



CASE RECOMMENDATION FORM

ECHO Session Date: 9/12/2024

Presenter Credentials: DO

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:

Case Summary:

55-year-old male with a long-standing hx of alcohol, methamphetamine, and opioid use disorders vs complex persistent opioid dependence. Pt confirms alcohol use and methamphetamine use but denies any of the symptoms consistent with opioid use disorder despite using kratom within the past year. Alcohol use stopped about 1 year ago, and methamphetamine use stopped about 3 years ago due to legal consequences. Pt has had multiple overdoses (denies these were suicide attempts) in the setting of extreme distress or embarrassment or feeling that his needs are being minimized or not met. One of those overdoses occurred while he was medically hospitalized. He has had close follow-up with this provider for safe medication prescribing. Medications are currently given in 2-week supplies without refills. Prior to his overdoses, he was seeking out medication refills at the ERs, urgent care, and PCP for anxiolytics and opioids for knee pain. Current medications include suboxone, clonidine, gabapentin, and trazodone. Past medications include a variety of SSRIs that pt. claimed, "did not work." Psychiatric history is diagnostically unclear. Largely cluster B personality traits/disorders (antisocial, borderline, narcissistic) with substance-induced anxiety vs. primary anxiety disorder on background of complex trauma not well-defined. Pt has no medical insurance. Unhoused. No stable relationships. No children. Unclear family history. Variable employment.

Treatment Question(s):

What are some ways that I could increase this patient's adherence to care when he continues to demand increased doses of medications, no shows his appointments, and goes to the ER or urgent care or other providers to request medication refills?

Recommendations:

- Consider the following to reduce the overdose risk:
 - Discussing the use of a daily, catapres patch instead of oral medication.
 - There is a formulation that will give an equivalent of 0.3 equity in a day.
 - Discussing the use of long-acting injectable buprenorphine and offering it as the only option.
- Other considerations:
 - If using buprenorphine, clarify whether it is intended for pain management or to address an opioid use disorder to determine if tapering or continuation is appropriate.
 - Reevaluate the diagnosis, especially considering substance use (alcohol, methamphetamine) and other medical factors like thyroid or obstructive sleep apnea (OSA) that could affect treatment outcomes.

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

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