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OBSERVATIONS

LETTER FROM NEW ENGLAND

Treating Stella: the story comes first

Patients who take narcotics for chronic pain are treated as pariahs

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She is a wisp of a woman who steps cat-like into my examination room and anchors herself to the legs of the chair. She follows my gaze with a cool air of curiosity and suspicion. A tight smile belies the pain that nests in her eyebrows and forehead.

She is new to the practice, and before I can ask why she is here I remember the phone call on a busy Monday just a fortnight ago. A colleague asked whether I would see her on referral; only after my provisional yes did he tell me why. He had heard that I taper patients off narcotics; would I do that for Stella? Of course, I sighed. She needs as much help as any other.

"Your doctor indicates that he would like for you to be off pain meds," I state as a matter of fact. "What do you think?"

"I think I'd like to be free of pain," Stella replies. "My medicine is about to run out, and you are my only hope of getting a refill before withdrawal sets in. But frankly I don't care. The meds are not working anyway."

I twist around to view her records on my computer screen, but she stops me with a finger on the shoulder. "Let me tell it," she implores. "It is my story more than theirs."

So she begins. I am the fourth doctor she has seen since her pain got worse. "The first doctor thought it was an ulcer or a blockage. When the treatment didn't work, and the x ray pictures were normal, he started me on hydrocodone and shortly thereafter left town. The next doctor drew blood tests, ordered a CT scan of my belly, and put a tube down my throat and up the other end. It was all normal, but the pain in my stomach got worse. So she tried me on bottles of medication but came back to the hydrocodone because it was the only thing that worked. At least for a while. When the second doctor stopped seeing pain patients, the third repeated the studies—all normal—and, 'against his better judgment,' he upped the dosage."

I notice that Stella is taking not only prescription pain relievers but also anti-anxiety pills and sleep medication. I ask her why.

She sits back in her chair, glances at her husband for support, and whispers: "When I was 6, my parents placed me in charge of my 3 year old brother. I didn't mind; we often played in the park across the street. He usually loved that, but on that morning he wanted to stay inside. So I pretended to leave and set out across the street. He cried and cried on the front steps until fear overtook him, and he bolted across the street, into the path of a pick-up truck. That was 60 years ago, when the pain began. I never slept well again."

We begin the tapering process that day: of all the drugs that had been prescribed to her. I reassure her that I will try my hardest to help her, believing that her best chance is to become narcotic free. It will take a team; it will take time. I know she believes me, even as I harbor my own doubts.

She and her husband return every week, and every week I lower the dose. I offer referrals—one by one—to a behavioral therapist, a dietician, and a pain consultant. When she missed an appointment I later learned that she had gone to the emergency department and was admitted for observation. They called it dehydration from a stomach virus; I suspected that I had weaned her too rapidly off benzodiazepines. Her epigastric pain disappeared, but the lower abdominal cramps worsened, then improved, and now stir for a few hours each morning.

In my community, patients taking narcotics for chronic pain are pariahs, especially when they encounter a new healthcare provider. Yet we are the ones who prescribe; they are the ones who follow our advice. And who now live in fear of being robbed or labeled as would be drug seekers or drug dealers. With the Federal Drug Administration and state licensing agencies imposing new and stricter guidelines, it is easier for the doctor to stop listening, sign a drug contract, order a urine screening test, and make no exceptions. Where is our moral obligation, as G Gayle Stephens, the advocate of family

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medicine,[1] once put it, "to learn the patient's name and all that it stands for"?[2]

The epidemic of prescription drug use is scorching our small community. And we are not alone. Nationwide, more people are dying from drug overdoses than from traffic crashes. In 2012 an estimated 6.8 million Americans reported using prescription drugs for non-medical reasons in the previous month.[3] Of these, 4.9 million used pain relievers and 2.1 million used tranquilizers; fully a third reported receiving their drug directly from a physician.[4] Surprisingly, older age is a risk factor for the unwitting doctor's narcotic prescription to be misused.

The last time I saw Stella she was all smiles and only a little in pain. She had gained 3 lb (1.4 kg) and credited her improvement to a "Paleolithic diet" that restricted all grains, dairy products, potatoes ("I've cheated a little there," she winks), refined sugar, and salt. Her summer plans include a return to canoeing, gardening, and quilting, activities she put aside years ago. I told her, "I am so proud of you, Stella. Who would have believed it?" "You," she grinned. As did she.

Provenance and peer review: Commissioned; not externally peer reviewed.

Patient consent obtained.

1 Loxterkamp D. The torch has passed: G Gayle Stephens. *BMJ* 2014;349:g3714.
2 Stephens GG. Acts of endearment: attending to the affectional bonds between physicians and patients. *Can Fam Physician* 1992;38:2842-6.
3 Substance Abuse and Mental Health Services Administration. Results from the 2012 National Survey on Drug Use and Health: summary of national findings. NSDUH series H-46, HHS Publication No (SMA) 13-4795. Substance Abuse and Mental Health Services Administration, 2013.
4 Becker WC, Tobin DG, Fiellin DA. Nonmedical use of opioid analgesics obtained directly from physicians: prevalence and correlates. *Arch Intern Med* 2011;171:1034.

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