

Session 17

Kirit: WHY IS THAT WE DO NOT THINK OR,TALK ABOUT BREAK DOWN OF FAMILY UNIT AS ONE OF THE ENVIRONMENTAL AS WELL A FACTOR FOR EPIGENETIC CHANGES PLAYING A OF CURRENT SUBSTANCE USE PROBLEM??

- Dr. Fingerhood: we should be thinking about impact on family unit

Sarah Kattakuzhy: Would discuss initiation of buprenorphine

Yngvild Olsen: He might benefit from buprenorphine

Laurence E. Torpey, MD: what are his goals?

- Dr. Fingerhood: definitely important and crucial, but a bit more difficult with adolescents

Juliette: Ask the pt how he would know if he has problems with opioids in the future/after he is discharged and what he would do to avoid triggers.

Sadie Knott: when was last use?

Sadie Knott: Last use of substances?

Lenore Everson: Get a mental Health evaluation

Michael Fiori: encourage him and bring in family

Dr. Robert S. Bernstein: begin with motivational interview and CBT

Carriedelle Fusco: has failed multiple attempts for abstinence, bup

Juliette: One thing I struggle with when transitioning older adults to bup/nx for a new dx of OUD from prior chronic pain/LTOT, is that they want to go back on the full opioid agonist since it doesn't help their pain. Any recommendations on how to address this in this delicate age group?

- Stephen Gibert: Buprenorphine is very effective for pain control.

Dr Luther: I would make sure he is safely detoxed then proceed.

Jodi Carbone: what is his motivation and what is different for him this time

Kirit: MY CONCERN IS NOT THE AFTER EFFECTS ON FAMILY UNIT FROM A SUBSTANCE USE BUT,ROLE OF FAMILY BREAKDOWN AS A FACTOR IN RISE OF SUBSTANCE USE EPIDEMIC IN LAST THREE DECADES.

- Dr. Fingerhood: yes. This makes prevention important

Andrea Leigh Lubeck: can she get methadone

- Dr. Fingerhood: methadone can be an option, but in older adults have to look at potential drug interactions and QT prolongation

Gust Stringos: Switch to buprenorphine patch.

Jamie Redwing: previous provider was not utilizing best practices in Pain Management.....I see this all the time. Correct TX of pain in the context of SUD can work absolute miracles when done properly

Bruce Burns: Might consider buprenorphine for her as well for pain

Caitlin Jones: MJ?

Mahreen Arshad: ask pro/con of use? does she think her use is problematic?

Sarah Kattakuzhy: Would assess impact of OUD on her life, DSM-5 criteria, and goals of care

Lady Carr: is she depressed

Lisa Zandonella-Huhta, MD: start her on buprenorphine/naloxone

Sadie Knott: Was she obtaining additional oxycodone illicitly to get through the two weeks in which she was out early?

Dr Luther: I would discuss bupe with the 72 year old woman. Perhaps MM

Juliette: Cautiously explain to her that there are safety risks with self treating her pain, and offer her a safer treatment option like bup/nx.

Mary Chima: wean med. slowly

Lenore Everson: Bup maybe an option if she meets the criteria for an OUD

Teresa Ainsworth: investigate her joint pain more, may require orthopedic consultation, injection therapy

Adam Lake: sounds like a loss of control - butrans is approved for pain and likely safer for her.

- Dr. Fingerhood: butrans indeed is an option

Ivy Lee: How much is the pain affecting her functioning and ADL's? Screen for depression and anxiety.

Anthony Ekwo: Admit for detox and treat with Suboxone

Jodi Carbone: send for psych eval , then discuss tx options

Laurence E. Torpey, MD: She needs a medical work up and examination of her pain, she likely would go well on Buprenorphine for pain and treatment of the pain and the addiction.

Stephenie Chiyomi Thurber: suboxone and cymbalta

Michael Fiori: psychotherapy and buprenorphine

Kamakshi Neelkantan: Start Buprenorphine with MI

Ron Hunt: Cymbalta, Voltaren gel, and a Psychology consult

Stephenie Chiyomi Thurber: suboxone and cymbalta

William G Anderson: Was her dose for pain adequate? was she seeking pain relief?

