

DISCLOSURE

I have no actual or potential conflict of interest to disclose

LEARNING OBJECTIVES

List ways to enhance communication with patients of varying backgrounds

Recall important opioid warnings

Explain treatment agreements and their place in community pharmacy practice

Discuss how pharmacists can play a key role in the patient's pain management team

PHARMACIST/PATIENT COMMUNICATION

Establish Trust

Introduce yourself

Be friendly

Make them feel comfortable

Demonstrate a genuine interest

PHARMACIST/PATIENT COET/PEB(3)913 MP3124AR09

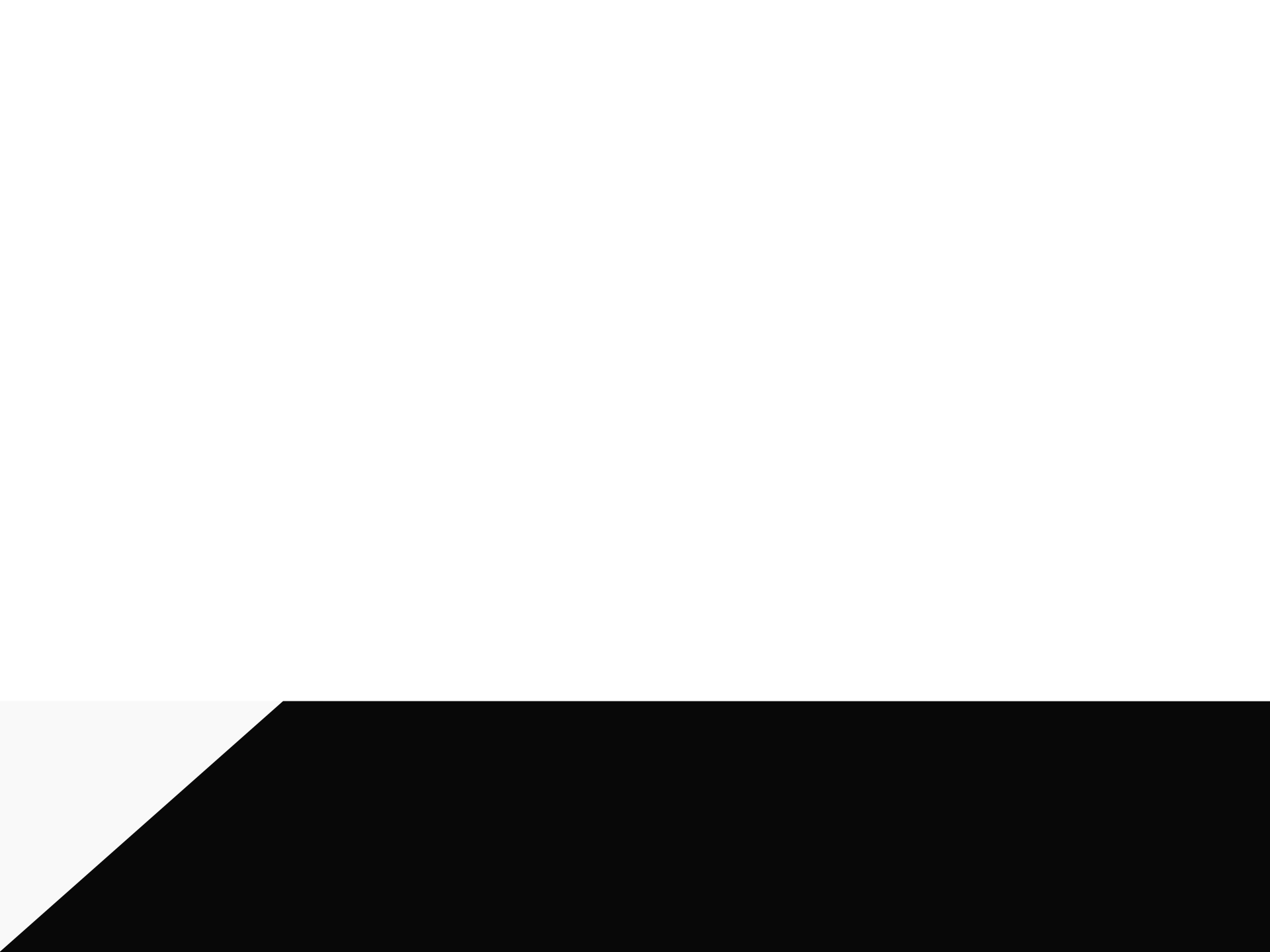
PHARMACIST/PATIENT COMMUNICATION

Communicate Non-verbally

Eye contact

Facial expression

Tone of voice



PHARMACIST/PATIENT COMMUNICATION

Ask Questions

Open-ended

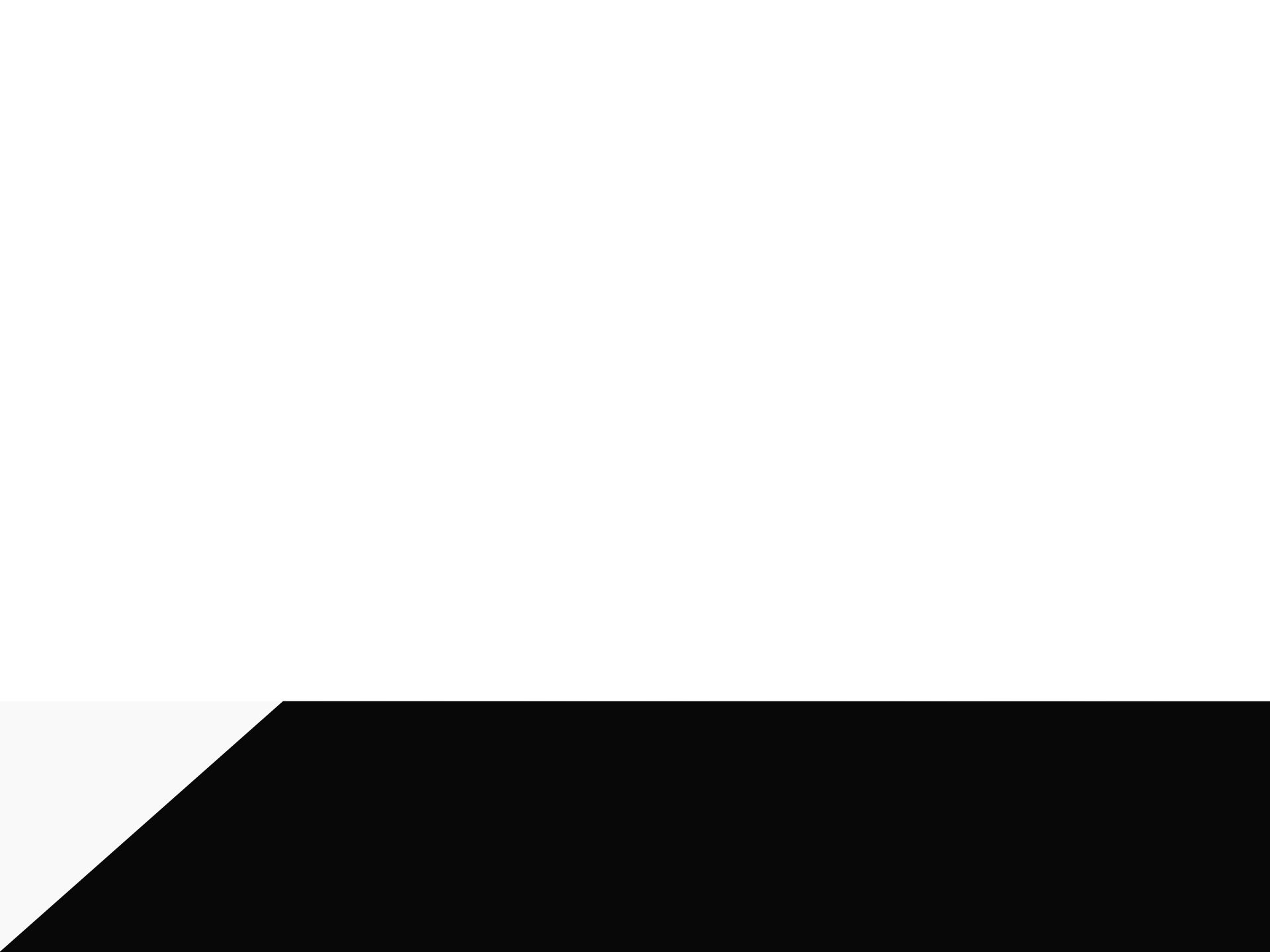
What

Why

How

Give reasons for asking

Helps avoid offending the patient



PHARMACIST/PATIENT COMMUNICATION

Show Empathy and Encouragement

Make the patient feel comfortable

PHARMACIST/PATIENT COMMUNICATION

Motivate Patients

