

# Safety Matters: Trends and Learnings from the Medical Examiner



## Case Review of Prescription- Related Overdose Deaths

### Presenter:

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# Case Review of Prescription- Related Overdose Deaths

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College of Pharmacy, University of Manitoba

Presented to: College of Pharmacists of Manitoba

September 29, 2020

# Conflict of Interest / Disclosures

- Presenter Name: Christine Leong
- I have no conflicts of interest to disclose

# Learning Objectives

By the end of this session, you will be able to:

1. Investigate dispensing patterns that contribute to the risk of overdose death
2. Examine the risk versus benefit of specific psychoactive medications, including combination of medications
3. Develop strategies for risk identification and safer dispensing practices for patients who may be at risk of overdose

# Case 1

- 63 year-old male with past medical history of chronic pain (following a fall from his bike with left rib fracture in May 2018), hypertension, depression
  - Multiple visits to emergency department requesting oxycodone/acetaminophen due to ongoing left rib pain interfering with sleep. Already receiving acetaminophen/codeine for chronic pain
    - May 6, 2018
    - May 12, 2018
    - Jun 6, 2018
    - Jun 11, 2018
    - Jun 12, 2018
    - Jun 21, 2018
    - Jun 24, 2018
    - Jul 1, 2018
- 
- ```
graph LR; A[Received oxycodone/acetaminophen] --> B[May 6, 2018]; A --> C[May 12, 2018]; D[No opioids given. Told to see GP or regular opioid prescriber] --- E[Jun 6, 2018]; D --- F[Jun 11, 2018]; D --- G[Jun 12, 2018]; D --- H[Jun 21, 2018]; D --- I[Jun 24, 2018]; D --- J[Jul 1, 2018];
```

# Case 1

- Found unresponsive on the ground in the front yard of his home on May 6, 2019
- Transported to HSC where he was pronounced dead
- Cause of death: Mixed drug toxicity (cocaine, codeine, amitriptyline, gabapentin)
- Other significant conditions contributing to death: Atheromatous coronary artery disease
- Manner of death: Accidental



# Toxicology

| Toxicology      | Level     | Normal/Therapeutic |
|-----------------|-----------|--------------------|
| Benzoylcegonine | 827 mg/dL | ---                |
| Amitriptyline   | 250 ng/mL |                    |
| Nortriptyline   | 63 ng/mL  |                    |
| (TCA) Total     | 313 ng/mL | 75-200             |
| Codeine (free)  | 110 ng/mL | 10-100             |
| Morphine (free) | 8.9 ng/mL | 10-80              |
| Alprazolam      | 41 ng/mL  | 25-55              |
| Gabapentin      | 42 ug/mL  | 2-20               |
| Ethanol         | 23 ng/mL  | 0                  |

| Date Dispensed                                                                          | Drug Name              | Strength                                       | Days Supply | Quantity                             | Prescriber |
|-----------------------------------------------------------------------------------------|------------------------|------------------------------------------------|-------------|--------------------------------------|------------|
| May 5, 2019<br>Apr 5, 2019<br>Mar 17, 2019<br>Mar 2, 2019<br>Mar 1, 2019<br>Feb 1, 2019 | Acetaminophen/ codeine | 300/30 mg                                      | 30          | 120<br>120<br>60<br>60<br>120<br>120 | Dr. X      |
| May 5, 2019<br>Apr 5, 2019<br>Mar 17, 2019<br>Mar 2, 2019<br>Mar 1, 2019<br>Feb 1, 2019 | Alprazolam             | 0.5 mg<br>1 mg<br>1 mg<br>1 mg<br>1 mg<br>1 mg | 30          | 120<br>60<br>30<br>30<br>60<br>60    | Dr. X      |
| May 4, 2019<br>Apr 4, 2019<br>Mar 6, 2019<br>Feb 11, 2019                               | Amitriptyline          | 25 mg                                          | 30          | 30                                   | Dr. Y      |
| May 4, 2019<br>Apr 4, 2019<br>Mar 6, 2019<br>Feb 11, 2019                               | Gabapentin             | 400 mg                                         | 30          | 180                                  | Dr. Y      |
| Apr 20, 2019                                                                            | Fluticasone/salmeterol | 250/25 mcg                                     | 30          | 120                                  | Dr. Y      |
| Apr 20, 2019                                                                            | Salbutamol             | 100 mcg                                        | 25          | 200                                  | Dr. Y      |
| Apr 20, 2019<br>Mar 21, 2019                                                            | Zopiclone              | 5 mg<br>5 mg                                   | 30          | 30                                   | Dr. Z      |



