CASE RECOMMENDATION FORM

Presenter Credential: FNP, DNP

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Summary: 54-year-old male Veteran who was injured during service 20 years ago. He has been on morphine for 13 years, has a standing FMLA case for missing work 1-3 days/month due to back pain. He takes 300 mg of Amitriptyline for pain management and sleep. The patient is compliant with appointments and urine drug screens are as expected. The patient's wife has expressed concern over his worsening aggressive behavior. The patient currently sees a counselor but thinks he needs more access to counselors and that his job puts too much stress on him.

Treatment Question: Is this PTSD or is the aggressive behavior you see indicative of someone who has been on long-term opiates? Do I need to start weaning him off his opioids?

Recommendations:

Addressing Aggression

- The patient's aggression may be linked to multiple factors including PTSD, Opioid Use Disorder, poor sleep, exogenous testosterone, and early onset dementia. A comprehensive approach is necessary to address these potential contributing factors.

PTSD Diagnosis

- The patient's reluctance to discuss PTSD presents a challenge in obtaining a formal diagnosis and initiating treatment. Given his status as a Veteran, consider referring him to the VA's Community Based Outpatient Clinic in Lewiston. There, he can receive a workup and access to a psychiatrist, who may prescribe medications to manage his PTSD. Once his PTSD is managed, focus can shift to addressing his pain management needs.

Medication Management

- Amitriptyline:
    - Discuss the risks associated with Amitriptyline, particularly its anticholinergic properties, which can be associated with increased risks of developing dementia. Highlighting these risks may help the patient consider alternative, safer medications.
    - If the patient experiences night terrors, consider recommending Prazosin as an alternative.
- Long-Acting Morphine:
    - Currently, the patient is on long-acting morphine 1x/day, which is typically less effective than 2x/day dosing. However, increasing the dosage may not be appropriate. Engage in a conversation about the pros and cons of long-acting morphine and explore alternative pain options.
    - Consider transitioning the patient to short-acting opioids or non-opioid medications such as scheduled Tylenol, NSAIDs, or topical NSAIDs.
    - Be aware that high doses of opiates can result in low testosterone, which could indicate exogenous testosterone use and associated aggression.

Behavioral Health Considerations

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- The patient, being a highly educated counselor, may be resistant to seeking counseling for himself. Engage him by asking what advice he would offer to a client in his situation. This approach may encourage self-reflection.
- Encourage him to address his stress and PTSD with other behavioral health professionals.
- Suggest participation in a VA pain management group for non-medicinal pain management strategies.
- Discuss the option of EMDR therapy. EMDR can be highly effective for Veterans with PTSD but can require a formal diagnosis. Encourage the patient to consider this therapy as part of his treatment plan.

Consider presenting follow-up for this patient case or any other patient cases at a future ECHO Clinic session.

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