

Learning outcomes

By the end of Module 5 the learner should be able to:

- Define key terms surrounding opioid tolerance including: tolerance, dependence, withdrawal and addiction
- Know the important basic science underpinning management of these patients
- Understand some of the risks associated with managing acute pain in this population
- Be able to identify some of the signs of opioid withdrawal and know how to avoid acute, unmanaged opioid withdrawal
- Appreciate the value of non-opioid analgesic adjuncts and their application in managing acute pain
- Realize the importance of involving the MDT and accessing sources of specialist knowledge when managing complex and high risk patient groups

Trainer information

Module 5 uses a fictional two part structured oral examination (SOE) to introduce first the basic science and then the clinical management of opioid tolerant patients. After both components of the SOE are completed the learner is given the opportunity to access a summary of the recent BJA article *Perioperative management of opioid-tolerant patients* prior to undertaking a virtual night shift where relevant cases occur. The module allows interactive progression of the case with several alternative outcomes. The alternative narratives provide equivalent learning opportunities to the learner.

Case studies

The learner is given the opportunity to manage post-operative pain in a patient with chronic pain and long term opioid use and the narrative develops with the learners management decisions. Further exploration of the topic follows with the assessment and management of a 27 year old man presenting with an acute abdomen and a history of illicit drug use now stabilized on methadone. An audio recording of the patient is provided and the learner is encouraged at this point to discuss the case with their Faculty Tutor (Pain) or Clinical Supervisor (Please see appendix 1).

Some key elements from the patient narrative include:

- Fear of stereotyping and discrimination based on previous experiences causing clinician distrust
- Acute pain and fear that the pain will not be taken seriously

- Fear of withdrawal, more obvious after long wait, leading to drug seeking behaviour
- Use of methadone as a harm reduction strategy with lessening of the chaotic behaviours associated with illicit drug use
- Acknowledgment that he has gone to extreme lengths in the past to source drugs including manipulative behaviour, lying and stealing
- Fear of relapse due to uncontrolled pain, opioid use and environmental stress
- Other contributory factors, consider the biosychosocial model
- Loss of identity with use of negative labels (e.g. 'junkie', 'addict') and low self esteem

The learner is prompted to consider what their own concerns surrounding the case:

- How do you feel about patients like this?
- Do you trust him?
- Do you think there's an element of exaggeration of his pain to acquire opioids?
- Are you apprehensive he's going to abscond or become aggressive?
- Are you wary of overtreatment and iatrogenic harm?
- Are you confident about managing what he needs?

The narrative develops as the learner manages the case.

After completion of the virtual nightshift and follow up of the case outcome the learner receives their SOE 1 and SOE 2 outcome letter with a breakdown of these results detailing model answers.

Due to the nature of the content there is signposting to sources of support for addiction within the module.

Trainer information - discussion

Discussion of the case should develop naturally according to the individual's learning needs in a similar fashion to a CbD in a clinical setting. The learner should be encouraged to develop their own professional judgment according to required curriculum competence areas. The learner should be aware of these as they are stated at the start and on completion of each Module.

Other points for discussion could include:

- The assessment of opioid-tolerant patients in the perioperative and postoperative period
- How to formulate a pain management plan in order to prevent opioid withdrawal and provide effective analgesia
- How best to ensure continuity of care in the community after discharge from hospital
- The alternative non-opioid strategies for the management of perioperative pain
- The importance of collaborative discussion with multidisciplinary team members and specialist services

- The emotional influences on pain
- Where to seek support and guidance to manage patients with complex pain problems when they present in the perioperative period

Appendix 1: Module 5 transcript – Ed Walls

I need to get my phone working, I need to tell my ex I can't make it to see my kid, she'll think I'm flaking on him again.

I wasn't going to come, I knew it would be like this, people always treat me like dirt, like I'm just here to score or steal. You think that too don't you? That's what everyone recons. I'm clean and I still get treated like some scum junky who doesn't deserve respect. I don't need your judgment, I need help. I'm in agony and they won't give me anything, I just get a hard time. Even if I was using, which I'm not, it doesn't stop me getting sick same as anyone else.

You recon I wanted drugs in my life? I didn't choose this. My whole life I never fit in, like constant anxiety. I'd drink and smoke to be part of the crowd and it went from there. Drugs was part of the scene, weed, speed, coke, pills, then anything I could get my hands on and someone's giving me smack. At the start I did it to get high, I'd feel good, chill. I'd nod out, be relaxed, like for the first time in my life the anxiety was quiet, I could always stop, anytime?

But I got trapped like everyone does. I thought I could control it, but by then using was more important than having a roof over my head, more important than my kid, I just needed the hit again, more and more. Coming down...I can't even describe it...I was like dying...shaking...sweating...sneezing...nose pouring...puking...pain...I was strung out. I'd do anything to not feel like that. I did crazy stuff to not feel like that. Lie, steel, I'd manipulate anyone. People like you, people who were trying to help me.

In the end I had nothing left. I was going to die. I've seen that, I watched people OD, I've OD'd. When you jack up you don't know if this is the one that's going to kill you, you don't care. I was spending my whole life wasted. I'd hit bottom. I had to get out, get away from that life. That's when I got with the programme, like that's what got me clean.

When I started on Methadone I had to not use the day before then stick around in the clinic to get these like tiny doses, I was like "man I've been on £60 a day minimum are you having a laugh". I wasn't even allowed to have a drink, but I stuck with it and after a couple of weeks they had me on a dose where I wasn't out of my head trying to score. Some people cheat, but not me, I haven't used in nearly a year, I've got a decent key worker, who gets me, and the pharmacy, they treat me the same as any other problem, like I'm getting my treatment. We

talked about changing to Subutex but I would have had to do five days off the methadone to get it out of my system, so I just stuck with what I know works for me. All my random checks have been clean, they know I'm not using.

The methadone makes me feel normal, not constantly craving my next fix and stressing about how I'm going to get hold of it, not feel like I'm dying. I can do a normal life. I can see my kid again. I'm doing an access to work course. When I got this pain in my belly, I got sick, I couldn't take my methadone, I started to crave again, that freaked me out, because I'm out of my mind with pain and I'm getting sick and that's what made me come today. I don't want to go back there; I knew I needed help.

I really want you to hear what I'm saying. I never want to go back to that life, but man I'm out of my head with pain and I need you to do something. If I was using I wouldn't be here, I'd be off my face in some squat and I wouldn't need your help. I'm scared.

That other guy said I might need an operation? To stay in? I don't have time for any of this, I need that charger for my phone, my ex will be doing her nut if I don't call and if I don't show for my dose today the pharmacy will tell the programme and I'll get kicked off, they warned me if I missed doses I'd lose tolerance or something, have to start again with the stupid little doses or I'd OD. Seriously this is so messed up.