Survivor story: Beating cancer & Tapering opioids

Melissa Weimer DO, MCR, FASAM
Jennifer Kapo, MD
Jeanette Tetrault MD, FACP, FASAM

Department of Internal Medicine,
Department of Palliative Care
Yale School of Medicine, Yale University

Yale Program in Addiction Medicine
Disclosures

• No financial disclosures
Learning Objectives

• **Recognize** the value of collaboration between Palliative Care and Addiction Medicine to diagnose and treat cancer survivors who develop harms from prescribed opioids.

• **Identify** models of collaborative care between Palliative Care and Addiction Medicine.
Cancer survivorship is increasing

• The prevalence of pain in patients who survive cancer is estimated to be as high as 40%\(^1\)

• Opioids are frequently prescribed during and after cancer treatments

• Patients with serious illness who have pain and addiction often present to Palliative Care

Managing Opioid Misuse in Survivorship

- Palliative Care Providers lack of training, systems, and resources to manage opioid misuse
  - Not confident managing addiction
  - Spend > 30 minutes per day addressing opioid misuse
  - Frequently do not screen for SUD or obtain urine drug tests
  - 36% had no access to addiction specialists.
  - 13% licensed to prescribe buprenorphine

Survivor of T-lymphoblastic leukemia

• 23 yo female
• 3 years of sustained remission
• Cancer complications: Headaches (HA), major depressive disorder
• Treatment: Hydromorphone 4mg every 2 hours PRN HA for the last 4 years (MED 192mg), Amphetamine Salts 30mg BID to treat fatigue
• Opioid Harms: physical deconditioning, severe fatigue, running out of opioid medication early
“I can’t believe I beat cancer to die from this horrible pain.”
Addiction Medicine Evaluation

• Comprehensive Pain Evaluation
  • Discussion with her Palliative Care Provider & Oncologist
  • Collateral interview with her family
  • Biopsychosocial evaluation of pain
  • Review of past pain treatments
  • Functional evaluation

• Substance Use Disorder Evaluation
  • Urine drug testing and prescription drug monitoring
  • DSM-5

Are the current benefits of opioids outweighing the harms?
Opioid Inventory
“Hydromorphone 4mg Q2H PRN HA”

Typical day after opioid refill — 8-10 doses

Typical day when opioid is running low — 3-4 doses

Mood is notably anxious, restless, and “crabby” by her mother

Hydromorphone 4mg IR

Amphetamine

Yale Program in Addiction Medicine
Is it uncontrolled pain or opioid withdrawal?
Diagnosis:
Diagnostic and Statistical Manual of Mental Disorders 5

DSM 5: Opioid Use Disorder
- Loss of control
- Compulsive use
- Consequences of use
- Craving
- Tolerance
- Withdrawal

Yale Program in Addiction Medicine
Gray Zone

Addicted
Meets DSM criteria for addiction

Not Addicted
- No lost prescriptions
- No ER visits
- No unsanctioned or repeated requests for dose escalation
- No UDT aberrations
- No doctor shopping (PMP)
Treatment Plan

• Open Communication and Collaboration
• Establish patient-provider agreement
• Take medication as prescribed limited to 8 per day
• Medication Refill Structure of #14 days
• Discontinue Amphetamine salt and regulate sleep/wake
• Slow, patient-centered opioid taper plan with close monitoring

After 6 months of a slow opioid taper....
• Transition from full opioid agonist treatment to 1 week of buprenorphine taper
Patient’s reflection

“"I never want to go there again.""

“I wish I had done it sooner.”

“Thank you for believing in me and supporting me.”
Innovation Collaboration

Palliative Care  Addiction Medicine

Yale Program in Addiction Medicine
Palliative Care/Addiction Medicine Collaborative Care Models

• Addiction Education for the Palliative Care Team
• “Curbside” consultation
• Non-integrated Referral resource
• Integrated resource and care within an outpatient Palliative Care Clinic
• Hospital-based Addiction Medicine Consultation
Discussion

• Palliative Care providers need education and resources to care for this complex group of patients who have survived serious illness.

• A collaborative care model between palliative care and ADM through direct communication, referral, and shared education is one framework to support providers and patients.

• This case illustrates an opportunity for innovation among palliative care and ADM providers who can partner to provide quality care for cancer survivors with pain.
Questions?

Melissa.Weimer@yale.edu
jennifer.kapo@yale.edu
@DrMelissaWeimer
@YaleADM