

Patients in the contemplation/relapse stages of change

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- Disclosures

No financial disclosures to report

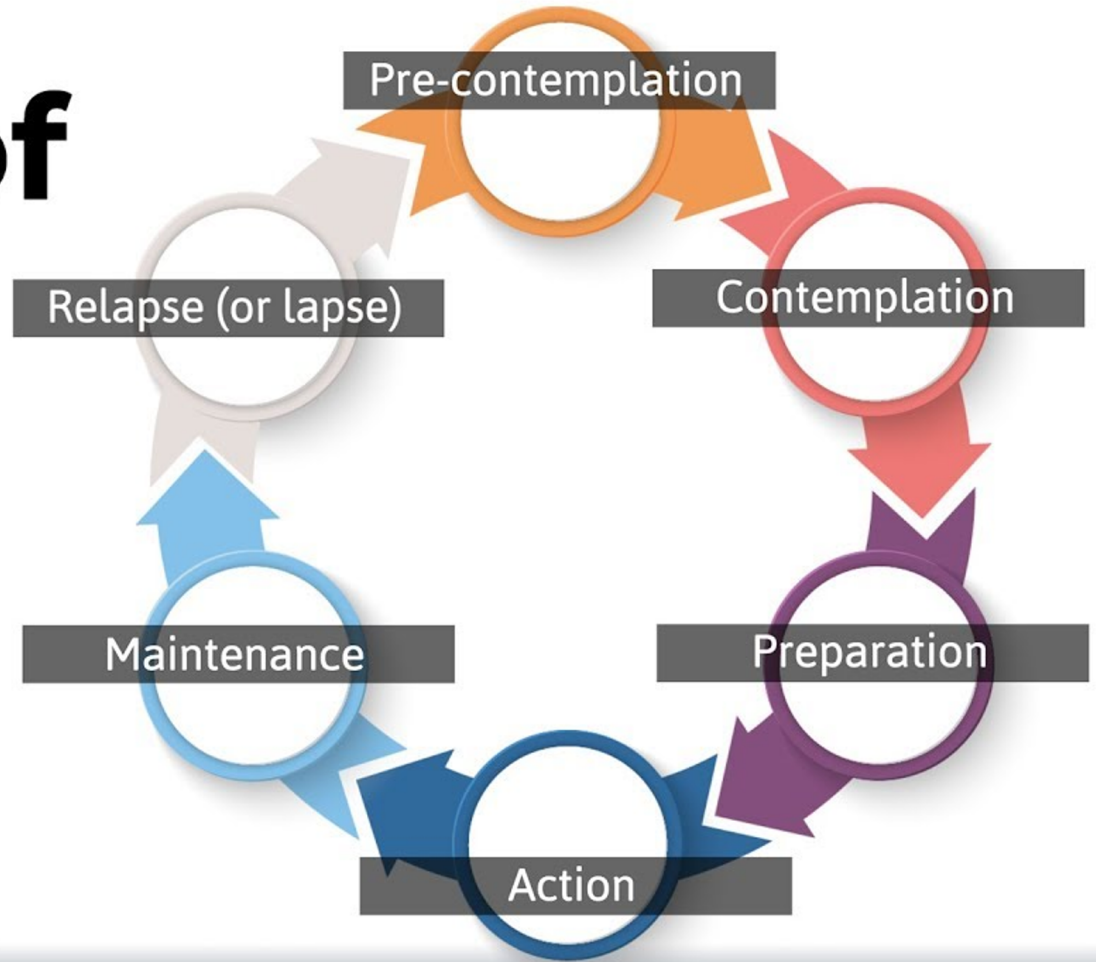
CQI Objectives

- Assessing trans-theoretical stage of change and implementing stage appropriate interventions
- Using effective techniques of motivational interviewing
- Treating concurrent opioid use disorder, alcohol use disorder and benzodiazepine dependence
- Implementing effective withdrawal protocols

SJ, 60 year old woman

- OUD – stable on buprenorphine 8 mg qd –past 6 years
- Has been treated by Cooper Addiction Medicine Team in August 2019 – seen at the Pennsville Office
- History of alcohol use disorder but has been reluctant to share details with Addiction Medicine providers. Alcohol use has been intermittent over the past 30 years with varying degrees of severity.
- Moderate marijuana use
- Rx clonazepam (1mg bid) and zolpidem (10mg qd) prescribed by her psychiatrist
- Current supportive relationship with boyfriend