- Dr. Fingerhood: she received pain relief at this dose. I was open to titrating dose up

Doug Coslett: Discuss SUDs and "help available" if she desires. Try to get her to recognize her use pattern. Be nonjudgemental and supportive

Sean Leonard: It said tramadol was added, does buprenorphine block tramadol?

- Stephenie Chiyomi Thurber: vivitrol

Jamie Redwing: MI to begin in the office

Andrea Leigh Lubeck: inpatient detox. the connect to addiction tx.

Teresa Ainsworth: explore why she uses alcohol, what is missing from her life, etc

Denise Szczucki: psychiatric evaluation, brief intervention monthly, consider counseling more often

Gust Stringos: benzo detox, perhaps inpatient, perhaps outpatient.

Bruce Burns: Maybe gabapentin on detox and naltrexone??

Dr. Fingerhood: Tend to avoid tramadol in older adults

Mary Chima: naltrexone/vivitrol, or campral

Adam Lake: yes, agree with impact of socialization and opening up about the shame.

Laurence E. Torpey, MD: I am concerned

Juliette: concern.

Leslie Hayes: It doesn't sound like alcohol use disorder, but it does sound like it is likely causing him problems.

Tatiana Barsukova: Not very concerned

Yogi Gun: how do you screen synthetic cannabinoids and if in case of OD how do you care?

- Dr. Fingerhood: need to ask for specific test; often difficult to detect

Adam Lake: yes, concerned, explore what his insight is to connecting with his symptoms

Laurence E. Torpey, MD: we should discuss the depression and other ways to address anxiety and stress.

Teresa Ainsworth: very, given age, daily use; use screening tool(s) and explore motivation for use

Sarah Kattakuzhy: Given depression, poor sleep, and memory problems, alcohol use may be causing negative sequelae, and may motivate a discussion around healthier alcohol use

Michael Fiori: I would clarify what is meant by "stiff" drinks

- Dr. Fingerhood: yes- quantifying is sometimes difficult

William G Anderson: well, he has hypertension, depression, insomnia and memory problems - shouldn't drink with those

Yogi Gun: how do you screen for synthetic cannabinoids ? how do you treat for OD?

Dr Luther: I'd dig deeper into his "stressful day".

Amy Marietta: Anecdote- I have diagnosed several of my older adult patients with alcohol use disorder when we had to treat them with metronidazole for trich infection. They were more worried about abstaining from alcohol than anything else. It had never come up before then, to my chagrin.

Kori Singleton: Do not use

Dr Luther: MJ certainly worth a try...

Marcie Bockbrader MD PhD: Discuss CBT oil vs. THC in cannabis

Anita Mullins: Cannabis can increase anxiety and irritation in some

Andrea Leigh Lubeck: can cannabis CAUSE psychosis why give alzheimers pt.?

Teresa Ainsworth: consider other medications directed at Alzheimer's symptoms

Laurence E. Torpey, MD: wont help his memory or reality testing

Bella: Are there any recommendations for using buprenorphine for adults with aud but not oud?

Juliette: Tell him that studies show worsening mood Sx in older adults who use MJ.

Adam Lake: cannabis going to be really tricky to dose, narrow therapeutic index, not benign. Would not recommend as a first (or second) line response.

- Dr. Fingerhood: I agree

Michael Fiori: I doubt it will help, but first try CBD. If this doesn't help, yes, try cannabis.

Stephenie Chiyomi Thurber: cannabis would worsen his memory

Yogi Gun: ssri treatment

Tara Newton Hamada: do you differentiate between cbd products (non-spectrum or full spectrum) and other cannabinoid products?

- Adam Lake: CBD can cause further decrease in appetite, which can already be a challenge in the elderly/people with dementia

William G Anderson: did it help?

Andrea Leigh Lubeck: cocaine can affect the heart

Bruce Burns: Higher risk for CVA for the cocaine over the ETOH

Paul Katz: Thoughts on low dose gabapentin at hs

Teresa Ainsworth: increased CV risk/MI and stroke

Michael Fiori: discuss the pros and cons from his and my perspective