Pacific Views

Newsletter for Healthcare Professionals

Summer 2013

SOUTH PACIFIC PRIVATE
Australia's Leading Treatment Centre

Pain and Addiction

Dr Ben Teoh, Medical Superintendent
Psychiatrist & Physician in Addiction Medicine

The significant increase in the use of pharmaceutical opioids for the treatment of non-cancer pain and associated related increases in dependency and deaths has led to a lot of concern, particularly in the US.

The figures are alarming. Sales of opioid analgesics in the US increased fourfold between 1999 and 2010. In 2008 more than 14,000 deaths were related to the misuse of prescription medications, the vast majority prescription opioids.

While there is evidence that marketing of these drugs for use in non-chronic cancer pain was not as aggressive or untrammelled in Australia, recent statistics are worrying.

Researchers at the National Drug and Alcohol Research Centre found that, between 2002 and 2008, prescriptions for oxycodone increased by 152 per cent. Prescriptions were highest among older Australians. A second report from NDARC reveals that a total of 500 Australians aged 15-54 died due to accidental opioid overdoses in 2008 – the latest year for which final figures are available. Deaths in 2008 were predominantly due to opioids other than heroin (which include oxycodone and morphine). The largest recorded increase was among older Australians aged 45 to 54, with preliminary figures indicating deaths in that age group have increased by about 50 per cent since 2008.

Opioid dependence and fatal respiratory depression are serious and well known risks of opioid analgesics. Yet at the same time they are listed by the World Health Organisation (WHO) as essential medicines for the treatment of chronic pain.

continued...

IN THIS ISSUE

With an ageing population we can expect their use to increase not decrease. In addition, there is no scientific consensus as to what the best course of action is. Some argue that the use of the drugs in non-chronic cancer pain in anything other than an end of life situation should be severely restricted as dependency is a very real risk even for patients without a history of substance use or mental illness. Others argue that there is no reliable large scale scientific evidence that tolerance is a typical result of opioid prescribing.

There is no doubt that we need a humane response to the management of chronic pain and not a knee jerk reaction, which dramatically restricts their use in the absence of reliable evidence of inevitable harm.

What all are agreed upon is that patients must be rigorously assessed for risk - which includes a previous of history of substance use or coexisting mental illness. As well patients prescribed opioids to treat chronic pain must be carefully monitored particularly with regard to dose and length of treatment.

At the same time, extremely promising programs are emerging which involves comprehensive approach to treating chronic pain encompassing mental, emotional, spiritual and physical functioning.

For some people, traditional pain management approaches and the use of pain medication have not worked. The goal of eliminating pain becomes unachievable and unrealistic. There are well established pain treatment programs in US based on the recovery concept similar to addiction that have shown to be effective. The goal of pain recovery is to learn ways to accept and live in coexistence with pain. It is individually managed, abstinence based, Twelve-step model, client empowered and solution oriented. It addresses family issues and long term support.

At South Pacific Private, we have been treating an increasing number of people with prescribed medication abuse, majority opiates, and many, as a result of chronic pain. While treating the addiction, we have found the recovery approach effective in addressing issues relating to chronic pain. In recognition of this discovery, SPP has begun the process of developing a pain recovery program. In February 2014 we have a professional grand round scheduled to address the holistic management of chronic pain and complications relating to analgesic addiction.

Professional Grand Round – Chronic Pain and Addiction

WHEN: Wednesday 5 February, 2014 **8:30am – 10am**

WHERE: South Pacific Private, 24 Beach Street, Curl Curl

We would like to invite interested health professionals to join the clinical team here at SPP for our February Grand Round.

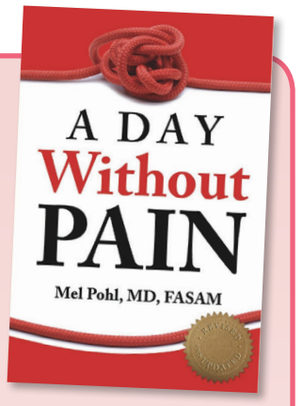
The topic we have chosen to highlight at this first Grand Round for 2014 is: Holistic Management of Co-occurring Chronic Pain and Analgesia Addiction.