Stages of change



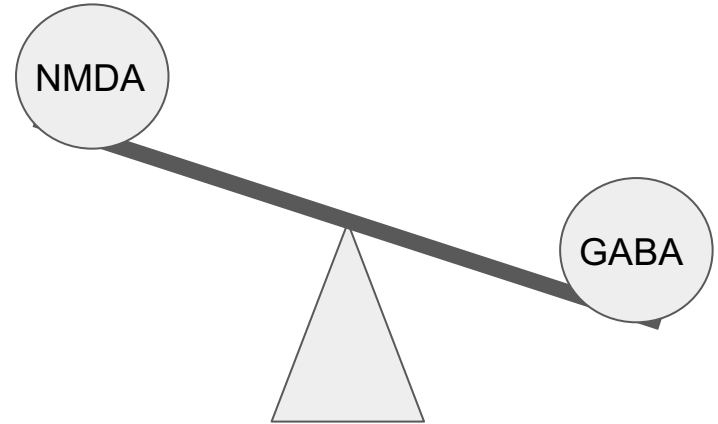
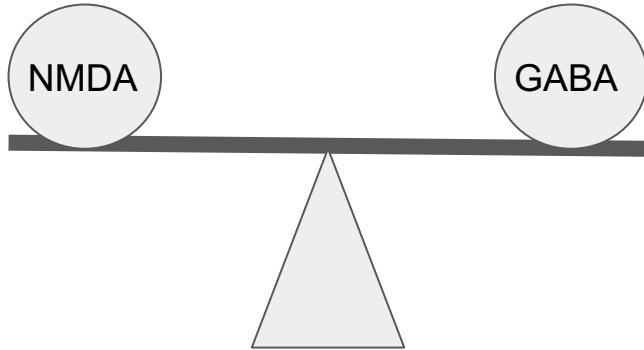
Hospitalization

- Thursday 1/28: New onset seizures, admitted to community hospital
- Saturday 1/30: Discharged on keppra
- Tuesday 2/2: Addiction Medicine follow-up visit → directed to Cooper ED
- Tuesday 2/2: Admitted to Cooper Hospital
- Tuesday 2/9: Discharged from Cooper

Hospital Course

- Started on phenobarbital taper in Emergency Department
- Also maintained on her home dose of buprenorphine
- Complicated withdrawal that took several days to resolve

Alcohol withdrawal



- Symptom-triggered dosing vs. fixed taper
- Benzodiazepines vs. barbiturates

! ED: ADULT PHENOBARBITAL FOR AWS

Use of phenobarbital for alcohol withdrawal syndrome (AWS) is reserved for ADULT patients with medium or high risk for withdrawal:

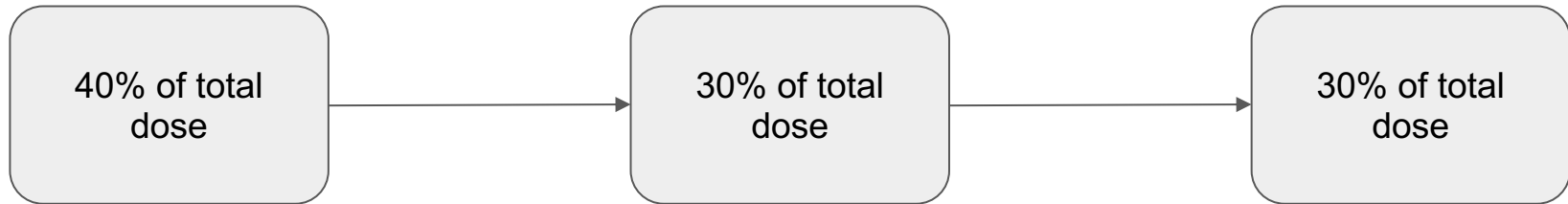
- Medium Risk: Active alcohol use disorder plus TWO or more of the following:
 - 2 or more days since last drink
 - Positive blood alcohol level on admit
 - Autonomic dysfunction with blood alcohol level >100 mg/dL
 - Elevated MCV and/or AST:ALT ratio
 - History of significant alcohol use
 - Age > 35
 - Burn-related injuries
 - Long bone fractures
- High Risk: History of alcohol withdrawal delirium and/or alcohol withdrawal seizures AND
 - Recent alcohol use (>2 weeks in duration) OR
 - Active symptoms of AWS OR
 - Recent alcohol use, positive blood alcohol level, elevated MCV, elevated AST:ALT ratio

