Thursday Memo – April 21, 2016

Neurotic Narcotic – by Rebecca Lubelcyzk

We all feel vulnerable, even just a little bit, when we are faced with the clinical question "is this a time when I should prescribe an opioid?"

Short term pain scenarios are relatively simple to navigate in the often tumultuous waters of narcotics. However, expectations and time limits are on our side. It is a transient pain that should resolve and not need long durations of renewals.

It is the long term pain, the chronic pain syndromes that torment us in the exam room. Most of us are somewhat familiar with the recent publications in the literature as to how narcotics are not recommended for long term, chronic management. And if you aren't, how could you not know we are in a middle of a nationwide opioid overdose epidemic. Even in prison, we can prescribe narcotics but there's always that element of neuroses – do they need it, whose actually getting it, am I being played?

I recently faced a not uncommon patient predicament no matter whether you practice behind the concrete walls or not: older man, significant stenosis on MRI, pain in low back, radiating into left leg, tried everything including physical therapy, Tylenol, NSAIDs, and the neuropathic pain meds. He was not a work-out-aholic (confirmed). He did not play any sports (confirmed). He mostly hung out in his room (confirmed). However, officers and medical staff would report to me how he's seen playing cards for hours, laughing, and not apparently in discomfort except when he comes to the medical unit for meds and appointments.

"Call my counselor, please Doc. They'll tell you that I haven't been going to group. I can't because of this pain and you won't give me the medication for that works."

I thought he might be looking for a "doctor's note" to show his counselors as to why he was missing group, and I encouraged him to stretch before, take the Tylenol an hour before group, etc. After his third request, I did say I would call them. I wanted to know if he managed sitting for his hour-long sessions.

What I heard surprised me.

"Yes, he hasn't been attending group as often. He says it is because of his back pain, but he also just got moved up into the A group", the counselor told me. The counselor explained that he seemed to do well physically and mentally when he talked peripherally about his crime or when the conversation was light. He would laugh and joke with the best of them. However, in the "A

group", which was the next step in his therapy, the conversations were deeper, more painful, and he stopped showing up.

At our next encounter, my patient asked, "Did you talk to my counselor?" Actually, yes I had. I walked him through my conversation during which his face became clouded, finally ending up in his hands to hide his shame and brimming eyes.

It was all true, he said. His recounting of his crime, his feelings of remorse, his thoughts of how he hurt his victim and their family was too painful for him to endure. He never fully dealt with the oppressive knowledge of what he had done as he had buried it so deep for so long.

I asked if he thought maybe the internal pain he was feeling might be making the external pain in his back and his leg feel worse. He actually agreed with me. He said he noticed it worse when he was feeling worse, and he stop going to group because of the pain inside that made the outside pain stronger.

I didn't prescribe narcotics that day, nor since. I learned instead of how internal pain can clearly affect external pain and how I could have completely not addressed the cause if I hadn't asked. And my patient may have never realized the close relationship between his two seemingly unrelated, but now connected the pains.

The plan that was he was going to start attending group the next week, no matter how hard the discussion got or how difficult it would be for him – he would try.

For those patients not facing a terminal illness or devastating cancer, prescribing narcotics (or not) can make us feel vulnerable. We all worry if we are helping or harming our patients. They do help one escape from the pain, albeit briefly, but what else is there that we need to know to better treat the whole person.