This PGR, presented by Dr. Ben Teoh, Medical Superintendent will present a fascinating insight into medical, psychiatric and psychotherapeutic treatment considerations, followed by a recent case study presented by members of the clinical therapy team, and an opportunity for open discussion. Morning tea will be served so allow time for a cuppa and a chat with our team.

RSVP

by Friday 31 January to
registrations@southpacificprivate.com.au
or call the PR Department on (02) 9905 3667

A Day without Pain



Mel Pohl, MD, is Vice President of Medical Affairs and Medical Director of Las Vegas Recovery Centre (LVRC). He was a major force in developing the LVRC Chronic Pain Rehabilitation Program. He is a fellow of the American Society of Addiction Medicine (FASM) and is certified by the American Board of Addiction Medicine – among many other things.

In *A Day Without Pain,* Dr Pohl writes very eloquently from a scientific point of view, while keeping to a style that is understandable to the lay reader. His distinction between acute and chronic pain (the only commonality between the two being the word "pain"), and his description of opioid-induced hyperalgeisa (where a person feels more pain as a consequence of the opioids in their nervous system) is so accessible that one could imagine it would be life-changing information to the person who has been relying on medication to relieve the pain, only to discover that it is exacerbating their condition.

He addresses the benefits of using medications and the possible consequences of long-term use that complicate chronic pain. As an addictions specialist, he is experienced in recognising when tolerance fuels addiction.

American statistics suggest that 24% of men and 27% of women in the USA experience long lasting chronic pain. These numbers are startling, especially when you consider that Chronic Pain Syndrome (CPS) and depression are inextricably linked.

Another interesting facet of the discussion is the distinction between "Pain Management" and "Pain Recovery".

PAIN MANAGEMENT	PAIN RECOVERY
Medically managed	Individually managed
Medication-based	Abstinence-based
Medical model	Twelve-step model
Dependant on medications and medical procedures to "kill" pain	Personal responsibility; learning to accept and coexist with pain
Victim/Patient	Empowered/Advocate
Externally focussed	Internally focussed
Problem-oriented	Solution-oriented

A Day Without Pain offers practical ways to distract, manage and stop resisting pain – or order to reduce it. Whether you are a healthcare professional interested in the complex field of chronic pain management, or a person who suffers with chronic pain, this book is an engaging and interesting read that may offer up a new perspective on the subject.

Psychiatrist's Dinner & Discussion – The Genetics of Alcohol, Related Disorders and their Treatment

Professor Paul Haber delivered our final *Dinner & Discussion* for 2013 on 16 October at Wolfies Restaurant, Circular Quay. He addressed both the genetic and environmental risk factors for alcohol use disorders – Is it nature vs. nurture? Are we in fact hardwired `for alcoholism?

It is now widely accepted that susceptibility to alcohol abuse has both a genetic and environmental component. Though how do the two interact, and is one more important than another?

Professor Paul Haber

The known environmental risk factors are the availability of alcohol, year of birth, smoking, mental illness, country of birth and occupation.

Many baby boomers are more likely to be dependent on alcohol at some point over their lifetime compared with earlier generations both during and before the war.

The influence of genetics means that we know alcoholism and other substance use disorders run in families and that genetics influence the course of the disease, responsiveness to treatment and the risk of relapse after treatment. We are now moving into a time of pharmacogenomics, where the identification of the specific genes involved in alcoholism will allow us to better target treatment, and identify those most at risk. We will also be able to understand why some individuals respond to treatment and some don't, and identify those most at risk of relapsing.

Recognising Patients in Crisis – A GP's Perspective

South Pacific Private recently spoke with one of our valued referrers about their experience working with SPP. Chris is a GP in private practice who works mainly in the area of mental health. He is also a member of the Australian Society for Psychological Medicine (ASPM www.aspm.org.au). He has referred many patients to us over the years and we were interested in learning more about his experience working with us. We were also interested in how he recognizes a patient who is in crisis and who might be appropriate for treatment at SPP.

Could you tell us about one of the patients that you have sent to SPP that gave you the confidence that we really could help your patients?

I would be happy to share a case study with you to highlight what I consider to be the "differentiation" of what the SPP treatment plan offers.

Case study A:

John presented with a diagnosis of "anxiety and depression". He described lots of early family of origin traumas and a large amount of resultant shame. John was very emotionally shut off and had developed a compensatory sex addition. The sex addition precipitated his admission.