| Date Dispensed                                                                          | Drug Name              | Strength                                       | Days Supply | Quantity                             | Prescriber |
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| May 4, 2019<br>Apr 4, 2019<br>Mar 6, 2019<br>Feb 11, 2019                               | Amitriptyline          | 25 mg                                          | 30          | 30                                   | Dr. Y      |
| May 4, 2019<br>Apr 4, 2019<br>Mar 6, 2019<br>Feb 11, 2019                               | Gabapentin             | 400 mg                                         | 30          | 180                                  | Dr. Y      |
| Apr 20, 2019                                                                            | Fluticasone/salmeterol | 250/25 mcg                                     | 30          | 120                                  | Dr. Y      |
| Apr 20, 2019                                                                            | Salbutamol             | 100 mcg                                        | 25          | 200                                  | Dr. Y      |
| Apr 20, 2019<br>Mar 21, 2019                                                            | Zopiclone              | 5 mg<br>5 mg                                   | 30          | 30                                   | Dr. Z      |

**Combination sedating medications**

**Different prescribers for different psychoactive medications**

# Exposure to Concurrent Opioid-Sedating Medication Increases the Risk of Opioid-Related Deaths

RESEARCH ARTICLE

Gabapentin, opioids, and the risk of opioid-related death: A population-based nested case-control study

Tara Gomes<sup>1,2,3,4,\*,</sup> David N. Juurlink<sup>2,3,5,6,</sup> Tony Antoniou<sup>1,2,7,</sup> Muhammad M. Mamdani<sup>1,2,3,4,6,8,</sup> J. Michael Paterson<sup>2,3,9,</sup> Wim van den Brink<sup>10</sup>

aOR 1.49 (95% CI 1.18 to 1.88)

**Annals of Internal Medicine**

Pregabalin and the Risk for Opioid-Related Death: A Nested Case-Control Study

aOR 1.68 (95% CI 1.19 to 2.36)

**Research**

Benzodiazepine prescribing patterns and deaths from drug overdose among US veterans receiving opioid analgesics: case-cohort study

BMJ 2015 ; 350 doi: <https://doi-org.uml.idm.oclc.org/10.1136/bmj.h2698> (Published 10 June 2015)

Cite this as: BMJ 2015;350:h2698

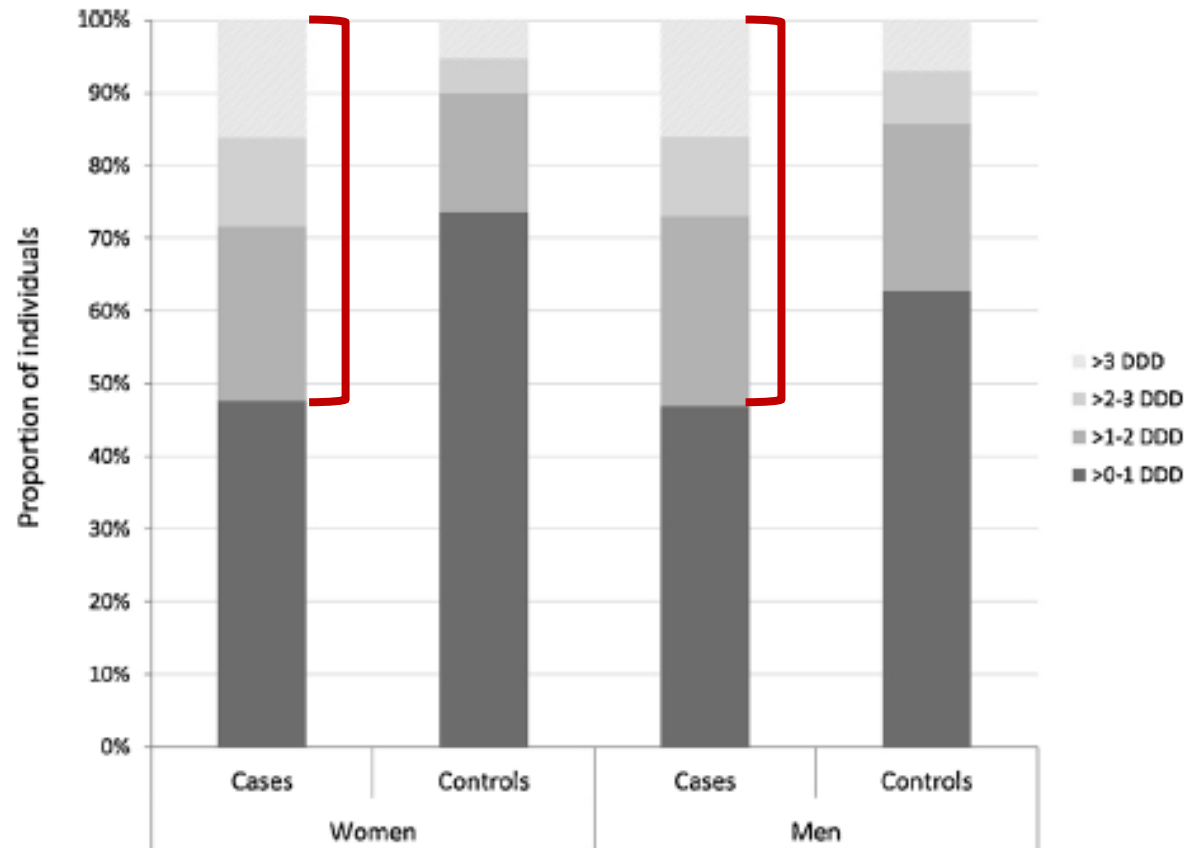
aOR 3.86 (95% CI 3.49 to 4.26)

