

Presenter: Eric Lake LLP

Case Study

Situation: 52 y/o white female with migraines, interstitial cystitis and fibromyalgia diagnosis

Background: Tramadol 50 mg 2 pills four times a day. Taking more recently as feels under stress at work. Zolpidem 10 mg at bedtime. Uses fiorcet for migraines averaging 5 per week

Background: Works as township office. Work is okay but feels tense at work and dreads to drive to work. Marriage is going okay, but husband does not really understand her pain issues.

Assessment: Bad combination of medications for long-term use. Poor coping skills. Trouble setting boundaries with colleagues and friends.

Recommendations: Will switch to Trazadone and Duloxetine take away the other pain medications. Wondering how to help her set boundaries, help with sleep hygiene develop non-medicine coping skills.

Intermediate presentation

Situation: Doing okay but calls with increasing headaches and increasing neck pains last couple of months. In discussing typical day, we find she is skipping lunch to catch up from morning. Gets to work 1 hour early. Finds she is making many mistakes at work.

Background: Had some deadlines at work that has her concerned with making deadlines her boss has recommended. Marriage going okay, but husband still does not appreciate her pain issues.

Assessment: Trouble saying no and setting boundaries. Still not stretching and exercising to help develop other coping strategies. She demonstrates anxiety at office visit.

Recommendation: What nonmedical treatments might be effective for her? How do I help her modify her behavior so work is less stressful for her? How do I help her set boundaries?

Questions:

1. Where would you start/what would you say to this patient?
2. What are potential behavioral health interventions can you do?
3. How would you help this patient have more awareness in terms of things that influence pain?
4. What do you think is the most important aspect for this patient to change in order to impact her pain?