John described a very strong connection with his group facilitator in the early stages of his treatment plan. Needless to say, the prospect of "admission" to a hospital, for this problem, was, for John, quite frightening initially. Early normalization of his presenting problem in group therapy really helped him with his feelings of isolation and the associated shame. He felt a strong sense of community and his fears were significantly alleviated through both group and family therapy. His experience of the family program was really powerful. John's initial fears about an admission were also alleviated following a "pre-emptive" visit to SPP where, during that visit and assessment, key messages about working the program and "doing the work" were explained. John described this process as important as it helped reduce the barriers and stigmas he and his family associated with potentially being in a psychiatric facility.

I believe that a key message that is critical for patients is about the potentially positive experience they will have if they are courageous enough to agree to admission to SPP. Many patients might say in hindsight, "I had no other choice …" personally, I believe they could have "chosen" to stay stuck, or fearful, or addictive, or anxious, or depressed, etc. Understandably, patients considering an admission to SPP want to know what will happen and how does "the model" work. I genuinely believe that GPs could benefit from finding out more about the SPP model and being mindful of this information when suggesting an admission with clients who are facing crisis.

What do you think are the benefits for your patients of taking time out to address an inpatient stay in a treatment centre such as SPP?

I see real value in the opportunity for patients to remove themselves from their current situation that is often potentially triggering or supporting their addiction. This is a chance to break the pattern of avoidance and disruption. The idea of offering people that time out is for many an essential part of their recovery.

In my experience, inpatient treatment also enables many clients to develop a much richer sense of who they are and how they came to be there. It provides a safe, but often paradoxically very challenging therapeutic environment where a richer personal narrative for patients can evolve.

What do you consider the points of difference about the SPP approach to the treatment of mental illness and addictions?

Many patients describe the value of the non-hierarchical approach of SPP. Patients so often describe to me that what really helped them in recovery was the experience of and collegiate of the SPP therapists. The therapists have a level of autonomy that is appropriately handled and supervised at SPP that is possibly unique amongst service providers. Clients respond to that rapidly. One of the many strengths of SPP is the staff's democratic, honest and authentic approach to understanding mental health. This is combined with the skill of "the use of self" by the very experienced therapists at SPP.

What are the presenting problems that you see which indicate that a patient is in crisis?

I believe it is critical to have an early ethical curiosity of a "patient" as they reveal their gradual understanding of what potentially sits behind their "anxiety or depression". Depression is a really easy label to apply and I believe many practitioners have a potential naivety about the application of this term and its treatment. Being mindful of a person's "life story" is both important and respectful as it helps to recognise crisis early and to intervene appropriately. My preference ideally is to give patients plenty of information early so that they understand their treatment or recovery options; SPP being one of them. It's important, where possible, to prepare them for a potential admission as one might for a surgical or medical problem. They need to recognise their options. I invite them to familiarize themselves with SPP, to visit and make contact with SPP. They may want to take along the support of a family member. I encourage them to document and ask questions about

their potential admission and, in turn, to read the relevant information about potential treatment.

For many patients their first impression of walking into SPP's reception and whether it feels "safe" has a huge impact on their decision to agree to an admission. Many of them will have never set foot inside a psychiatric facility. Understandably, they may have preconceptions about what it means to be a patient there.

Do you have any hints about what other GP's can do to improve their ability to recognise a patient in crisis?

As a health care professional we need to recognise when someone is getting more involved in their negative or destructive behaviours, more disorganized, more fearful, more panicked, experiencing more unhelpful or exhausting conflict, not attending work regularly, and how this is impacts on close family members and relationships. Some clients have an awareness that they need to break this cycle, but this is often dependent on the individual and their degree of psychological insight.

There are many challenges in supporting patients into treatment – how do you manage to work with patients on these challenges?

I think it's often of value to introduce patients to other clients who have attended South Pacific Hospital. I take an "alumni approach" and ask past clients to be references to new potential inpatients at SPP. It's a helpful way to normalize the process and the experience for people who are often understandably anxious and fearful.

It is my opinion that the use of language is also critical. I try to help patients realize that through admission they have an opportunity to focus on the chance they have to learn how they came to this point, and the opportunity they have to become healthier, and how much this experience will benefit them and their families.

