Dealing with Challenging Situations

Patients who Seek Drugs over other Forms of Treatment

Some patients appear intent on gaining access to prescription drugs, and many attempt to do so through manipulation or intimidation. Options other than prescription drugs may be refused. Useful principles for managing situations such as these include:

- ensuring your own safety if you feel intimidated by the patient's approach
- ensuring prescription pads and sample medications are not visible/accessible to patients
- advising the patient of the relevant obligations/limitations of the jurisdictional prescribing regulations
- avoiding if possible, outright refusal to treat the patient, but rather be prepared to offer appropriate alternatives, e.g. referral, appointment for review in 24 hours after discussion with previous prescribers etc.
- as appropriate, notifying the police and/or Health Department
- if there are remaining concerns, restrict the potential for harm by limiting the number and dose of the medications prescribed.

Patients who Appear Intoxicated

Patients who appear intoxicated or under the influence of drugs require careful assessment to ensure that their intoxicated state is not masking other complications. Guiding principles for managing intoxicated users include:

- *careful assessment* including the history of all recent (<24 hours) alcohol and drug consumption and an *examination* to exclude medical complications or co-existing problems
- consideration of the consistency between stated consumption and the clinical features at presentation
- avoiding the use of psychoactive medication in intoxicated patients
- appreciate that symptoms and signs of intoxication may appear to be minimal in alcohol or drug dependent patients with significant tolerance
- consideration of the legal and ethical implications of allowing an intoxicated patient to leave your care without making arrangements for their safe transport home
- awareness that intoxicated patients may not be able to give consent and may not recall discussions, agreements or instructions when they sober up.

Patients with Chronic Pain

The possibility of drug dependence may arise with a significant minority of patients with chronic or recurring pain. Concerns should be raised if:

- there is evidence of tolerance to prescribed opioids and/or benzodiazepines
- patients consistently request scripts when inadequate time had passed to enable it to be completed (if used as prescribed)
- patients experience withdrawal symptoms and signs if they go without their medication(s)
- patients request prescriptions for opioid-based analgesics in preference to NSAIDS.

In managing patients with chronic pain, the following guidelines may assist:

- discuss the possibility of drug dependence with the patient. Convey your concerns, assess their fears (if any) and their response to your enquiries. An assessment by a pain clinic or an alcohol and drug specialist should be considered
- you may be required to report a patient you believe to be drug (i.e. opioid/ benzodiazepine) dependent
- appreciate that particularly with chronic pain, it is usually impractical to aim to remove all analgesics. The aim should be to minimise the patient's reliance on drugs of dependence by ensuring adequate use of appropriate therapeutic measures (including pharmaceuticals), e.g. dosing of analgesics at set times rather than on a 'prn' basis
- consider the advantages of shared care with alcohol and drug and/or pain clinic specialists
- be alert to self medication with licit drugs (e.g. over the counter drugs, analgesics, alcohol).

Problems in Pregnancy

There are particular complications, which can result from maternal drug use during pregnancy, e.g.:

- alcohol – foetal alcohol syndrome
- cigarettes – low birth weight, prematurity, spontaneous abortion
- amphetamines/cocaine – intrauterine vascular accident.

In addition it should be appreciated that some risks relate to drug use, some to drug withdrawal (e.g., premature labour induced by methadone withdrawal) and some to the route of administration (e.g. transmission of HIV, Hep C, Hep B). The withdrawal of drugs in drug dependent pregnant patients should usually be undertaken only after appropriate specialist consultation and advice.

Hospitalisation

Patients referred to hospitals for surgery or medical investigation/treatment should have an alcohol and drug history performed as part of their standard assessment. A good drug and alcohol history can assist by:

- preventing or avoiding unexpected complications
- facilitating pharmacotherapy and other treatment decisions
- providing a diagnosis
- reducing length of stay in hospital
- assisting in the planning of surgery (e.g. after withdrawal from alcohol).

The use of withdrawal rating scales (available for alcohol, benzodiazepines and opioids) can be particularly useful in hospital settings. Unnecessary prescribing (e.g. 'prn' diazepam for heavy drinkers) or inappropriate treatment (routine prescribing of alcohol to 'prevent' withdrawal) should be avoided.

The increased requirement of dependent (and hence drug tolerant) patients for some medications should be considered, e.g. effective doses of analgesics for opiate dependent or methadone patients and effective doses of benzodiazepines for benzodiazepine dependent patients.

Failed Withdrawal

Many of us can feel uncomfortable about continuing to prescribe drugs such as benzodiazepines for patients who have failed attempted withdrawal from benzodiazepines.

In these situations:

- adopt a long term management perspective
- ensure prescribing is legal (consider need to report drug dependent status of patient)
- consider increasing control over the patient's use of the medication by manipulation of prescribing/dispensing periods
- negotiate alternative strategies to complement then replace drug use, e.g. for insomnia, stress, anxiety, etc.
- consider shared care models with alcohol and drug specialist agencies
- be alert to transfer of dependent use to other drug classes (e.g., opioids/alcohol /cannabis).

Adapted from Wales, S., Brough, R. & Dammery, D. 1995?, *Drink, Drugs and Doctors: a guide to quality care.* Standards and guidelines for general practice (draft). Carlton, Victoria: Draft Standards and Guidelines Working Party, The Royal Australian College of General Practitioners, pp. 34-36.