SENSITIVE COUNSELING IN A COMMUNITY SETTING

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DISCLOSURE

I have no actual or potential conflict of interest to disclose
LEARNING OBJECTIVES

- List ways to enhance communication with patients of varying backgrounds
- Recall important opioid warnings
- Explain treatment agreements and their place in community pharmacy practice
- Discuss how pharmacists can play a key role in the patient’s pain management team
PHARMACIST/PATIENT COMMUNICATION

- Establish Trust
  - Introduce yourself
  - Be friendly
  - Make them feel comfortable
  - Demonstrate a genuine interest
PHARMACIST/PATIENT COMMUNICATION

- Communicate Verbally
  - Encourage dialogue
  - Ask Questions
  - Gauge what the patient already knows
PHARMACIST/PATIENT COMMUNICATION

- Communicate Non-verbally
  - Eye contact
  - Facial expression
  - Tone of voice
PHARMACIST/PATIENT COMMUNICATION

- **Listen**
  - **Passive**
    - Without interruption
  - **Acknowledgement**
    - Nodding
  - **Encouragement**
    - “Yes”
    - “Go on”
  - **Active**
    - Interaction with the patient – always after passive
PHARMACIST/PATIENT COMMUNICATION

- Ask Questions
  - Open-ended
    - What
    - Why
    - How
  - Give reasons for asking
    - Helps avoid offending the patient
PHARMACIST/PATIENT COMMUNICATION

- Remain Clinically Objective
  - Personal beliefs
    - Ethics
    - Religion
  - Judgement
- Remain Impartial
- Patient care
- Professional demeanor
PHARMACIST/PATIENT COMMUNICATION

- Show Empathy and Encouragement
  - Make the patient feel comfortable
PHARMACIST/PATIENT COMMUNICATION

- Motivate Patients
  - Try to be positive
  - Try to find ways to get through
  - Inspire patients to invest in their treatment plan
STIGMA

Not everyone has Opioid Use Disorder

Symptoms
- Desire
- Lack of control
- Use despite interference
- Larger amounts
- Tolerance
- Time
- Withdrawal
BOUNDARIES

- Provide Privacy and Confidentiality
  - What is said in the pharmacy stays in the pharmacy

  - Substance Abuse and Mental Health Services (SAMHS) not covered by HIPAA, but other confidentiality laws apply.

- PMP database
  - Private and secure
  - Limited access
  - No patient permission required
PRESCRIPTION MONITORING PROGRAM

- Using PMP Reports
  - May refuse to fill
  - Professional judgement, case by case
  - Loop the provider in
OVERALL

- Tailor Counseling to Meet Patients Needs
  - Know/Get to know the patient’s backgrounds
    - Acute vs. Chronic condition
    - New start
    - Dose change
    - Substance use history
  - Choose which skills will benefit your patient
    - Verbal
    - Visual
  - Demonstrate technique of devices
    - Naloxone!

WARNINGS

- Dependence and tolerance
- Long-term efficacy evidence
- Analgesic efficacy maintenance
- Dose escalation/Adverse effects
- Significant risks
  - OUD
  - Misuse
  - Black Box warnings
BLACK BOX WARNINGS

- Highest warning the FDA can issue
- Studies suggest severe side effects or death
- All opioids have them, not just extended release (ER)
- Pharmacist’s responsibility to counsel
BLACK BOX WARNINGS

- Responsibility to counsel
  - ER for 24 hour pain control
  - Naive patients
  - Do not crush or chew ER tablet

- Increased risks
  - Abuse
  - Addiction
  - Theft

- Accidental ingestion

- Avoid alcohol

- Pregnant mothers
  - Newborn withdrawal

- DDIs
  - Extreme sleepiness
  - Breathing difficulties
  - Death
TREATMENT AGREEMENTS

- Different Agreements
  - Long-term treatment with opioid analgesics
  - Other controlled substances

- Facilitate communication between patients and providers

- Address questions/concerns before therapy

- Patients’ understanding
  - Role
  - Responsibilities
  - Informed consent
ELEMENTS TO AN OPIOID AGREEMENT

- Non-confrontational
- Lay language
- Comprehensive pain management plan
- Responsibilities
- Protection
- Unacceptable behaviors
- Consequences
- Timeframe
- Goals
- Risks and benefits
- Informed consent
EXAMPLE 1

Exhibit 5-6 Sample Pain Treatment Agreement

Patient: Irene Simpson  Doctor: Dr. Miller  Date: 1-19-10

This treatment plan has been developed to manage neck pain and tension headaches. It is open to changes when both the doctor and I agree that the changes are in my best interest and are likely to improve my pain management or overall health. A primary goal of the plan is to protect my recovery from addiction.