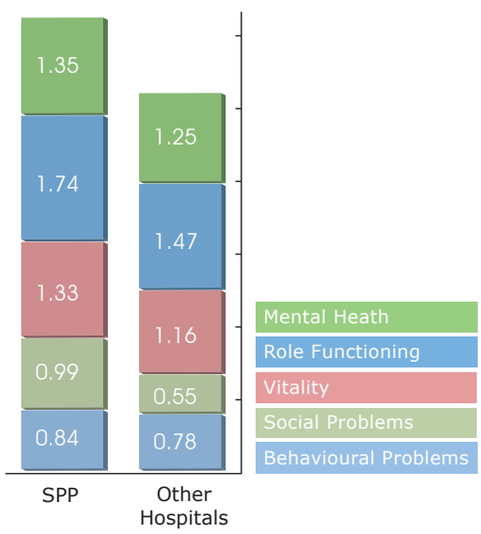
You are passionate about the work you do – can you tell us a little about that interest?

It's actually difficult for me to describe, but … people's lives can change in a way that's hard to put down on paper. It really is about the satisfaction of "making a difference". One major motivator for me, and perhaps all of us involved in mental health and psychological medicine, is the knowledge that, despite how exhausting the work can at times get, we are often breaking old and at times destructive patterns. By facilitating major positive changes, we are in turn, creating a much healthier next generation.

HoNOS STATS: Data representative of 01/10/'12 to 30/09/'13

Patient Outcome Data

The data provided here is evidenced from the Health of the Nations Outcome Scale (HoNOS) and Mental Health Questionnaire.

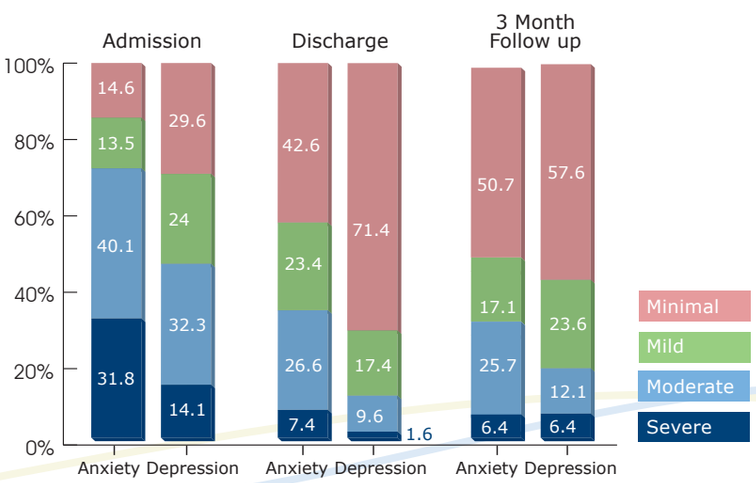


Note: Above 0 is indicative of a positive change. The higher the number, the more the improvement.

Hospital and Anxiety Depression Scale (HADS) – Summary

The HADS measures and tracks the symptoms of depression and anxiety presented by patients from admission to completion of treatment.

The following is a collation of the % of patient endorsed items which represents severe, moderate, mild and minimal symptoms of depression and anxiety at admission, discharge and 3 month follow-up. There is a huge reduction in % patients who appear severely and moderately depressed or anxious at discharge and then at 3 months.



The Theory behind the Therapy

Therapeutic Tips from Tracey Hammett, Director & Clinical Consultant, SPP

Evidence-Based Practice and Evidence-Based Thinking

Evidence-Based Practice (EBP) is based on expert opinion about available evidence. In addition to formulating treatment programs based on EBP, at South Pacific Private we also believe it essential to engage in Evidence Based Thinking (EBT). That is, a process by which diverse sources of information, (research, theory, practice principles, practice guidelines, and clinical experience), is synthesized by a clinician, in order to identify or choose the best clinical approach for an individual client at a particular clinical situation.

In order to provide the most effective and integrated treatment currently available, SPP delivers a treatment program carefully designed to incorporate EBP approaches. This is underpinned by the Developmental Immaturity Model which shapes and supports the capacity to holistically treat the addictions, mental illness, trauma related and co-existing conditions concurrently in the same treatment episode. This also provides a framework for mapping a recovery pathway to sustain treatment gains and reinforce the process of positive change when the client returns to work with their referring therapist after a stay at SPP.