OR 3.31 (95% CI 2.25 to 4.87)

Muscle Relaxant

OR 2.40 (95% CI 1.44 to 4.03)

# Higher Daily Doses of Sedating Medications Associated with Opioid Overdose Events



**Fig. 2.** Defined daily doses (DDDs) of sedating medications active on the overdose/index date, other than opioids or benzodiazepines/z-drugs.

| Date Dispensed                                                                          | Drug Name              | Strength                                       | Days Supply | Quantity                             | Prescriber |
|-----------------------------------------------------------------------------------------|------------------------|------------------------------------------------|-------------|--------------------------------------|------------|
| May 5, 2019<br>Apr 5, 2019<br>Mar 17, 2019<br>Mar 2, 2019<br>Mar 1, 2019<br>Feb 1, 2019 | Acetaminophen/ codeine | 300/30 mg                                      | 30          | 120<br>120<br>60<br>60<br>120<br>120 | Dr. X      |
| May 5, 2019<br>Apr 5, 2019<br>Mar 17, 2019<br>Mar 2, 2019<br>Mar 1, 2019<br>Feb 1, 2019 | Alprazolam             | 0.5 mg<br>1 mg<br>1 mg<br>1 mg<br>1 mg<br>1 mg | 30          | 120<br>60<br>30<br>30<br>60<br>60    | Dr. X      |
| May 4, 2019<br>Apr 4, 2019<br>Mar 6, 2019<br>Feb 11, 2019                               | Amitriptyline          | 25 mg                                          | 30          | 30                                   | Dr. Y      |
| May 4, 2019<br>Apr 4, 2019<br>Mar 6, 2019<br>Feb 11, 2019                               | Gabapentin             | 400 mg                                         | 30          | 180                                  | Dr. Y      |
| Apr 20, 2019                                                                            | Fluticasone/salmeterol | 250/25 mcg                                     | 30          | 120                                  | Dr. Y      |
| Apr 20, 2019                                                                            | Salbutamol             | 100 mcg                                        | 25          | 200                                  | Dr. Y      |
| Apr 20, 2019<br>Mar 21, 2019                                                            | Zopiclone              | 5 mg<br>5 mg                                   | 30          | 30                                   | Dr. Z      |

