“Wynonna”

Patient Information:

Age/Gender: 42-year-old female

Medical History: Asthma, Depression, HCV, Osteoarthritis, Hypertension, Class III Obesity

Psychiatric: Bipolar II, Anxiety

Substance Use Disorders: Opioid Use Disorder (in Sustained Remission, on Sublocade), Sedative Use Disorder (on Diazepam taper), Cocaine Use Disorder (in Early Remission)

Social: homeless, living in hotel; unable to work due to disability, partner also has use disorder, children in custody of child protective services due to her and her partner’s substance use.

Current Treatment:

Opioid Use Disorder (OUD):

- Buprenorphine XR injection 300 mg/1.5 ml one injection subcutaneously every 28 days. Patient received the nineth injection in Feb.
- Buprenorphine/Naloxone 8/2 mg take 1 film every 8-12 hours sublingually up to 2.5 films a day.

Benzodiazepine Use Disorder (BZD): Patient reports using 2-4 bars of Alprazolam (about 4 to 8 mg) daily.

Cocaine Use Disorder: No medication management

Bipolar II disorder:

- lamotrigine 100 mg take one tablet QD.
- melatonin 3 mg take one tablet HS for insomnia.

Chronic midline low back pain with sciatica:

- Ibuprofen 600 mg TID PRN
- Acetaminophen 1000 mg Q8H scheduled.

Readiness to Change: Ready and motivated to achieve sobriety from opioids, cocaine, and illicit benzodiazepines.

Social Stressors:

- Unstable housing, transportation barriers.
- Significant other's active substance use, incarceration, hospitalization, sub-acute rehabilitation.
- 2 children, ages 2 and 3; 3-year-old with special needs.
- Involvement with DCPP, children removed in July 2023, reunification in progress.
- Limited/minimal support from family of origin.

1. **Would you start patient on a benzodiazepine taper?**

    a. **If no, would you want any additional information prior to consideration?**

    b. **If yes, what medication and dose would you start her at?**

    c. **What challenges might you anticipate in her treatment moving forward?**

Patient is started on diazepam 30 mg total daily dose. Appears to be tolerating her taper with the addition of gabapentin but struggling with ongoing cocaine use. Her boyfriend is continuing to use, so it is a challenge for her to remain in an environment that is entirely substance free. She is started on topiramate for off-label management of cocaine cravings. Her urine toxicology continues to be appropriate aside from intermittent small amounts of cocaine, which she attributes to drawing blood from her boyfriend's used works to use in rituals involving crystals. Concerningly, she presents to clinic appearing sedated intermittently during which she denies all substance use. She presents particularly impaired one morning, seemingly sedated and emotionally labile. She is supposed to pick up her children after her visit this morning. Her last urine toxicology from last week is appropriate aside from low levels of cocaine. The urine toxicology from today will not be back for another 5-7 days.

2. **What do you think might be causing her current symptoms?**

3. **Would you contact child protective services?**

Child protective service is contacted. Patient leaves tearful and frustrated. This does lead to her children being fully removed from her custody, but she thankfully does return to treatment. Patient's urine toxicology from her visit comes back appropriately, without detection of any non-prescribed substances.

4. **What do you think was causing her impairment?**

5. **How would you proceed?**

"Wyatt"

Patient Information:

Age/Gender: 34-year-old male

Medical History: None

Psychiatric: Major depressive disorder, recurrent, severe without psychotic features., Generalized anxiety disorder with panic attacks

Substance Use Disorders: Opioid Use Disorder (in Sustained Remission, on Sublocade), Sedative Use Disorder (on Clonazepam taper), Stimulant Use Disorder

Referral Information: Referred by Cooper Psychiatry and started treatment in June 2022.

Current treatment:

- **Opioid use disorder on remission:** Buprenorphine XR 300 mg/1.5 ml one injection subcutaneously every 28 days. Patient received his nineteenth injection in Feb.
- **Stimulant use disorder:** patient is active amphetamine use, which he reports helps with management of untreated ADHD.
- **Sedative use disorder:** Prescribed up to 3 mg/day of clonazepam. Had been tapering with the psychiatry department but struggling with taper. Prescribed 2 mg daily at initial visit, supplemented by 0.5-1 mg of non-prescribed alprazolam.
    - Psychiatry attempted a taper by lowering the number of prescribed pills by 10 pills/month then changed to a dose reduction strategy.

Social Stressors

- Work schedule interfering with group visits.
- Challenges related to children and school.
- Concerned that panic will prevent him from maintaining a job

Other Barriers

- Pharmacy
    - Refusing to fill medications due to complex sig

- Refusing to fill medication multiple times per week

1. **Would you start him on a benzodiazepine taper? If so, what medication and dose? Would you add any adjunctive treatments?**

2. **What do you think of the taper strategy employed by the psychiatry department?**

3. **What might you do to address his anxiety?**

Patient follows with the clinic for two months. He is seen by the psychiatry team and prescribed Effexor for his anxiety and mood. He continues to do well with his opioid use disorder treatment but disengaged from benzodiazepine care with frequent missed visits and ongoing non-prescribed sedative use.