Our psychotherapeutic program incorporates many of the principles of an extensive range of evidence based treatment modalities into a comprehensive & holistic treatment experience that is unique in Australia.

This range includes:

- Cognitive Behavioural Therapy
- Dialectical Behavioural Therapy
- Trauma Focussed Therapy
- Cognitive Processing Therapy
- Motivational Enhancement Therapy
- 12 Step Facilitation
- Family Systems Theory
- Skills Training in Affective and Interpersonal Regulation
- Schema Therapy
- Acceptance & Commitment Therapy

The Developmental Immaturity Model

Pia Mellody developed this model of approach at The Meadows to expedite the treatment of Developmental Immaturity, which she sees as the basis of adult dysfunction. The underlying premise is that childhood trauma including child abuse and neglect is the origin of developmental immaturity and underpins or drives many of the presenting problems that create the crisis that precipitates admission to SPP, including addictions, mood disorders and trauma related conditions.

The treatment process is eclectic using various strategies to identify the core issues, secondary symptoms and relational problems arising from developmental immaturity. Through a combination of psycho-education, awareness building tasks, debriefing, experiential processing and skill training the client develops functional adult skills that support self healing, re-parenting, improved relationships with self and others, and ongoing recovery.

> "In order to provide the most effective and integrated treatment currently available, SPP delivers a treatment program carefully designed to incorporate EBP approaches."

Australian First - Survey Compares Life in Active Addiction with life in Recovery from Addiction

In an Australian first, researchers and drug and alcohol treatment providers are collaborating in a ground breaking national survey. The survey will track and measure the lives of Australians with a history of addiction to alcohol or other drugs and who are currently living in recovery from that addiction.

The research is being conducted by a team from Turning Point Drug and Alcohol Centre in Melbourne and South Pacific Private and will provide the most extensive picture of life in recovery from drug and alcohol dependence to date in Australia.

All Australians who identify themselves as being in recovery from addiction to alcohol or other drugs are invited to take part in the online survey that runs from 11th November until 31st December 2013.

Dr. Ben Teoh, Medical Superintendent of South Pacific Private, a private hospital specializing in the treatment of addictions and mental illness on Sydney's Northern Beaches, said that experience of Recovery was an aspect of drug and alcohol dependence that is not much talked about in Australia.

"Australia has among the highest rates of alcohol abuse in the world and, along with New Zealand, our population is one of the heaviest users of cannabis. Yet at the same time we have a significant proportion of people who have been living in recovery for many years.

"This survey has the potential to uncover, not only what really happens in a person's life in recovery, but also to document the improvements in their lives once they are in recovery.

We believe the impacts and benefits of recovery extend way beyond the individual and we are delighted that this nationwide survey is bringing recovery to the forefront of national discussion."

The project is being led by Associate Professor David Best, Head of Research and Workforce Development at Turning Point Drug and Alcohol Centre and Associate Professor of Addiction Studies at Monash University. A/ Currently, he is also vice-chair of the UK Recovery Academy and chair of Recovery Academy Australia whose aims are to promote academic research into who recovers and when.

"This is a major step forward in mapping the recovery community in Australia, both in terms of assessing who achieves and sustains recovery from alcohol and drug addiction and mapping how they get there," said A/Prof Best.

"It will help to strengthen the recovery voice and bring together those who wish to celebrate the astonishing achievement that recovery represents."

To view the survey please visit the South Pacific Private homepage and scroll down to click the recovery link:

www.southpacificprivate.com.au.
Alternatively the survey is available here:
www.surveymonkey.com/s/ALIR2013.

Global Addiction News

USA:

Widespread use of opioid medications found in nonsurgical hospital patients

A comprehensive analysis of more than 1 million hospital admissions led by Beth Israel Deaconess Medical Center in the US, found that over 50% of nonsurgical patients were prescribed opioids during their hospitalisations with more than half of those exposed still receiving the medication on the day they were discharged from hospital.