**Early Refills**

**Change in daily dose**

**Combination sedating medications**

**Different prescribers for different psychoactive medications**

| Date Dispensed                                                                          | Drug Name              | Strength | Days Supply | Quantity | Prescriber |
|-----------------------------------------------------------------------------------------|------------------------|----------|-------------|----------|------------|
| May 5, 2019<br>Apr 5, 2019<br>Mar 17, 2019<br>Mar 2, 2019<br>Mar 1, 2019<br>Feb 1, 2019 | Acetaminophen/ codeine |          |             |          |            |
| May 5, 2019<br>Apr 5, 2019<br>Mar 17, 2019<br>Mar 2, 2019<br>Mar 1, 2019<br>Feb 1, 2019 | Alprazolam             |          |             |          |            |
| May 4, 2019<br>Apr 4, 2019<br>Mar 6, 2019<br>Feb 11, 2019                               | Amitriptyline          |          |             |          |            |
| May 4, 2019<br>Apr 4, 2019<br>Mar 6, 2019<br>Feb 11, 2019                               | Gabapentin             |          |             |          |            |
| Apr 20, 2019                                                                            | Fluticasone/salmeterol |          |             |          |            |
| Apr 20, 2019                                                                            | Salbutamol             |          |             |          |            |
| Apr 20, 2019<br>Mar 21, 2019                                                            | Zopiclone              |          |             |          |            |

**Early Refills**

## Red Flags for Psychotropic Prescriptions

- **Running out early**
- **Lost/stolen medication**
- **Multiple self-sanctioned dose increases**
- **Borrowing/sharing medication**
- **Double-doctoring**
- **Use of multiple pharmacies**
- **Requests for other psychoactive medication**
- **Requests for specific medication by brand name**
- **Expressed preference for short acting formulations**
- **Concurrent use of other substances (e.g., alcohol, cannabis)**
- **Missing specialist consultations**
- **Opposition to medication and substance use monitoring (urine toxicology, unscheduled pill counts)**

Ref: James J. Dealing with drug-seeking behavior. Aust Prescr 2016;June 39(3):96-100.

| Date Dispensed                                                                          | Drug Name              | Strength     | Days Supply | Quantity               | Prescriber |
|-----------------------------------------------------------------------------------------|------------------------|--------------|-------------|------------------------|------------|
| May 5, 2019<br>Apr 5, 2019<br>Mar 17, 2019<br>Mar 2, 2019<br>Mar 1, 2019<br>Feb 1, 2019 | Acetaminophen/ codeine | 300/30 mg    | 30          | 120<br>120<br>60<br>60 | Dr. X      |
|                                                                                         | Alprazolam             |              |             |                        |            |
| May 4, 2019<br>Apr 4, 2019<br>Mar 6, 2019<br>Feb 11, 2019                               | Amitriptyline          |              |             |                        |            |
| May 4, 2019<br>Apr 4, 2019<br>Mar 6, 2019<br>Feb 11, 2019                               | Gabapentin             |              |             |                        |            |
| Apr 20, 2019                                                                            | Fluticasone/salmeterol | 250/25 mcg   | 30          | 120                    | Dr. Y      |
| Apr 20, 2019                                                                            | Salbutamol             | 100 mcg      | 25          | 200                    | Dr. Y      |
| Apr 20, 2019<br>Mar 21, 2019                                                            | Zopiclone              | 5 mg<br>5 mg | 30          | 30                     | Dr. Z      |

**Early Refills**

**Change in daily dose**

**Risk of Abstinence / Fast tapering of Opioids**

- Patients **lose tolerance**
- **Withdrawal symptoms** may be distressing
- May turn to **other sources for opioid**
- **Watch high-risk scenarios:**
  - Recent release from incarceration
  - During or post-discharge from hospital stay
  - While following supervised withdrawal or abstinence-based treatment for opioid use disorder

Ref: Darke S et al. J Urban Health. 2003 Jun;80(2):189-200.



| Date Dispensed                                                                          | Drug Name              | Strength     | Days Supply | Quantity               | Prescriber |
|-----------------------------------------------------------------------------------------|------------------------|--------------|-------------|------------------------|------------|
| May 5, 2019<br>Apr 5, 2019<br>Mar 17, 2019<br>Mar 2, 2019<br>Mar 1, 2019<br>Feb 1, 2019 | Acetaminophen/ codeine | 300/30 mg    | 30          | 120<br>120<br>60<br>60 | Dr. X      |
| May 5, 2019<br>Apr 5, 2019<br>Mar 17, 2019<br>Mar 2, 2019<br>Mar 1, 2019<br>Feb 1, 2019 | Alprazolam             | 1 mg<br>1 mg |             | 60<br>60               | Dr. X      |
| May 4, 2019<br>Apr 4, 2019<br>Mar 6, 2019<br>Feb 11, 2019                               | Amitriptyline          | 25 mg        | 30          | 30                     | Dr. Y      |
| May 4, 2019<br>Apr 4, 2019<br>Mar 6, 2019<br>Feb 11, 2019                               | Gabapentin             | 400 mg       | 30          | 180                    | Dr. Y      |
| Apr 20, 2019                                                                            | Fluticasone/salmeterol | 250/25 mcg   | 30          | 120                    | Dr. Y      |
| Apr 20, 2019                                                                            | Salbutamol             | 100 mcg      | 25          | 200                    | Dr. Y      |
| Apr 20, 2019<br>Mar 21, 2019                                                            | Zopiclone              | 5 mg<br>5 mg | 30          | 30                     | Dr. Z      |

