

Case Study: “Jen”

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Jen’s Experience

My new doctor thinks that I am an addict. What I really am is in pain. She just doesn’t get it. When I go to appointments, I feel so guilty asking for more pills and I dread how she is going to go on and on about how I am taking too much. She makes me do those scoring sheets for pain every time I go. God! If she mentions methadone or “Suboxone” again, I think that I really will go crazy.

I don’t think that she gets that I am really sick in my body. The narcs were started by doctors to help me with pain after my son was born, then for fibromyalgia and then later, the belly pain that I got when my bowels stopped moving and I had to be admitted. What I remember then was how good it felt to feel numb and stop the worries. Inside of myself I felt better and safer.

The thing is, I feel terrible when I don’t have my “Dilaudid”. I feel sick to my stomach, I sweat and the ache and pain comes back deep in my joints and bones. I really do not know what she means when she talks about the “cows”. What do cows have to do with this anyway?

She says things have to change and that she does not have a choice anymore. She says that it is too much and that we have to do something to cut down or cut it out. Something about the “College” and losing her license over me. She says that I can do yoga or physio...get real! Who is going to pay for that? She says that I am free to go if I don’t agree with her. That really does not seem fair, given that it is those doctors who started me on the “Dilaudid”. How was I supposed to know that it would make me sick and that I would get hooked?

I know that it looks bad running out early. She thinks that I am running a side business or sharing. She made sure that that would not happen again: I am going to the Shopper’s on Arthur Street three times a week which is brutal for how long it takes on Thunder Bay’s bus service.

One of my friends lets me have some of her cookies – they really help me sleep and my pain is better. When I asked my new doc for medical marijuana she suggested I write in a gratitude journal instead! I don’t think she listens to me – I have nothing to be grateful for – my son ignores me and just stays in his room. It’s a fight to get him to school and I just don’t have the energy to fight. My husband comes home from work and drinks all night until he passes out watching TV.

It is just like when I was growing up in Shuniah and no one paid me any attention. My mom left when I was six years old – but I still remember the fighting. Then being raised by a drunk old man who would always yell and then... if he drank too much... well I just try and forget it all.

Physician's Perspective

Jen is a 34-year-old woman who is new to your practice. When her previous family physician retired from the Fort William Clinic, he called you asking for your assistance because he knew about your work with the Collaborative Mentoring Networks around mental health, chronic pain and addictions. You have seen Jen a few times, but you are struggling to establish a therapeutic relationship in the context of opioid misuse.

Jen suffers from fibromyalgia, chronic abdominal pain, and insomnia. She was started on opioids about 13 years ago following complications from a C-section.

Current Medications

Hydromorphone 3 mg tid (= 45 MEQ)

Hydromorph contin 9 mg q8h (=135 MEQ, Total daily MEQ 180)

Pregabalin 150 mg bid

Past medications

Jen says she has been prescribed and has tried "every" SSRI and does not tolerate any of them well, due to weight gain or GI side effects.

Since she was requesting early releases, Jen's narcotics are currently dispensed three times per week. You have read a little about buprenorphine/naloxone and tried to fill out a COWS that you could discuss with your CMN mentor.

Assessments

Urine lab immunoassay screen positive for gabapentin, THC, fentanyl, hydromorphone.

Her baseline pain is 7/10 and Pain Interference scale=56/70

Clinical Opiate Withdrawal Scale = 20

Adverse Childhood Experience Questionnaire = 8/10

Family History

Mother – suicide at age 30

Father – alcoholic

Social History

Jen lives in Fort William with her husband, Bob, and 13-year-old son, Jack.

Jen worked as a hairdresser until the birth of their son at TBRHSC, which is when her chronic pain started.

She is now on the Ontario Disability Support Program (ODSP) and stays at home watching TV. She struggles with activities of daily living, such as preparing meals, doing laundry and housekeeping. She smokes one pack of cigarettes per day and uses no alcohol – saying she does not want to be like her father – and drinks about five cups of coffee daily. She admits to cannabis use a few times a week in the form of edibles, but she is not sure how much is in each cookie. She wishes her husband did not drink, and she is worried about her son's behaviour.

In working with Jen, you have tried to engage with her around the following:

- Explained to her why she cannot remain on her current opioid dose;
- Tried to incorporate some motivational interviewing techniques (to no avail); and
- Recommended she exercise and write in a gratitude journal.

Your appointments end with Jen seeming angry and with you feeling frustrated.