Try to be positive

Try to find ways to get through

Inspire patients to invest in their treatment plan

STIGMA

Not everyone has Opioid Use Disorder

Symptoms

Desire

Lack of control

Use despite interference

Larger amounts

Tolerance

Time

Withdrawal

BOUNDARIES

Provide Privacy and Confidentiality

What is said in the pharmacy stays in the pharmacy

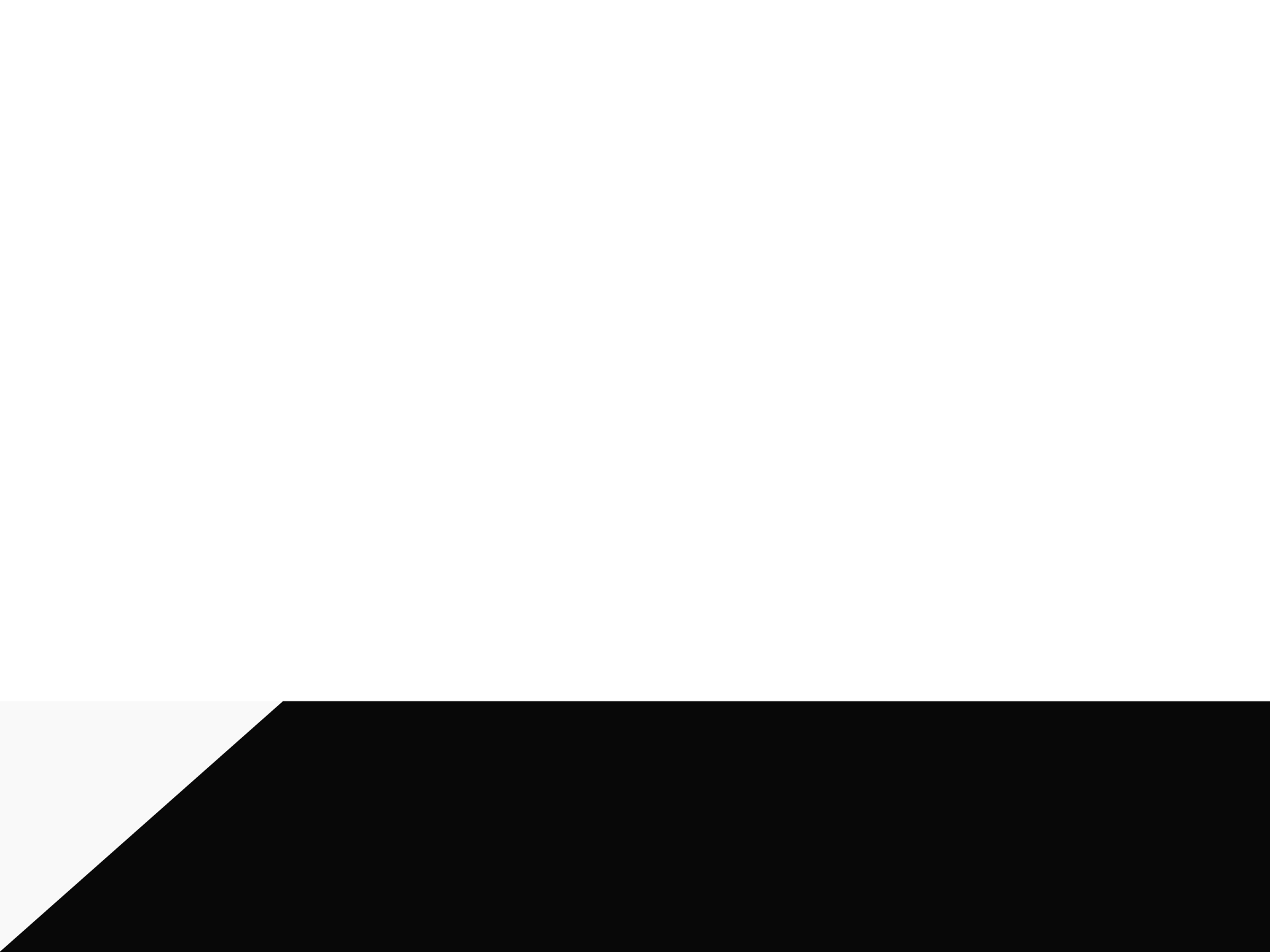
Substance Abuse and Mental Health Services (SAMHS) not covered by HIPAA, but other confidentiality laws apply.