**Early Refills**

**Change in daily dose**

**Long-term opioid use:**

- Early after an injury
- Longer than a week
- Receive a second prescription

**Large quantities/days supply**

**Long duration of therapy**

**Combination sedating medications**

**Different prescribers for different psychoactive medications**

# Case 1

- Re-assess the efficacy and safety of medications to determine need for continued use
  - Drug/Medical Interactions (1. *amitriptyline and cocaine/coronary artery disease*, 2. *Opioid co-prescribed with sedating medications*)
- Help create a **gradual taper schedule** with **frequent follow-up** to reduce the risk combination sedating medications
- Raise awareness on risk of **physical tolerance** with daily use of opioids/BZRAs and **loss of tolerance** after a period of abstinence/dose reduction
- **Limit dispense quantities** (e.g., *blister packs, weekly or daily dispensing*)
- Ensure **safe storage** of medication (e.g., *locked box*)





# Case 2

- 42 year-old male with a history of bipolar disorder, high cholesterol, obesity (BMI 43), hypertension, and migraines
- Died in his sleep on couch while watching TV in living room at home Aug 23, 2019
- Cause of death: Mixed drug toxicity (morphine, hydromorphone, cetirizine, cyclobenzaprine, gabapentin, hydroxyzine, mirtazapine, clonazepam)
- Other Significant Conditions: Renal failure
- Manner of death: Accidental

# Case 2

| <b>Toxicology</b> | <b>Level</b> | <b>Normal</b> |
|-------------------|--------------|---------------|
| Morphine          | 310 ng/mL    | 10-80         |
| Hydromorphone     | 3 ng/mL      | 1-30          |
| 7-aminoclonzaepam | 18 ng/mL     | 20-140        |
| Cetirizine        | 1400 ng/mL   | ---           |
| Cyclobenzaprine   | 100 ng/mL    | 3-32          |
| Gabapentin        | 26 ng/mL     | 2-20          |
| Hydroxyzine       | 39 ng/mL     | 30-80         |
| Mirtazapine       | 37 ng/mL     | 28-64         |
| Quetiapine        | 110 ng/mL    | 100-1000      |



| Date Dispensed | Drug Name              | Strength  | Days Supply | Quantity | Prescriber |
|----------------|------------------------|-----------|-------------|----------|------------|
| Aug 21, 2019   | Amlodipine             | 10 mg     | 7           | 7        | Dr. X      |
| Aug 14, 2019   | Clonazepam             | 2 mg      | 7           | 21       |            |
| Aug 7, 2019    | Cyclobenzaprine        | 10 mg     | 7           | 21       |            |
| Jul 31, 2019   | Duloxetine             | 60 mg     | 7           |          |            |
| Jul 24, 2019   | Gabapentin             | 600 mg    | 7           | 28       |            |
| Jul 17, 2019   | Hydroxyzine            | 25 mg     | 7           | 21       |            |
| Jul 10, 2019   | Mirtazapine            | 30 mg     | 7           | 7        |            |
| Jul 3, 2019    | Morphine SR            | 100 mg    | 7           | 14       |            |
| Jun 26, 2019   | Prazosin               | 2 mg      | 7           | 14       |            |
| Jun 19, 2019   | Quetiapine             | 300 mg    | 7           | 14       |            |
| Jun 12, 2019   | Ramipril               | 10 mg     | 7           | 7        |            |
| Jun 5, 2019    |                        |           |             |          |            |
| May 29, 2019   |                        |           |             |          |            |
| May 22, 2019   |                        |           |             |          |            |
| Aug 1, 2019    | Salbutamol             | 100 mcg   | 21          | 200      |            |
| Jul 24, 2019   | