Case Study: 1- Elderly Patient Transferred to New Provider

86-year-old Caucasian male diagnosed with chronic pain secondary to a diagnosis of chronic demyelinating poly-radiculopathy. Continues with chronic nerve pain.

Situation:

The patient is an internal transfer to the provider from the previous partner who has left the practice.

Review of the medical records indicate the patient is currently taking:

- Fentanyl 50 mcg patch every three days
- MS Contin 30 mg 2 times a day (180 MME)

Per review of the chart, the previous provider made note the patient is seen every 6 months related to difficulty of getting to the office.

Upon presentation today, the patient is wheeled into the room by his son and sister. The sister does most of the talking. During the visit, the patient nods off and on, and has little interaction.

Background:

The patient is retired from a reporting position with the local newspaper. He lives with his sister and son, who reportedly assist with the patient's activities of daily living.

The patient has a history of excessive drinking. He denies drinking now.

Assessment:

The patient is on very high dose of opioids and has poor functional capacity.

Recommendation:

Address with the patient and family consideration of weaning the patient down to minimize risk or safety issues and improve his quality of life.

Facilitated Team-based Care Approach with Panelist Input:

- Ideas and thoughts on starting the conversation with this patient and his family?
    - How would you describe chronic pain to this patient and family?
    - Ideas on some analogies or plain language descriptors you could use.
- Thoughts on what follow up would be recommended.
    - What barriers do you foresee, and what are some ideas to overcome these barriers?
        - Patient/family angry – now what?
        - Based on the conversation, you suspect the patient has substance use disorder. Now what?
        - **What could be done to support getting this patient motivated to change?**

Case Study 2 – Young Woman with Physical Therapy Recommendation

35-year-old Hispanic woman, single, with 3 children. Twin boys ages 12 and 1 girl aged 10.

Situation:

The patient presents today with multiple issues; fatigue, myalgia, chronic headaches, and difficulty getting to sleep.

Background:

The patient has tried anti-depressants in the past, with little benefit.

She has also been prescribed opioids for the headaches and reports she did not like the side-effects.

She reports she is not interested in taking any medications, although with further exploration, reports she may be open to it if needed.

Assessment:

Symptom presentation indicates possible central pain syndrome or fibromyalgia.

Recommendation:

Address options for treatment with the goal of improved quality of life; more active and improved function.

Review non-pharmacological options to improve sleep.

Facilitated Team-based Care Approach with Panelist Input:

- Ideas and thoughts of introducing the patient to the recommendation of physical therapy.
    - What examples can be used to describe the benefits of physical therapy?
    - What examples can be used to explain what to expect from physical therapy?
- What information would be beneficial when prescribing physical therapy?
- What information could be relayed to the therapist regarding this patient, that would assist in maximizing the patient's response and success?
    - What barriers would you anticipate in prescribing physical therapy?
        - What if the patient says?
            - "I've tried PT before – it doesn't work? Your response.
            - The patient becomes angry and refuses PT.

- **How could behavioral health be utilized to support the patient's treatment, especially engagement in PT?**

Case Study Three - Woman with Chronic Migraines

52-year-old Caucasian woman with chronic migraines, interstitial cystitis, and diagnosis of fibromyalgia

Situation:

Presents today exasperated and frustrated as she continues to struggle with getting the migraines under control. She is experiencing increased stress at work and is at a "tipping point." What else can be done?

Background:

Works at a township office, other than the current workload stress, things are going o.k. She "dreads" the drive into work – does not look forward to the day.

Currently, the patient is taking Tramadol 50 mgs 2 pills 4 times per day. She is also taking Zolpidem 10 mg at bedtime.

In addition, the patient uses Fioricet 5 mgs an average of 5 times per week.

Assessment:

The combination of medications has risk, particularly at the dosage and combinations for long-term use.

Based on information gathered during the initial interview, it is identified the patient would benefit from support to improve her coping mechanisms, to include setting boundaries with colleagues and friends.

Recommendations:

Refer to behavioral health services to further assess needs and provide therapies to improve her coping skills and problem-solve boundary challenges.

Facilitated Team-based Care Approach with Panelist Input:

- Where would you start and what would you say, or recommend, the provider say is the reason for the referral to behavioral health services?
- **What aspects of this patient's life may be important to explore as a part of treatment?**
- What are some potential behavioral health interventions you could consider for this patient?
- How would you assist the patient in developing more awareness in terms of triggers that may influence her pain/migraine headaches?
- What do you think is the most important aspect for this patient to change in order to impact her relief from pain?
    - How could you start to have this discussion with the patient?

Progression of Pain and Headaches

2 months pass and the patient calls in stating she has increasing headaches and neck pain. She has increased pressure at work, has been arrive an hour early and skipping lunch just to "stay afloat." She does not feel her husband is supportive and is very frustrated with the relentless pain and headaches.

- What non-medical treatments could be considered?
- How could the therapist assist the patient in setting boundaries?

- What behavioral modification approaches would you anticipate the therapist using?