

# **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, retenti

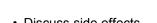
## **Review of Systems**

- Psych
- Fatigue
- · Fever, night sweats



## **Physical Exam**

- Vitals BP, Pulse, Oxygen sat
- Skin tattos, 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



- · 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



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



#### Case 2 cont'd

- 2<sup>nd</sup> 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?

