

## Sample Case Studies: *The Role of the Health Care Team in Solving the Opioid Epidemic*

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### **CASE 1 – "The Average Person"**

Patient JA is a 55-year-old man who presents to his new family physician with persistent lower back pain that is interfering with his ability to work. JA's previous primary care physician (PCP) retired a few months ago. JA is running out of opioid prescriptions prescribed by the previous PCP. JA is a second-grade elementary school teacher who entered teaching as a second career six years ago. Previously, he worked as a supply chain/logistics director of services in corporate America for eighteen years. He was laid off from his corporate position and decided to pursue a teaching career, which he felt had more meaning at that time.

JA sustained a back injury at work trying to separate two children who were physically fighting and fell hard on a gym floor on his back. Persistent back pain has dogged him since that injury two and a half years ago. He has been on disability on and off since that time. JA used to be physically active, jogging regularly and walking his dog, but the injury and subsequent pain has caused him to cease those activities. The pain is becoming increasingly worse, so now JA experiences difficulty and challenges driving. His wife must often drive him when he tries to go to work, which creates strain with her job.

JA has not worked in the classroom over the past eighteen months. During the first year after his injury, he tried several times to return to teaching elementary children, but found the physical demands of the classroom were more than he could handle. He would experience flare ups of pain when taxed physically in the classroom, and he was not able to get those pain episodes under control. He feels oxycodone provides the only relief he truly experiences, and the relief is only for a short period of time. His job removed him from the classroom eighteen months ago. When he is able to work, his job function is as an administrative assistant and director of supplies and classroom purchasing, falling back on the skills and competencies he possessed in his former career. JA speaks of missing the interactions with the students. Now he works in a back area office isolated from others, and he is not present consistently at the school because of the pain. He feels better when he does not move, so he often stays in his office for long periods of time, not interacting with others.

JA's wife, Ann, has accompanied him to today's appointment. She indicates concern about JA and his current level of functioning. She feels he is depressed, as he does not want to actively engage with friends or family much anymore. He makes excuses to avoid functions and will often stay at home alone, rather than go out. She feels JA is depressed about his physical condition and his ongoing pain, and she shares that he is not sexually active much anymore. JA has erectile dysfunction at times and has reduced his sexual activity as that occurs.

JA reports feeling hopeless about his condition, as he feels he is "losing ground and the pain is winning." His sleep is interrupted and sporadic, with a few hours of rest each night and

interrupted sleep thereafter. JA reports loss of pleasure in activities, such as social interactions, sex with his wife, walking his dog, etc. that he can no longer do. He does not have much energy and falls asleep sometimes during the day due to his restlessness at night. JA is obese. He weighs 220 pounds and is 5 feet 8 inches tall. He has gained over 30 pounds in the two and a half years since the injury.

## **CASE 2 – "Rural Areas – Lack of Access to Care"**

Allison works at a call center for a major corporate company in rural Ohio. She is 27 years old. She is divorced, and she has a 3-year-old son she supports. Allison had a difficult caesarean delivery with the birth of her son and experienced tremendous pain after delivery. She was prescribed oxycodone for pain, as she also had a severe infection in her surgical incision from the post-delivery surgery. She has used opioids ever since the delivery of her child. As opioids became less and less available, she turned to heroin, and she now purchases both street opioids and heroin to control her addiction.

Allison is devoted to her son, James, and works hard to "control" her drug use so others do not know. James' father, Kyle, is a diesel mechanic and visits his son sporadically due to his own health concerns with opioid, heroin, and alcohol use. Kyle was charged with driving under the influence (DUI) in the past year and entered rehab at that time. He was able to stay clean for a few months, but relapsed about six months ago. Kyle is not aware of Allison's issues with opiate use disorder (OUD) or her drug use. Allison is concerned that James not be impacted by what she perceives as "her problem." Several acquaintances in the community have lost custody of their children due to opioid use. Allison is determined not to be "one of them."

Allison was successful in hiding her substance abuse until a random drug test at work a few weeks ago. She tested positive for both opioids and heroin and was referred to the employment counselor at work for an assessment. Allison is terrified of losing her job and her son. She has cancelled one appointment to meet with the counselor, but received a warning that her job will be impacted if she does not attend the next appointment.

Allison attends the appointment with great fear and reluctance. The history taken reveals that Allison's father was a "functional alcoholic" for many years. He was a successful salesman, outgoing and well liked, until his diagnosis of cirrhosis of the liver a few years ago. Allison states she knew he had a drinking problem, but no one wanted to talk about it. Allison reported being very close to him. He passed away nine months ago. Allison's mother was a nurse's aide at the local hospital. She passed away from breast cancer when Allison was 15 years of age. Allison misses her a great deal and is tearful talking about her death. She expresses regret that James "never knew his grandmother and how much she would have loved him." Allison has two younger brothers. John is an accomplished athlete and is very rigid about not eating badly or using drugs/alcohol. Her other brother, Michael, works in the same call center as Allison and is very close to her, often helping with her son, James. Michael has struggled with alcohol-related issues, but works hard to be a good employee and uncle to James.

Allison is interested in getting better. She is frightened, but willing to engage in any assistance available.

### **CASE 3 – "The Older Adult"**

Gina is a spry grandmother who has raised 5 children and helps care for her 9 grandchildren. Gina lives in Georgia with one of her daughters; she cooks, cleans and helps with household chores to contribute, in addition to her small Social Security check. Gina is 79 years old and has high blood pressure related to obesity as well as a familial history of high blood pressure/stroke. Otherwise, she is in good health overall and compliant with medical recommendations.

Gina had a viral infection that invaded her right ear. Almost overnight, it seemed, she lost 60% of her hearing and experienced chronic, unrelenting pain. After almost a year of treatment with medications and antibiotics, she had surgery to address the problem. Throughout the course of her infection, Gina has been prescribed opioids for her pain. At first, the opioids were effective in managing her pain, but as time went on, the opioids began losing their effect. She began taking more to achieve the same pain relief, but the amount of relief decreased as time went on.

Gina went from helping in her daughter's house to needing to be helped a majority of the time. She became confused often, as her sleep became more and more disrupted. She would sleep in nap-like stages throughout the day and then fall asleep, exhausted, for a few hours at night. Her sleep was then restless and punctuated by unusual dreams, which frightened her at times. With no history of previous behavioral health concerns, she became depressed and withdrawn, reluctant to interact with family members or to go out to her normal activities, such as church. Her family began to categorize her symptoms as dementia, not relating her opioid use to her often-confused presentation. They also began to worry about Gina falling, as her confusion was associated with a halting gait and making decisions impulsively.

Gina continued to tell her doctor of her worsening symptoms, so he added a short-acting opioid for more instantaneous pain relief. She found herself preoccupied continuously with her pain and waiting for her next dose of medication. Her family became so concerned that they went with her to her next primary care appointment. Collectively, they all began to realize Gina's continued opioid use was the root of the problem. Gina was overwhelmed and concerned, as she had been following medical direction that she assumed was in her best interest.

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