

“My Wife Overdosed on Her Fentanyl Patch!”

SCOPE of Pain Colleague to Colleague Podcast #16

Welcome back to the *SCOPE of Pain* Podcast Series. This Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University School of Medicine *SCOPE of Pain* program. We will now discuss the patient with chronic pain presenting to the emergency department after an opioid overdose.

A woman with a remote history of alcohol use disorder who was prescribed a fentanyl patch for her severe, painful diabetic neuropathy, is brought into the emergency department by ambulance after she’s found unresponsive in her bedroom by her husband. The paramedic noted that she had her fentanyl patch in her mouth. She responded briskly to intranasal naloxone. How will you manage this patient’s chronic pain and likely opioid use disorder after her opioid overdose?

Well, from observational studies, we know that there are multiple risk factors for prescription opioid addiction and overdose, including a personal or family history of substance use disorder. It’ll be important to determine the circumstances leading up to this patient’s overdose, as we know that not all opioid overdoses are unintentional. We now know that severe chronic pain is associated with higher risk of fatal and nonfatal suicide attempts.

We know from two large, retrospective cohort studies that there are major gaps in caring for patients after a nonfatal opioid overdose. The first study found that opioids were continued to be prescribed to 91% of patients after a nonfatal overdose, and that 7% experienced a repeat overdose. And the second study found that less than a third of opioid overdose survivors received the gold standard medication-based treatment for opioid use disorder in the subsequent 12 months.

The medication options for treating an opioid use disorder include methadone from a licensed opioid treatment program, buprenorphine from a qualified provider, or naltrexone. In this study, of those patients who did receive a medication for an opioid use disorder after the overdose, there was a decrease in all-cause and opioid-related mortality.

What about starting her on a medication for her opioid use disorder in the emergency department? Well, in a randomized, clinical trial, emergency department-initiated buprenorphine treatment for patients with opioid use disorder significantly increased engagement in addiction treatment and reduced subsequent illicit opioid use.

In the case presented, it will be critical to communicate with the provider who prescribes the fentanyl patch about the overdose event and the high risk of a subsequent overdose if the opioids are continued. Because this patient likely has an opioid use disorder and severe chronic pain, it’s possible to treat both simultaneously using buprenorphine.

Ideally, buprenorphine should be started in the emergency department and continued by a qualified primary care provider. In order to treat both the patient’s opioid use disorder and chronic pain, buprenorphine should be dosed every eight hours.

How to manage a patient who has suffered a nonfatal opioid overdose while on chronic opioids for chronic pain is addressed in the *SCOPE of Pain* program. You are not alone facing these challenging issues.

Thanks for listening.

Be sure to check back often, as new Podcasts will be added throughout the year.

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