



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
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PHARMACIST/PATIENT COMMUNICATION

Establish Trust

- Introduce yourself
 - Be friendly
 - Make them feel comfortable
 - Demonstrate a genuine interest
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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

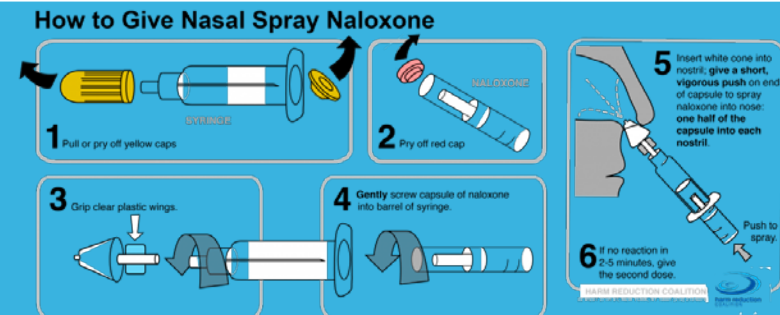
- Acute vs. Chronic condition
- New start
- Dose change
- Substance use history

❑ 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

Patient: _____ Doctor: _____ Date: _____

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.

COUNSELING ON ALTERNATE THERAPIES

- OA - NSAIDs
 - Low Back Pain - NSAIDs or acetaminophen
 - Musculoskeletal - NSAIDs or acetaminophen
 - Neuropathic pain – tricyclic antidepressants or SNRIs
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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?
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WHAT CAN WE DO NOW?

- Last link
 - Dispensers
 - Treat patients equally
 - Educate patients
 - Educate yourself
 - Work interprofessionally
 - Develop a list of resources
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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>
 3. National Institute on Drug Abuse <http://www.nida.nih.gov>
 4. Risk assessment tools <http://www.opioidrisk.com/node/774>
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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

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