

## ***Unit 5: Drugs, pain and opioid dependence***

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### **Case study part A - Carol**

Carol is 35 and lives alone in her own house in a metropolitan area with her three cats. She was in a serious motor vehicle accident overseas a few years ago and suffered a major spinal injury. Carol has been unable to work since and has few friends. She suffers from depression, had a brief period of counselling soon after the accident and has been treated since then by her medical specialist with antidepressants.

Carol had trouble with the increasing amounts of opioids (oxycodone) she took after the accident (for back pain). At the pain clinic she attended, she was prescribed physiotherapy for opioid dependence but finds now that she needs more to help manage the pain. She has been doing the rounds of the local GP's to get more prescriptions of analgesics and at times also antidepressants. The community pharmacist, who dispenses the physiotherapy notices Carol is also buying a lot of over the counter analgesics and that she is becoming increasingly less mobile and appears very depressed.

The pharmacist calls the medical specialist who suggests Carol go back to her GP for a general review of her health.

#### **Points for discussion**

- The GPs ability to engage with Carol is a vital first step. How might you go about this?
- What are the important issues here?
- What are the risks and what assessments might you use?
- What is the diagnosis or problem which carries the most risk?
- What interventions would be useful at this consultation?

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### **Case study part B - Carol**

*Three months later.....*

Carol has found a GP with whom she feels comfortable and she tells her a bit more of her story than she usually would. She says that she was in the Army for 15 years and engaged at the time of the accident. She was medically discharged two years ago with the back injury. Her relationship broke up at that time and most of her friends are either still in the forces or married with kids. She can't get out much because of the back pain and her only escape is through taking a cocktail of medication. Nowadays even that's not working and several times recently she has thought about taking every medication in the house and 'escaping' for good.

On examination you note old IV sites on Carols' arms and more recent bruises and puncture marks on her stomach.

#### **Points for discussion**

- What particular challenges might there be in this case?
- What additional information would you seek from Carol?
- How might this change your management?
- How could you work with Carol to effectively manage her issues, using the services and resources in your local area?
- What particular services could VVCS offer to Carol and how would they link to the rest of the GPs case management plan?

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### **Facilitator's notes**

#### **Part A**

- Emphasise the importance of establishing rapport with Carol as a vital first step.
- What is Carol's full mental, physical and social history? Discuss how this would be obtained.
- Do you know the mix of drugs that Carol is taking?
- Carol should be screened for substance use that may be exacerbating her condition.
- Consider the possibility of life threatening interactions between the substances that Carol is using.
- Discuss how you would attempt to reduce her mix of drugs – discuss the benefits of home medicine review. Would Carol accept a review? What particular issues would the pharmacist have to be aware of in reviewing Carol's medications?
- Is physeptone (in tablet form) the most suitable medication for Carol? Consider safety issues – especially overdose, diversion and or opportunity to use for injecting purposes.
- Discuss Prescription Shoppers Hotline 1800 631 181. Is Carol "doctor shopping"? Should she be registered on the Health Insurance Commission (HIC) Prescription Shoppers data base?
- Discuss Carol's isolation and identify opportunities for regular support and contact for Carol. Can VVCS help with this?

#### **Part B**

- Ongoing substance use and Carol's service background are major risk factors for suicide – discuss.
- What suicide prevention strategies might be useful at this time?
- What mix of services will best support Carol at this time. Discuss immediate treatment and ongoing longer term pathways of care and support for Carol.
- Can peer support groups play a role here? (eg State-based organisations of the Australian Illicit and Injecting Drug User's League; mental health peer support groups)
- Discuss the role that VVCS can play in Carol's care and the services offered. Identify local contact details for VVCS services and the ways in which GPs can access the services.