby and
they're threatening,

964
00:26:36,380 --> 00:26:38,299
if patients are
threatening providers,

965
00:26:38,299 --> 00:26:40,100
if they do not manage

966
00:26:40,100 --> 00:26:41,960
themselves in a way
that is appropriate,

967
00:26:41,960 --> 00:26:44,585
we have dismissed patients,

968
00:26:44,585 --> 00:26:46,115
but we've gone through

969
00:26:46,115 --> 00:26:48,545
the appropriate
process to do that.

970
00:26:48,545 --> 00:26:49,490
But certainly there are

971
00:26:49,490 --> 00:26:50,420
patients that you can't

972
00:26:50,420 --> 00:26:52,400
care for because
their behavior is,

973
00:26:52,400 --> 00:26:54,335
obstructionous to
their, to their care.

974
00:26:54,335 --> 00:26:56,075
What are our
obligations when we're

975
00:26:56,075 --> 00:26:58,190
in this era of
team-based care,

976
00:26:58,190 --> 00:26:59,960
having requests to refill

977
00:26:59,960 --> 00:27:02,615
medications for our...our
partners’ patients?

978
00:27:02,615 --> 00:27:05,045
And then a corollary
to that question,

979
00:27:05,045 --> 00:27:07,205
if we are leaving
a practice,

980
00:27:07,205 --> 00:27:09,050
what's our
responsibility for

981
00:27:09,050 --> 00:27:10,280
those chronic pain
patients with

982
00:27:10,280 --> 00:27:12,110
whom we may have some
sort of agreement?

983
00:27:12,110 --> 00:27:14,285
I think that depends
on your practice.

984
00:27:14,285 --> 00:27:15,965
I think that's if you're

985
00:27:15,965 --> 00:27:19,070
almost any primary care
practice has patients

986
00:27:19,070 --> 00:27:20,630
who are on opioids

987
00:27:20,630 --> 00:27:22,250
and many other
practices as well.

988
00:27:22,250 --> 00:27:23,060
And I think you need to

989
00:27:23,060 --> 00:27:24,380
have an established plan

990
00:27:24,380 --> 00:27:25,685

within your
practice for who

991
00:27:25,685 --> 00:27:29,585
covers when providers
are out of office.

992
00:27:29,585 --> 00:27:32,600
I think that if they
refill is according to

993
00:27:32,600 --> 00:27:34,820
the treatment
plan that is

994
00:27:34,820 --> 00:27:36,395
established by the provider

995
00:27:36,395 --> 00:27:37,670
and seems reasonable,

996
00:27:37,670 --> 00:27:39,710
that certainly, you know,

997
00:27:39,710 --> 00:27:41,090
we're...we're obligated to

998
00:27:41,090 --> 00:27:41,900
that's why we’re in group

999
00:27:41,900 --> 00:27:43,340
practices most of
the time we're

1000
00:27:43,340 --> 00:27:45,410
obligated to take care
of those patients.

1001
00:27:45,410 --> 00:27:47,180
But if there are red flags,

1002
00:27:47,180 --> 00:27:49,325

you know, some of
the cases that may

1003
00:27:49,325 --> 00:27:50,690
signal that that's not

1004
00:27:50,690 --> 00:27:51,650
the right prescription to

1005
00:27:51,650 --> 00:27:53,720
Refill. When you
leave a practice,

1006
00:27:53,720 --> 00:27:57,230
I think you do are
obligated to make certain

1007
00:27:57,230 --> 00:27:59,585
that your colleagues have

1008
00:27:59,585 --> 00:28:01,130
assumed care for
those patients,

1009
00:28:01,130 --> 00:28:03,110
that there is a
transition plan for

1010
00:28:03,110 --> 00:28:05,285
them because, we've
certainly seen

1011
00:28:05,285 --> 00:28:08,120
practices where one
provider has been

1012
00:28:08,120 --> 00:28:11,360
a high opioid
prescriber leaves and

1013
00:28:11,360 --> 00:28:14,675
then the...the remaining
partners are not aware

1014
00:28:14,675 --> 00:28:16,730
that this was going on and

1015
00:28:16,730 --> 00:28:17,420
they end up with

1016
00:28:17,420 --> 00:28:18,680
all these patients
on their lap

1017
00:28:18,680 --> 00:28:20,105
and that's pretty
unpleasant.

1018
00:28:20,105 --> 00:28:21,470
So, but I think that's

1019
00:28:21,470 --> 00:28:22,835
the essence of
group practice.

