



CASE RECOMMENDATION FORM

Presenter Credential: PA-C

Summary: A 54-year-old woman with a complex medical and psychiatric history, including questionable bipolar disorder, extensive prescription drug use (16 prescribers in the past two years per PMP), and current high-dose opioid use (hydromorphone 4mg every 3 hours), is currently in rehab following joint replacement surgery. She has never married, has no children, and is supported by her mother. Her medication list is extensive and includes multiple psychotropics and stimulants, with a notable history of regular benzodiazepine (Xanax) use. She is highly resistant to changes in her opioid regimen and has a pattern of recurrent hospitalizations.

Treatment Question(s): How firm should I be in refusing to refill her hydromorphone for chronic pain, and should I continue to offer only buprenorphine initiation or referral to an opioid treatment program, even if it means allowing her to withdraw?

Recommendations:

Opioid Withdrawal Risks:

- Abruptly stopping opioids for someone who has been on them for a long time at high doses is very dangerous and can cause serious physical and psychological issues.
- Withdrawal can lead to mental health crises and severe discomfort for the patient, which is likely why she is so resistant to changing her dosage.

Temporary Setting Considerations:

- When treating a patient temporarily whose medication regimen is concerning, communicate with the prescribing provider. Develop a clear and coordinated plan with the ongoing prescriber to ensure the patient's safety.
- Consistent messaging and frequent check-ins with the patient about the risks of long-term opioid use is essential.

Tapering and Treatment Options:

- If tapering is an option for this patient, be sure to taper very slowly, with close follow-up and breaks as needed.
- Suboxone or methadone maintenance may be options, but effectiveness at high opioid doses is uncertain.
- Tapering should be done cautiously and in coordination with the patient's care team to manage risks.

Psychotropic Medication Concerns:

- The patient's psychotropic medication regimen appears to be concerning and may be contributing to disinhibition or be causing other adverse effects at such high doses.
- Consideration of how psychotropic medications interact with her opioid regimen is important for managing her overall health.

Managing Expectations:

- Make clear to the patient that opioids are not a long-term solution for pain management.
- Provide multiple options and make expectations clear to the patient.

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

Shannon McDowell, Program Manager. Office: 208-364-9905, sfmcowell@uidaho.edu