PMP database

- Private and secure

- Limited access

- No patient permission required



OVERALL

Tailor Counseling to Meet Patients Needs

Know/Get to know the patient's backgrounds

- Acute vs. Chronic condition

- New start

- Dose change

- Substance use history

Choose which skills will benefit your patient

- Verbal

- Visual

Demonstrate technique of devices

- Naloxone!

WARNINGS

Dependence and tolerance

Long-term efficacy evidence

Analgesic efficacy maintenance

Dose escalation/Adverse effects

Significant risks

 OUD

 Misuse

 Black Box warnings

TREATMENT AGREEMENTS

Different Agreements

Long-term treatment with opioid analgesics

Other controlled substances

Facilitate communication between patients and providers

Address questions/concerns before therapy

Patients' understanding

Role

Responsibilities

Informed consent

ELEMENTS TO AN OPIOID AGREEMENT

Non-confrontational

Lay language

Comprehensive pain management plan

Responsibilities

Protection

Unacceptable behaviors

Consequences

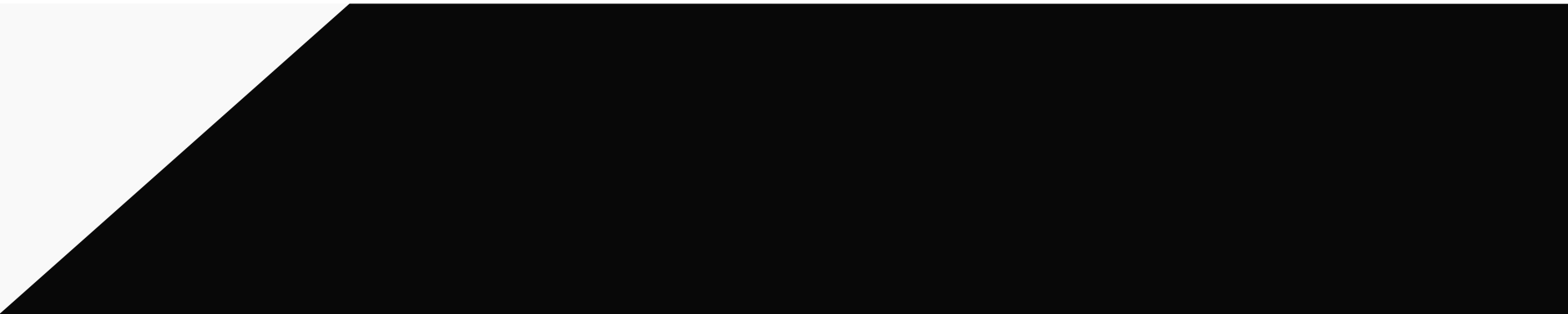
Timeframe

Goals

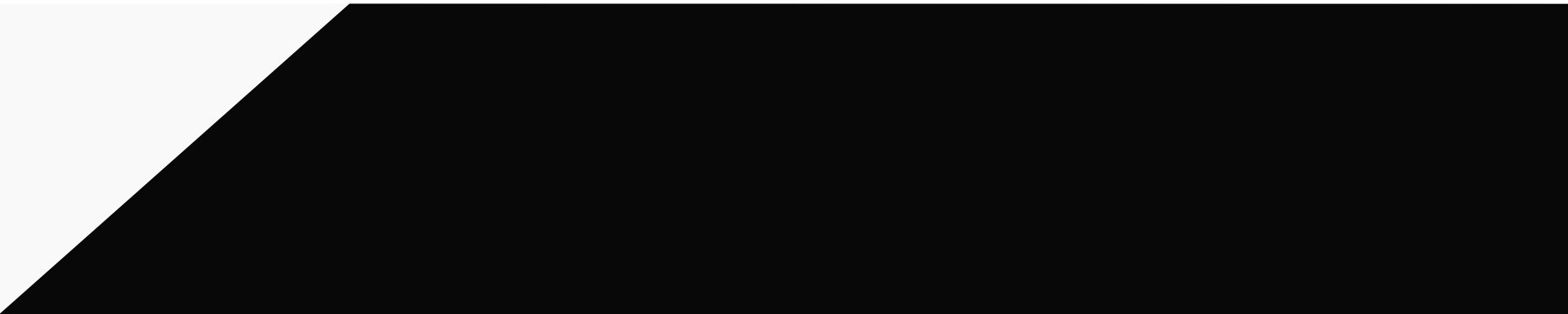
Risks and benefits

Informed consent

EXAMPLE 1



EXAMPLE 2



COUNSELING ON ALTERNATE THERAPIES

OA - NSAIDs

Low Back Pain - NSAIDs or acetaminophen

Musculoskeletal

COUNSELING ON OPIOID CO-THERAPIES

Naloxone

Stool softeners & laxatives

Conversation starters?

COUNSELING LOVED ONES

Spouses

Parents

COUNSELING LOVED ONES

Signs of drug misuse progression:

- a. Using drugs alone
- b. Stockpiling drugs
- c. Changing friends
- d. Willingness to take increasing risks to use drugs
- e. Using drugs at inappropriate times
- f. Becoming defensive when asked about drugs or drug use practices