1020
00:28:22,835 --> 00:28:23,330
We had a couple of

1021
00:28:23,330 --> 00:28:24,020
questions from some of

1022
00:28:24,020 --> 00:28:25,070
our hospitalist colleagues

1023
00:28:25,070 --> 00:28:27,590
in the audience
about kind of the

1024
00:28:27,590 --> 00:28:30,980
inter-hospital management of
acute on chronic pain,

1025
00:28:30,980 --> 00:28:32,750
and one…one person specifically

1026
00:28:32,750 --> 00:28:33,860
noted they looked up

1027
00:28:33,860 --> 00:28:34,970
their patient on the PDMP,

1028
00:28:34,970 --> 00:28:36,365
see they're getting both

1029
00:28:36,365 --> 00:28:39,020
interval prescriptions
for opioids,

1030
00:28:39,020 --> 00:28:40,355
both short- and long-term,

1031
00:28:40,355 --> 00:28:42,065
but there's a new issue.

1032
00:28:42,065 --> 00:28:43,490
Is it appropriate
to prescribe

1033
00:28:43,490 --> 00:28:44,630
a short-term course of

1034
00:28:44,630 --> 00:28:48,800
a pain medication, or
should they not do that?

1035
00:28:48,800 --> 00:28:52,370
So there's...the patient’s

1036
00:28:52,370 --> 00:28:54,545
in the hospital for
an acute reason,

1037
00:28:54,545 --> 00:28:55,730
there's new pain, but

1038
00:28:55,730 --> 00:28:57,410

maybe there's
aberrant behavior.

1039
00:28:57,410 --> 00:28:58,700
They need to
get the patient

1040
00:28:58,700 --> 00:29:00,320
out of the hospital.

1041
00:29:00,320 --> 00:29:03,065
Do you have any advice about
how to handle that?

1042
00:29:03,065 --> 00:29:04,520
There may be
grounds for doing

1043
00:29:04,520 --> 00:29:06,485
divided prescriptions
for some patients

1044
00:29:06,485 --> 00:29:08,120
to or you don't feel are

1045
00:29:08,120 --> 00:29:10,500
trustworthy with ten
days or two weeks

1046
00:29:10,500 --> 00:29:12,280
opioid. We do this in

1047
00:29:12,280 --> 00:29:13,660
our palliative
medicine clinic

1048
00:29:13,660 --> 00:29:15,010
all the time for
patients who

1049
00:29:15,010 --> 00:29:16,990
have really significant
medical issues or

1050
00:29:16,990 --> 00:29:19,750
cancer; there’s some
behaviors that have

1051
00:29:19,750 --> 00:29:21,010
not been the best
or they have

1052
00:29:21,010 --> 00:29:22,630
a history of
abuse and we have

1053
00:29:22,630 --> 00:29:23,710
concerns and so we’ll

1054
00:29:23,710 --> 00:29:26,755
give, we’ll give
the pharmacy;

1055
00:29:26,755 --> 00:29:28,000
they can have three days.

1056
00:29:28,000 --> 00:29:29,605
They can have one
fentanyl patch

1057
00:29:29,605 --> 00:29:31,240
and then so much
short-acting.

1058
00:29:31,240 --> 00:29:32,290
And you can do the
same thing when

1059
00:29:32,290 --> 00:29:33,400
someone leaves
the hospital.

1060
00:29:33,400 --> 00:29:35,110
It's complicated and
it takes a lot of

1061
00:29:35,110 --> 00:29:36,430
time and it's going to take

1062
00:29:36,430 --> 00:29:38,050
some coordination with
their home provider,

1063
00:29:38,050 --> 00:29:40,300
but sometimes it's the

1064
00:29:40,300 --> 00:29:41,590
erring on the
path of safety.

1065
00:29:41,590 --> 00:29:43,480
How do you manage
patients who you

1066
00:29:43,480 --> 00:29:45,774
are leading through a taper

1067
00:29:45,774 --> 00:29:47,080
and then threaten or

1068
00:29:47,080 --> 00:29:48,610
claim that they're
going to either get

1069
00:29:48,610 --> 00:29:50,470
medications off the
street, or buy it from

1070
00:29:50,470 --> 00:29:52,785
Canada, or get it
from their brother;

1071
00:29:52,785 --> 00:29:55,805
how do we best document
that and handle that?

1072
00:29:55,805 --> 00:29:57,215
Well, I certainly

think it's

1073
00:29:57,215 --> 00:29:58,880
important to document that.

1074
00:29:58,880 --> 00:30:00,320
I don't think that
because a patient

1075
00:30:00,320 --> 00:30:01,400
threatens you that

1076
00:30:01,400 --> 00:30:02,690
you are in any
way obligated

1077
00:30:02,690 --> 00:30:03,995
to provide them
what they want.

