Pain client

Bay of Plenty
Vivienne Parker

Brief history

- 42 year old lady. Ms A. Partner and three children. Works full time.
- No history with either mental health or addiction services.
- Chronic pain due to periodic dislocating of left shoulder. Has received four operations to stabilise: ACC covered.
- One in 1986 – Putti-Platt repair
- Two in 1988 – Bristow procedure and removal of Coracoid.
- One in 1990 – Magnuson-Stack

Ongoing pain - Medications prescribed:

- **Pethidine.** Began to use too frequently. Almost continuous
- **Oxycontin** - Similar issue.
- Visited a different health centre - **Midazolam** used to put dislocated shoulder back in. Given home prescription for partner to administer as required. (he was a health professional)
- Referred to pain clinic – Possible addiction issue highlighted. Suggestion was to stop pethidine before anything else will be prescribed. Recommended **Clonidine** patches.
- *Worth noting here GP had referred to BOPAS for assistance and recommendations on three occasions. Client unwilling to engage. AOD not OST at this point.*
- **Fentanyl** patches prescribed. Client uncomfortable with this and decided to go without treatment for a few days.
- Back on **Pethidine.**
- **Largactil** IM !!
- **Methadone** tabs by GP weekly pick ups
- **Venlafaxine**

Other issues

- Historical abuse issues. ACC sensitive claims previously
- Possible depression.
- Seizures – Prescribed **Lamotrigine**. EEG and MRI performed. No suggestion of epilepsy however; some unusual presentations appear to be happening occasionally.
- Aug 2014 – Saw Orthopaedic Surgeon. Diagnosed with severe osteoarthritis. Suggested shoulder joint replacement. Required more information re epilepsy before a decision would be made.
- Shoulder also has muscle spasms. Restricted movement.
- GP anxious about the treatments' and wants support/advice. Discussions about how to engage Ms A.

Plan

- New referral to BOPAS. Discussions between Psychiatrist and GP re how to engage Ms A into service. Suggestion below.
- GP informed client no more prescription until seen by specialist.
- Admitted to OST programme
- Introduction of Methadone.
- COP and one takeaway.
- Recommendation by psychiatrist to GP for no narcotic analgesia to be prescribed. Also no home administration of midazolam. Only to be given in surgery or A&E if required.
- Referred back to pain clinic.

Present situation

- Present dose Methadone. 100mg. Was split 50/50 100mg originally
- Quetiapine 12.5 OD
- Ibuprofen 800mg BD
- Letter of support to GP regarding psychological effects of this situation on client.
- Seen Orthopaedic surgeon. Surgery recommended. Not supported by ACC!!

Questions

- What do we do with clients who present with pain issues?
- How do you manage the resistance from clients if there is any?
- Difficulties for the case manager. What are they?
- Engagement of client.
- Requirements of the service. i.e treatment plans and relapse prevention and now ADOM.
- What is the impact for clients who are reluctantly engaged with our service?
- Changes in dynamics.