

Controlled Substance Prescription Philosophy

PERSONAL MD POLICY REGARDING PROLONGED USE OF CONTROLLED SUBSTANCES

Chronic pain is a common condition that afflicts many patients seeking and getting care at Personal MD. It is the role of the primary care clinician to diagnose the cause and lead in efforts to decrease the impact of chronic pain on the life of our patients. We take the responsibility to review all previous efforts at diagnosis and, when appropriate, suggest alternative studies and therapeutic modalities that have proven efficacy in enhancing function and diminishing the pain associated with the conditions responsible for the pain.

At times, it is reasonable to use narcotics for long-term pain relief. This is especially true when the cause is due to an untreatable cancer or when there is unremitting nerve pain. Fortunately, these are the rare causes of chronic pain. Even with these conditions, there is well documented benefit to techniques that involve training in relaxation, movement and meditation. The chronic use of narcotics without other efforts to relieve pain and improve function frequently result in the development of tolerance to the drug (the decreasing effectiveness of any given dosage), addiction (dependence on the drug to avoid a withdrawal reaction), habituation (the use of the drug when inappropriate), and increasing pain sensitivity. These are results of the use of long-term narcotics and depend on the drug, its dosage and the length of time used. While there are individual variations to these responses, they are the expected consequences of their use unless carefully monitored, adjusted and restricted.

It is our responsibility as primary care clinicians to guard our patients against these expected complications of narcotic use. To do this, we ask that our patients who require the use of narcotics for more than three months adhere to a contract that outlines the responsibilities expected of patients with regards to efforts towards rehabilitation, as well as to the maintenance, safeguards and refills of narcotic prescriptions. The patient's primary clinician will clearly set out a plan with the patient regarding the efforts deemed necessary to arrive at a proper diagnosis along with therapeutic efforts geared toward the improvement of the condition. Noncompliance with the contract or therapy and inappropriate reliance on narcotics go beyond the expertise of the primary clinician and will result in a referral to a pain specialist.

The safe maintenance of narcotic therapy is dependent on the close working relationship between the patient and the clinician. Dosage adjustment, compliance with contract restrictions and monitoring of side effects all require examination by the clinician. For these reasons, refills are managed by the primary clinician and not the physician on-call. It is the responsibility of the patient to arrange for timely refills when their clinician is available.

New Personal MD patients should expect to request their medical records from all prior clinicians and pharmacies before decisions are made regarding the prescription of narcotics. There is no guarantee that the Personal MD clinician will continue narcotics previously prescribed and it is the responsibility of new patients to have sufficient supplies of any controlled substance to last until their Personal MD clinician has had the opportunity to review all old records and perform a physical examination.

Like pain, chronic anxiety is a complex problem stemming from a variety of causes and for which there are several effective approaches. Unfortunately, anxiety is often over simplified and treated long term with benzodiazepines. But,

like narcotics, these drugs carry significant risks when used chronically. They are reliably addictive and dangerous in withdrawal. They interact with many other drugs and, in combination with narcotics, are a frequent cause of death.

For these reasons, benzodiazepines are not considered the first choice in the treatment of anxiety disorders. It is the responsibility of the Personal MD clinician to clarify the cause of the problem, review prior treatment efforts for their adequacy and appropriateness, and offer a range of alternatives that have been shown to be effective. It's rare that medication alone will be sufficient for the control of symptoms and maintenance of function. Sole reliance on benzodiazepines in anxiety often leads to excessive dosage and greater danger of addiction.

As with narcotics, we treat benzodiazepines as a controlled substance requiring contractual adherence and close monitoring. New Personal MD patients who are already taking benzodiazepines have similar responsibilities as those on chronic narcotics regarding records from prior physicians. There are no guarantees that Personal MD clinicians will agree with previous physicians that benzodiazepines are appropriate and new patients should not expect refills of prior prescriptions at first visits.

Hypnotics are medications used to treat insomnia. Benzodiazepines and non-benzodiazepine hypnotics can be helpful in the short term to treat sleep disorders particularly when behavioral approaches fail. However, long term use of hypnotics may lead to dependence. Consequently, Personal MD clinicians will work with members to eliminate secondary causes of sleep disturbance and to correct behavioral causes of insomnia. Referrals to a Sleep Specialist can be arranged and may predate the use of chronic hypnotic therapy if your clinician feels that is appropriate.

Finally, stimulants have become popular in the treatment of Attention Deficit Disorder for both children and adults. As with the above classes of controlled substances, stimulants carry risks in both long term and short term use. Since we take responsibility for the safe prescription of these drugs, we feel it is our responsibility to ensure that the diagnosis of ADD has been professionally verified and that the less risky options have been tried prior to refilling medications started by outside clinicians. Personal MD clinicians may decide that Psychiatric consultation is warranted to justify the risks in the use of stimulant medications.