ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

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For attendance, purposes please text the following code: KABFEZ to 608-260-7097

Session Date: Friday, July 15, 2022

Didactic Topic and Presenter:
Evidence-based Management of Methamphetamine Use Disorder

Trevor Lee, MD
Street Medicine and Shelter Health
San Francisco Department of Public Health

Content Experts:
Ritu Bhatnagar, MD; Lindsey Peterson, MS, CRC; Sheila M. Weix, MSN, RN, CARN

- 12:15 PM: Attendance text-in – Introductions
- 12:25 PM: Case Presentation and Discussion
  - Presenter: Elizabeth Lindner, NP, PhD, APNP- *Mental Health for Women: Medication Management*
- 1 PM: Didactic Presentation
  - Presenter: Trevor Lee, MD
- 1:15 PM End of Session

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ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2022-2024
Evidence-based Management of Methamphetamine Use Disorder
7/15/2022
Didactic Presenter: Trevor Lee, MD
Case Presenter: Elizabeth Lindner, NP, PhD, APNP

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

1. *Summarize medications and behavioral therapies used in the management of methamphetamine use disorder.*
2. *Discuss the limitations in the use of medications for methamphetamine use disorder, based on the primary literature.*
3. *Explain to patients what interventions may and may not be helpful in supporting a reduction in their methamphetamine use, and what to expect with various treatment modalities.*

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Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	No relevant financial relationships to disclose	Yes	2/15/2022
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	2/17/2022
Kathleen Maher	RSS Coordinator	No relevant financial relationships to disclose	No	7/14/2022
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	2/13/2022
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	2/15/2022
Susan Mindock	Planner	No relevant financial relationships to disclose	No	2/15/2022
Sheila Weix	Planner	No relevant financial relationships to disclose	No	2/18/2022
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	2/14/2022
Joseph Galey	Planner	No relevant financial relationships to disclose	Yes	6/23/21
Trevor Lee	Presenter	No relevant financial relationships to disclose	Yes	7/14/2022
Elizabeth Lindner	Presenter	No relevant financial relationships to disclose	No	6/20/2022

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Case Presentation

Elizabeth Lindner, NP, PhD, APNP

Mental Health for Women: Medication Management

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For this educational activity there are no reported conflicts of interest

Case Introduction

- One-liner (including age/sex):
  - 53years old/Male

- Primary question for discussion:
- Patient stopped Suboxone on his own and is going through withdrawl. How can I help him through this?

Medical & Behavioral Health Diagnosis:	Current Medications:
• OUD • Anxiety disorder • Hepatitis • Just finished one year trial at UW • Med for hepatitis C	• Furosemide 40 mg/day • Spironolactone 100mg/day • Docusate • Zofran 4 mg One q. 6 hrs po • Loperimide 2mg One/day for diarrhea • Vit D3 5,000 IU • These are his medications after withdrawal

Substance Use

- History:
  - Cocaine
  - LSD
  - Alcohol
  - Nicotine
- Consequences of Substance Use:
  - In prison for three years at Waupun maximum security.
  - Was “clean” for four years after prison and then used off and on:
  - Hydrocodone, oxycodone, cocaine (snorted)
- Past treatments:
  - Comprehensive Center: Prescribed Suboxone 24mg.
  - On Suboxone for 7 years.
  - “I tried to get off Suboxone 5 X but I’d go through withdrawal and couldn’t get any help for it so I’d go back on it.
  - First visit with me was 10/2018. Was on Suboxone 8mg/2mg.
  - 8/2019 I asked him if he would like to try lower dose. He declined.
  - 5/2021 We discussed trial of slow taper.
  - 6/2021 Suboxone 6 mg. “I don’t see any difference”.
  - 7/2021 4mg/1mg. “The first three days I felt sick”.
  - 5/5/22. Call from patient. “I’m off Suboxone. I want to be done, My last day of it was 5/1/22. The anxiety is the worst part.”
  - PPt event: His son found Suboxone wrapper in trash and asked about it.

Social History:	Family History:
• Social Factors/History: • Married & divorced. Wife was/is addicted to heroin. He has two sons; live with him, not mother. • Education: HS graduate • Income source: Self-Employed/Handyman; construction	• Close to his mother who died 1/2021 of cancer. She was prescribed marijuana for pain. After her death, he used the gummies to help with sleep. • Used his carpenter skills to make mother's home manageable for her.

Patient strengths & protective factors:	Risk factors:
• Good sense of humor. • Intelligence • Emotional intelligence	• Anxiety which led to drug use to help him feel “normal”.

- On 5/24/22, I urged him to go to UC to have labs done.
- His withdrawal was so severe that I wondered if he might have an electrolyte abnormality. He did not. The UC experience was very negative due to the providers judgmental/critical manner with patient.

Patient Goals & Motivations for Treatment

- Was ready to be off Suboxone. Had tried 5 X to stop.
- “Found out” by his son was major reason to stop.

Proposed Diagnoses

- Substance use Disorder
- Unspecified Anxiety Disorder

- 5/6/22
  - Clonidine 0.1 mg 4X/day pro
  - Gabapentin 300 mg 1-2 /day pro
  - Lorazepam 1 mg: 1 bid pin
  - Patient certain that clonidine & gabapentin will not be helpful. Wants Valium.
  - Told him to call me on weekend with update.
- 5/9/22
  - Clonidine minimally helpful.
  - 5/16/22
  - Shaking, diarrhea, can't sleep. Heart pounding. "Lorazepam isn't enough."
  - Clonidine 01. Mg 4X/day pro
  - Lorazepam 1 mg bid prn and 2mg hs
- 5/18/22
  - Nausea & weak. Can't eat. Diarrhea. Sleep on & off.No strength. Lost 10#.
  - No Suboxone for 19 days.
- 5/24/22
  - Phone call from patient. "I'm still in withdrawal" Dry heaves. Shaky. Eating a little. Crying. "I don't know if I can do this"
  - Feels no benefit from from lorazepam or clonidine. Switch to
  - Clonazepam 0.5mg tid prn and Quetiapine 25 g tid prn
  - BP good indicating benefit from clonidine and lessening withdrawal.
  - Hot Line.
- 5/25/22
  - Shakes, calls, the runs, sneezing, vibrating. "It's gotten worse".
  - Diazepam 2mg 4X day prn

- 5/25/22 cont
  - Clonidine 0.1 mg 4x/day
  - Zofran 4 mg q.6 hrs prn
  - Loperimide 2 mg/day
- 5/26/22
  - Nausea. Lost 15 #.
- 5/27
  - “I took 4 mg of diazepam last night & it didn’t do anything” Crying. Dry heaves. Too shaky to walk.
  - Called in diazepam 2 mg 5x/day.
- 6/3/22
  - “The bad part is over. I’m good”.

DSM-5 Substance Use Disorder ("Addiction")

- Tolerance
- Withdrawal

} **Physical Dependence ≠ Use Disorder**

- Larger amts/longer periods than intended
- Persistent desire/failed attempts to quit/control use
- Much time obtaining/using/recovering
- Important activities sacrificed
- Continued use despite known adverse effects
- Failure to fulfill major obligations
- Recurrent hazardous use
- Craving
- Ongoing use despite interpersonal problems

2-3 = mild
4-5 = moderate
≥ 6 = severe