4. **How might you adjust his treatment plan at this juncture to meet his needs?**

5. **If he continues to struggle with ongoing use, at what point would you refer him for inpatient?**

6. **If he continues to use alprazolam, would you continue to prescribe his sedative taper?**

Patient was referred for therapy in addition to group treatment. Efforts were made to try to adapt to his work schedule, but the patient was unable to attend therapy or group visits. He was referred to an inpatient level of care but declined. Benzodiazepines were no longer prescribed, and he stopped attending group in August.

In December, he was referred back to the benzodiazepine group at the request of his Addiction Medicine provider within the clinic. At this juncture, he is using about 2 mg of alprazolam daily.

7. **Would you restart him on a benzodiazepine taper? If so, would you making any adjustments to his initial treatment plan?**

Patient agreed to attending weekly group as well as telehealth therapy weekly at the outset of care. He was started on a clonazepam taper at 1 mg bid. However, he did not attend groups nor telehealth therapy and prescribing of benzodiazepines ended within four weeks of his return.

Patient was again referred to benzodiazepine group in August of that year. He is now on leave from his job, which he states was necessary because of his inadequately controlled anxiety. He reports that because of this, he will have the time and availability to fully engage in the treatment process.

8. Would you begin patient a third time? If so, would you make any other adjustments to his treatment plan that had not already been considered previously?

"Winifred"

Patient Information:

Age/Gender: 34-year-old female

Medical History: Chronic open wounds, discitis, osteomyelitis, HCV, high-risk sexual behavior, MRSA bacteremia

Psychiatric: Borderline Personality Disorder, Bipolar Disorder

Substance Use Disorders: Sedative Use Disorder, Opioid Use Disorder, Severe, on Methadone (200mg), with daily Fentanyl and Xylazine use (IV); Cocaine Use Disorder

Social: unemployed, unstable housing, sex trafficking, intimate partner violence, transportation

Referral Information:

Referred by Cooper CFH to Beyond Benzodiazepines group in June 2022

Current treatment:

Opioid Use Disorder (OUD):

- Patient is on methadone maintenance at a local opioid treatment program.
- Has ongoing substantial use of fentanyl

Benzodiazepine Use Disorder (BZD):

- Reports being prescribed up to 6 mg/day of alprazolam in the past.
- Currently reports using about 4 mg/day of non-prescribed alprazolam.

Cocaine Use Disorder

- No medication management
- Consistently positive for cocaine with intermittent positive for amphetamine/methamphetamine

Bipolar II disorder: Prescribed olanzapine 20 mg daily

1. **Would you start this patient on a benzodiazepine taper?**

    a. **If yes, what concerns might you have about the course of her treatment?**

    b. **If no, why not? What might you want to see change before feeling comfortable with prescribing?**

2. **If you had elected to start her on a diazepam taper, but she was struggling, would you consider a transition to clonazepam?**

    a. **If yes, why? If no, why not?**

"Waverly"

Patient Information:

Age/Gender: 44-year-old female

Medical History: chronic low back pain, hypertension, insomnia

Psychiatric: Generalized Anxiety Disorder

Substance Use Disorders: Sedative Use Disorder, Opioid Use Disorder (stable on Buprenorphine), Alcohol Use Disorder

Social: stable housing, parenting older children, stable partner, employed

Referral Information:

Referred by Cooper CFH to Beyond Benzodiazepines group in August 2022; began program in September 2022

Current treatment:

Opioid Use Disorder (OUD):

- Stable on buprenorphine

Benzodiazepine Use Disorder (BZD):

- Reports being prescribed 0.25 mg daily, initially prescribed after her mother's death
- Taking about 0.25 mg daily from a family member
- Stopped alprazolam all together about 2 weeks ago, but increased alcohol intake to manage withdrawal symptoms

Cocaine Use Disorder:

- No medication management
- Consistently positive for cocaine with intermittent positive for amphetamine/methamphetamine

Alcohol use:

- Positive urine toxicology for alcohol prior to presenting to benzodiazepine group
- Fairly consistently positive for alcohol throughout her treatment course.

Generalized Anxiety disorder:

- No current medication treatment.
- At initial visit indicated that she did not want to try any other medication for anxiety treatment.

1. **Would you begin a benzodiazepine taper at this time?**

    a. **If yes, why and if no, why not?**

2. **You elect to start the patient on a diazepam taper. How much would you start?**

3. **If she continues to use alprazolam and/or alcohol, how would you proceed?**

    a. **Would you consider increasing the dosing of her diazepam?**