Requirements:

- **Discontinue all benzodiazepine orders prior to initiation**
- Ensure patient height is documented in medical record prior to ordering
- Determine if patient is at high risk for sedation or respiratory compromise (1 or more characteristic below)
 - Age > 65 years old
 - Hepatic dysfunction
 - Narcotic use
 - Head injury
 - Recent administration of benzodiazepines
 - Current administration of sedatives
 - Pneumonia
 - Rib fractures
 - Chest tube(s)
 - Pulmonary contusions
 - C-collar/brace

Loading dose

- If high risk for sedation or respiratory compromise, total dose 8 mg/kg
- If low risk for sedation or respiratory compromise, total dose 12 mg/kg



Taper

Height (inches)	64	<i>If your patient is a MAN, go to the 1st sheet</i>											
WOMAN		<i>Note: If under 5' (60 inches) tall, then just type in 60 inches</i>											
Ideal Body Wt	54.7												
Sedation Risk Details	Medium Risk Withdrawal						High Risk of Withdrawal						
LOADING	High Risk Sedation/Resp		Moderate Risk Sedation/Resp		Minimal/No Risk Sedation/Resp		High Risk Sedation/Resp		Moderate Risk Sedation/Resp		Minimal/No Risk Sedation/Resp		
<i>Initial Target Level</i>	<i>6 (low end)</i>	<i>8 (high end)</i>	<i>8 (low end)</i>	<i>10 (high end)</i>	<i>10 (low end)</i>	<i>12 (high end)</i>	<i>6 (low end)</i>	<i>10 (high end)</i>	<i>10 (low end)</i>	<i>12 (high end)</i>	<i>12 (low end)</i>	<i>15 (high end)</i>	
TOTAL CALCULATED	328.2	437.6	437.6	547	547	656.4	328.2	547	547	656.4	656.4	820.5	
1st IM dose (40%)	131.3	175.0	175.0	218.8	218.8	262.6	131.3	218.8	218.8	262.6	262.6	328.2	
3hrs later (30%)	98.5	131.3	131.3	164.1	164.1	196.9	98.5	164.1	164.1	196.9	196.9	246.2	
3hrs later (30%)	98.5	131.3	131.3	164.1	164.1	196.9	98.5	164.1	164.1	196.9	196.9	246.2	
MAINTENANCE	WRITE THE NUMBER BELOW AS THE BID DOSE (i.e. TOTAL DAY DOSE IS TWICE THE BELOW NUMBER)												
Day 2	26.3	26.3	26.3	31.5	31.5	39.4	26.3	31.5	31.5	39.4	39.4	52.5	
Day 3	26.3	26.3	26.3	31.5	31.5	39.4	26.3	31.5	31.5	39.4	39.4	52.5	
Day 4	13.1	13.1	13.1	15.8	15.8	19.7	13.1	15.8	15.8	19.7	19.7	26.3	
Day 5	13.1	13.1	13.1	15.8	15.8	19.7	13.1	15.8	15.8	19.7	19.7	26.3	
Day 6	6.6	6.6	6.6	7.9	7.9	9.8	6.6	7.9	7.9	9.8	9.8	13.1	
Day 7	3.3	3.3	3.3	3.9	3.9	4.9	3.3	3.9	3.9	4.9	4.9	6.6	
DOSE CALCULATOR -- round above to nearest PO/IM option													
							PO options			IM			
• Benzodiazepines should NOT be given when giving phenobarbital							Tablets		Liquid				
• If agitation develops, can use Haldol (starting at 2.5mg IV); if escalating doses req'd, consider psych involvement							8.1	105.3	20 mg (per 2mL)	65mg vials	3		
							16.2	113.4	20 mg (per 5mL)	130mg vials	1		
							24.3	121.5		TOTAL IM	325		
							32.4	129.6					
							40.5	137.7					
							48.6	145.8					
							56.7	153.9					
							64.8	162					
							72.9	170.1					
							81	178.2					
							89.1	186.3					
							97.2	194.4					

Back to our patient

- Started on phenobarbital on day of admission
- 5 days of disorientation, slowly improving
- Symptoms resolved by day 6 of admission
- Discharged on day 7
- Now doing well, no return to use of alcohol or sedatives

Stages of change

