



Objectives

- Proper assessment of a Patient with Opioid Addiction
- Clinical assessment
- Informed consent regarding OST, side effects and program restrictions
- Inclusion of the Family Physician
- Engagement and recovery

Patient Assessment

- Referred or self referred
- Reason for seeking OST
- Past attempts number and successes
- Treatment options

Addiction History

- Substances
 - Current substance use and amount
- Age Started
 - Each substance
- Route of use – each substance
 - Inhalation smoke vs vapor
 - Oral
 - Intravenous
 - Snorting

Cost

- Daily cost of their habit
- How they finance it
 - Legal - employment
 - Illegal – crime – theft, dealing,
 - Sex trade – safety,

Initial Screen

- Should be opiate positive
- Should have an initial screen prior to starting OST
- Stimulants are a red flag – something to be discussed

Past Addiction Treatment

- Abstinence
- Detox
- Rehab
- Day Programming
- AA, NA meetings
- Addiction counselling

Medical History

- Medical history
 - HIV, Hep C, Cardiac,
- Surgical history
- Trauma history
 - Chronic pain issues
- Psychiatric history
 - Overdose, suicide attempts, PTSD, sexual and domestic abuse history

Family History

- Addiction history
 - Important to find out substances abused
 - Any non addicted family supports

Social History

- Education
- Employment
- Legal – outstanding warrants?
- Housing
- Sexual
- Children

Review of Symptoms

- Skin – tattoos, piercings
- Neuro – headaches, paresthesias
- ENT - septal defects
- CVS – chest pain, palpitations
- Resp – SOB, cough
- GI – constipation,
- MSK – arthralgias
- GU – LNMP< birth control, retention

Review of Systems

- Psych
- Fatigue
- Fever, night sweats

Physical Exam

- Vitals – BP, Pulse, Oxygen sat
- Skin – tattoos, piercings
- Trackmarks
- Spider nevi, palmar erythema, jaundice

Informed Consent

- Discuss side effects
- Program restrictions
- Expectations

Inclusion of Family Physician

- Letter to Family Physician to let them know you have started them on methadone
- Discuss potential for drug interactions

Engagement in Recovery

- Expectations of recovery
- More than just methadone

Case 1

- 34 y.o male presents requesting methadone recovery
- Has already been through the intake process
- Initial urine drug screen
 - Positive for hydromorphone

Case 1 cont'd

- IVDU 5 years
- Detox 3 times
- Rehab 1 time – was abstinent for 3 months
- Using hydromorphone 5 6's per day
- Costing 120 dollars a day
- Works construction – dry waller
- Is not getting much work lately

Case 1 cont'd

- Had money saved up but now has used it all
- Would like to go on methadone

Case 1 cont'd

- Do we start him?
- Other options ?
- Discuss pros and cons of methadone

Case 2

- 26 y.o female
- Daysheet says – “to talk”
- Female – thin, log sleeves, sweaty, looks unwell
- States she would like to go on methadone
- No previous history in chart – new patient
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Case 2 cont'd

- Using since age 15
- Using dilly 6's and 8's
- Morphine – 2 greys a day
- Costs over \$100 a day
- Works the street to pay for her habit
- States she is tired of her current life and would like help

Case 2 cont'd

- Denies using cocaine or crystal meth
- Advise her we need a urine drug screen before we consider methadone
- Offer blood work for Hepatitis C and HIV – she states she is Hepatitis C positive – hasn't had testing for HIV for a couple of years

Case 2 cont's

- Do we start methadone today?

Case 2 cont's

- Get a urine drug screen today
- Ask her to rebook in 1 week
- Offer her detox today
- Book her in with an addiction counsellor

Case 2 cont'd

- Get urine drug screen – 3 days later:
- Positive for
 - Cocaine
 - Hydromorphone
 - Ritalin
 - Methamphetamine
 - Gabapentin
 - THC

Case 2 cont'd

- 2nd appointment
- Do we start her on methadone?

Case 2 cont'd

Options

- 1. Ask her to stop using stimulants and tell her you will start her on methadone once she is stimulant free
- 2. Start her on methadone with the idea that she attends detox for her stimulant abuse in 6 weeks when she is stable on methadone
- 3. Start her on methadone and hope you will be able to engage her in recovery over time

Case 2 cont'd

- Is our plan different if she is:
 - Pregnant?
 - HIV positive?

- Questions?