1078
00:30:03,995 --> 00:30:05,240
In fact, I would say that

1079
00:30:05,240 --> 00:30:06,460
that would be reason,

1080
00:30:06,460 --> 00:30:08,015
I've had patients say

1081
00:30:08,015 --> 00:30:09,320
they are going to
commit suicide

1082
00:30:09,320 --> 00:30:10,970
if they don't have, I'm
gonna kill myself if

1083
00:30:10,970 --> 00:30:11,600
somebody won't give me

1084
00:30:11,600 --> 00:30:12,740
these pain medications.

1085
00:30:12,740 --> 00:30:14,360
I think documentation
of that,

1086
00:30:14,360 --> 00:30:14,990
it's important.

1087
00:30:14,990 --> 00:30:16,670
I think an
appropriate referral

1088
00:30:16,670 --> 00:30:18,440
to psychiatry or

1089
00:30:18,440 --> 00:30:20,645
to the emergency room is

1090
00:30:20,645 --> 00:30:23,180
appropriate if the
patient is compliant.

1091
00:30:23,180 --> 00:30:25,970
But I do not think that
threats from patients

1092
00:30:25,970 --> 00:30:28,640
are a reason to provide
them with medications.

1093
00:30:28,640 --> 00:30:29,600
I would document it and

1094
00:30:29,600 --> 00:30:31,145
continue on your taper

1095
00:30:31,145 --> 00:30:32,945
as you were typically.

1096
00:30:32,945 --> 00:30:33,320
I mean,

1097
00:30:33,320 --> 00:30:35,690
unless there's some
extenuating circumstance

1098
00:30:35,690 --> 00:30:37,550
why they need to be
continued on medication.

1099
00:30:37,550 --> 00:30:39,170
Could you provide
some quick pearls,

1100
00:30:39,170 --> 00:30:40,460
or tips, or resources

1101
00:30:40,460 --> 00:30:43,700
that outline how best
to safely wean Bezos?

1102
00:30:43,700 --> 00:30:44,930
I don't have a resource

1103
00:30:44,930 --> 00:30:46,190
on the top of my head.

1104
00:30:46,190 --> 00:30:49,220
I have seen articles
written about this,

1105
00:30:49,220 --> 00:30:51,740
partly it depends how long

1106
00:30:51,740 --> 00:30:53,360
they've been on them and
how much they're on,

1107
00:30:53,360 --> 00:30:55,460
of course. I mean, the,

1108
00:30:55,460 --> 00:30:58,070
the typical thought
with Bezos is go

1109
00:30:58,070 --> 00:31:01,100
slow and reduce
them a little,

1110
00:31:01,100 --> 00:31:03,200
little by little
because these

1111
00:31:03,200 --> 00:31:04,580
obviously are
medications that are

1112
00:31:04,580 --> 00:31:06,485
actually dangerous to wean.

1113
00:31:06,485 --> 00:31:07,910
But I would say

1114
00:31:07,910 --> 00:31:09,050
that it's going
to take weeks.

1115
00:31:09,050 --> 00:31:10,760
But I've seen patients who

1116
00:31:10,760 --> 00:31:13,039
are everywhere from one

1117
00:31:13,039 --> 00:31:15,320
twice-a-day on
their Lorazepam,

1118
00:31:15,320 --> 00:31:17,180
to ten milligrams a
day on Lorazepam and

1119
00:31:17,180 --> 00:31:18,080
I think they're
very different

1120
00:31:18,080 --> 00:31:20,195

patients and need very
different weans.

1121
00:31:20,195 --> 00:31:21,455
We've been talking about

1122
00:31:21,455 --> 00:31:23,720
opioid monitoring and
considerations for

1123
00:31:23,720 --> 00:31:24,800
tapering with Dr.

1124
00:31:24,800 --> 00:31:27,110
Helena Gazelka,
an anesthesiologist

1125
00:31:27,110 --> 00:31:29,120
boarded in pain and
palliative medicine

1126
00:31:29,120 --> 00:31:30,845
at Mayo Clinic
in Rochester.

1127
00:31:30,845 --> 00:31:33,560
Remember, if you enjoyed
Mayo Clinic Talks,

1128
00:31:33,560 --> 00:31:35,795
please subscribe and
share with a friend.

1129
00:31:35,795 --> 00:31:37,820
Healthcare professionals
looking to claim

1130
00:31:37,820 --> 00:31:39,890
CME credit for
Mayo Clinic Talks,

1131
00:31:39,890 --> 00:31:42,065
The Opioid Edition, go to

1132
00:31:42,065 --> 00:31:47,520
ce.mayo.edu/opioidPC.