

TOP INDICATORS OF A DRUG-SEEKER IN YOUR WAITING ROOM

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Despite the ongoing nationwide epidemic, opioid prescriptions are often given to patients as a first-line treatment for both acute and chronic pain. Physicians must exercise careful judgement when prescribing narcotic pain medications. Patients that abuse narcotics are more common than most people think, and doctors must use objective information to determine the patient's intentions.

It can be difficult for physicians to determine which patients are in legitimate need of pain relief and those who are not. The more credible a patient may appear, the tougher it may be to identify. In our experience, drug-seekers are highly functional in many cases and may not engage in what is thought of as stereotypical behavior.

There are several methods we use in our practices to recognize a drug-seeking patient. Utilize Electronic Medical Record (EMR) systems and Prescription Drug Monitoring Programs (PDMPs) to collect facts long before the patient arrives in the waiting room.

EMR data may highlight trends that reveal inconsistent behaviors and requests, such as repeated claims of lost medications, multiple or early refill requests, frequent appointment cancellations or tardiness, as well as inappropriate behavior toward staff or providers. EMR information can also provide a look into the patient's past medical history and family history of substance abuse or addiction and treatments.

Drug-seeking patients may provide subjective complaints that don't appear to correlate with objective findings, reporting poorly defined pain out of proportion to or inconsistent with the reported history and physical examination.

Another characteristic of drug-seeking behavior occurs when patients specifically ask for narcotic prescriptions by name, such as hydrocodone or oxycodone, and are often unwilling to participate in a multimodal approach to diagnosing and treating pain.

EMRs provide a valuable snapshot of the patient's history of prescriptions over the past several months, including:

- Compliance with medications
- Frequency and dosages
- Prescribing providers
- Urine drug screening results



In our practices, we have found that certain drug-seeking patients create false “emergencies” that force physicians into difficult, last-minute decisions about prescribing narcotics.

THEY OFTEN MAKE REPEATED, AGITATED CALLS TO OFFICE WITH EXCUSES SUCH AS:

- I’VE RUN OUT OF MEDICATION
- I’M IN A LOT OF PAIN
- I LOST MY PRESCRIPTION
- MY PILLS WENT DOWN THE TOILET
- I’M GOING OUT OF TOWN TOMORROW MORNING

Drug-seeking patients may sometimes employ another strategy: saving medication requests until the end of the workday, or attempting to acquire prescriptions from the evening oncall provider. It’s a strategy that has often worked in the past, with drug-seekers applying undue pressure on providers to make difficult eleventh-hour decisions about prescribing pain medication. Unless the physician provides a prescription, drug-seekers often aren’t satisfied. However, it is the healthcare provider’s responsibility to conduct due diligence to prevent the misuse, abuse and diversion of controlled medications. Short-term solutions for pain management, such as additional late-night prescriptions, may cause both the patient and your practice to suffer. Providers



can set appropriate expectations, and potentially prevent late-night requests, through improved communication. In fact, research shows that increased physician and patient connectivity and communication enhances patient experience and satisfaction scores and helps improve outcomes.



Manage patient expectations by educating them on the diagnostic and therapeutic options appropriate for their pathology, especially if narcotics are not part of the plan. This communication provides patients with an opportunity to work with you on an appropriate multimodal plan to diagnose and treat their pain, with the goal of improving function and reducing the use of controlled substances. Drug-seekers will often opt out at this time, while other patients will look forward to exploring the recommended diagnostic and therapeutic options.

Timothy D. Chong, MD, and Jeffrey R. Lyman, MD, have a consulting/speaking/financial relationship with Avanos Medical, Inc.

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