- g. Carrying drugs

COUNSELING LOVED ONES

CRAFFT

Have you ever ridden in a Car driven by someone (including yourself) who was high or had been using alcohol or drugs?

Do you ever use alcohol or drugs to Relax, feel better about yourself?

Do you ever use alcohol or drugs while you are by yourself (Alone)?

Do you ever Forget things you did while using alcohol or drugs?

Do your Family or Friends ever tell you that you should cut down on your drinking or drug use?

Have you ever gotten into Trouble while you were using alcohol or drugs?

WHAT CAN WE DO NOW?



STARTER LIST OF RESOURCES

1. SAMHSA behaviors health treatment services locator (which includes substance use disorder treatment):
National Helpline 1-800-662-HELP (4357), <https://findtreatment.samhsa.gov/>
2. SAMHSA opioid treatment program directory: <http://dpt2.samhsa.gov/treatment/directory.aspx>
3. National Institute on Drug Abuse <http://www.nida.nih.gov>
4. Risk assessment tools <http://www.opioidrisk.com/node/774>

QUESTIONS?



QUESTION 1

When counseling a patient, a pharmacist should

- a. Build trust with the patient
- b. Listen to the patient
- c. Tailor the session for the patient
- d. Remain objective to the patient's situation
- e. All of the above

QUESTION 2

What analgesic therapy could a pharmacist recommend for neuropathic pain before a patient tries an opioid?

- a. Ibuprofen
- b. Acetaminophen
- c. Duloxetine
- d. Naproxen

QUESTION 3

Which of the following is a potentially fatal adverse effect of opioid use that patients should be counseled on?

- a. Accidental overdose
- b. Euphoric feeling
- c. Diarrhea
- d. Pain relief

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