1. My daily medications:
   gabapentin, 1,200 mg three times daily.
duloxetine, 90 mg every morning.
topiramate, 100 mg at bedtime.
2. At the first indication of a headache, I will take ibuprofen (600 mg).
3. If possible, I will lie down in a darkened room with an ice pack to my neck and shoulders for 15 to 20 minutes to give the medication time to work; if the headache is still present in 30 minutes, I will take acetaminophen (500 mg). Use of opioid medications can be considered if this plan is unsuccessful. However, under no circumstances will I seek these medications from other doctors, friends, or the Internet. Instead, I will discuss my cravings and sense that the plan is not working with Dr. Miller, Joan Small, and my sponsor.
4. I will see Dr. Wong weekly or as recommended for acupuncture treatments.
5. I will walk 15 to 30 minutes daily.
6. I will attend the pain management group with Joan weekly and see Joan for individual sessions as indicated.
7. I will obtain all prescriptions for headache or other pain and for addiction recovery from Dr. Miller, and I will fill all prescriptions at the Main Street Pharmacy.
8. I will not visit other physicians or the emergency department without first talking to Dr. Miller or to the doctor who is covering for him.
9. I will attend my home group (Tuesday Night Women's Group) weekly, plus two other weekly Narcotics Anonymous (NA) meetings of my choice; I will talk with my sponsor at least weekly and will call her when I feel despondent or have cravings to drink or take opioid pills.
10. My daily meditation will focus on removing myself from conflicts where I do not have a direct role to play. I will try to remind myself when "I don't have a horse in this race" at work or at home.

Important Phone Numbers:

Dr. Miller's Office .................. 222-3800
Dr. Miller's Answering Service .... 222-9000
Main Street Pharmacy .............. 380-2000
Joan Small's Office ................ 380-2132
NA Hotline .......................... 234-0081
Abby (sponsor) ..................... 382-9970

Zincker, P. Treating Chronic Pain in the Shadow of Addiction. Monograph 2007. Available at:
**EXAMPLE 2**

Pain Treatment with Opioid Medications: Patient Agreement*

I, __________________________, understand and voluntarily agree that
(initial each statement after reviewing):

____ I will keep (and be on time for) all my scheduled appointments with the doctor and other members of the treatment team.

____ I will participate in all other types of treatment that I am asked to participate in.

____ I will keep the medicine safe, secure and out of the reach of children. If the medicine is lost or stolen, I understand it will not be replaced until my next appointment, and may not be replaced at all.

____ I will take my medication as instructed and not change the way I take it without first talking to the doctor or other member of the treatment team.

____ I will not call between appointments, or at night or on the weekends looking for refills. I understand that prescriptions will be filled only during scheduled office visits with the treatment team.

____ I will make sure I have an appointment for refills. If I am having trouble making an appointment, I will tell a member of the treatment team immediately.

____ I will treat the staff at the office respectfully at all times. I understand that if I am disrespectful to staff or disrupt the care of other patients my treatment will be stopped.

____ I will not sell this medicine or share it with others. I understand that if I do, my treatment will be stopped.

____ I will sign a release form to let the doctor speak to all other doctors or providers that I see.

____ I will tell the doctor all other medicines that I take, and let him/her know right away if I have a prescription for a new medicine.

____ I will use only one pharmacy to get all on my medicines:

Pharmacy name/phone#

____ I will not get any opioid pain medicines or other medicines that can be addictive such as benzodiazepines (klonopin, xanax, valium) or stimulants (ritalin, amphetamine) without telling a member of the treatment team before I fill that prescription. I understand that the only exception to this is if I need pain medicine for an emergency at night or on the weekends.

*Adapted from the American Academy of Pain Medicine
COUNSELING ON ALTERNATE THERAPIES

- OA - NSAIDs
- Low Back Pain - NSAIDs or acetaminophen
- Musculoskeletal - NSAIDs or acetaminophen
- Neuropathic pain – tricyclic antidepressants or SNRIs
COUNSELING ON OPIOID CO-THERAPIES

- Naloxone
- Stool softeners & laxatives
- Conversation starters?
COUNSELING LOVED ONES

- Spouses
- Parents
COUNSELING LOVED ONES

- Signs of drug misuse progression:
  a. Using drugs alone
  b. Stockpiling drugs
  c. Changing friends
  d. Willingness to take increasing risks to use drugs
  e. Using drugs at inappropriate times
  f. Becoming defensive when asked about drugs or drug use practices
  g. Carrying drugs
COUNSELING LOVED ONES

- CRAFFT
  - Have you ever ridden in a Car driven by someone (including yourself) who was high or had been using alcohol or drugs?
  - Do you ever use alcohol or drugs to Relax, feel better about yourself?
  - Do you ever use alcohol or drugs while you are by yourself (Alone)?
  - Do you ever Forget things you did while using alcohol or drugs?
  - Do your Family or Friends ever tell you that you should cut down on your drinking or drug use?
  - Have you ever gotten into Trouble while you were using alcohol or drugs?
WHAT CAN WE DO NOW?

- Last link
- Dispensers
- Treat patients equally
- Educate patients
- Educate yourself
- Work interprofessionally
- Develop a list of resources
STARTER LIST OF RESOURCES

1. SAMHSA behaviors health treatment services locator (which includes substance use disorder treatment): National Helpline 1-800-662-HELP (4357), https://findtreatment.samhsa.gov/

2. SAMHSA opioid treatment program directory: http://dpt2.samhsa.gov/treatment/directory.aspx


QUESTIONS?
QUESTION 1

When counseling a patient, a pharmacist should
   a. Build trust with the patient
   b. Listen to the patient
   c. Tailor the session for the patient
   d. Remain objective to the patient’s situation
   e. All of the above
QUESTION 2

What analgesic therapy could a pharmacist recommend for neuropathic pain before a patient tries an opioid?

a. Ibuprofen  
b. Acetaminophen  
c. Duloxetine  
d. Naproxen
QUESTION 3

Which of the following is a potentially fatal adverse effect of opioid use that patients should be counseled on?

a. Accidental overdose
b. Euphoric feeling
c. Diarrhea
d. Pain relief
REFERENCES