SPAIN:

Brain function abnormalities affect decision-making capacity of gambling addicts

University of Granada researchers have analysed the similarities and differences in psychological profile and brain function between cocaine addicts and gambling addicts. The study revealed that gambling addicts present brain function abnormalities that affect their decision-making capacity. The research also found that the tendency to make bad decisions increased significantly when the addicts experienced uncomfortable emotions such as anxiety or sadness.

SPP Happy to announce its recent status as a Teaching Hospital

SPP is a teaching hospital of The University of Sydney. Currently, we are involved in training students from the Sydney Adventist Hospital Clinical School of The University of Sydney.

SPP is offering the medical students experience in medical and psychosocial management of addiction and mental disorders. This was an excellent opportunity to introduce them to the SPP approach to treatment with family and integrated programs.

Our first three students, Kalhari, Kate and Isabelle, were with us for three weeks and, under the care of the Director of Nursing, and the Director of Clinical Services and Medical Superintendent, Dr. Ben Teoh, were introduced holistically to what we do here and the SPP way.

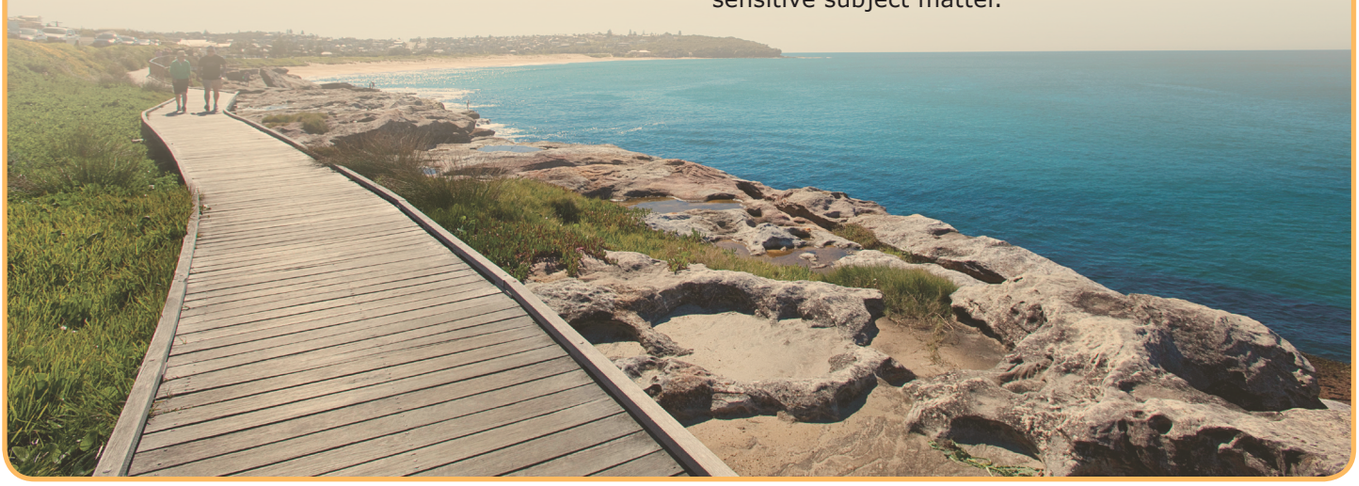
Dr. Teoh commented, *"The students were keen and receptive to different approaches to addiction and mental health issues. The clinicians at SPP were impressed with how quickly students were able to learn new ideas and discussed issues."*

Before their three weeks here finished – debriefed with them and asked them about their experience here at SPP and the highlights of their time onsite.

The students commented that the highlight of their time at SPP was exposure to group therapy stating that this was a raw and truthful experience and that it taught them about the importance of addressing people holistically and contextualising their treatment.

The students also found it instructive to learn that group therapy is not organised as per a patient's presenting problem or diagnosis and that all inpatients at SPP are in shared group therapy not specific to diagnosis. They highlighted that they learned that patients who are experiencing different problems can actually assist each other through the group therapy process and that they are not defined by their presenting problem.

All three of the students found their time here of great value to their clinical training and shared that they felt their exposure to the work of the hospital had enabled them to grow in confidence in terms of the way they relate to patients and establish rapport with complex issues and when broaching sensitive subject matter.



Follow us on Twitter

Our Twitter network of professionals is growing! Follow us to keep up to date with the latest news, events and commentary as it relates to SPP & the general therapeutic field. @SPPrivate_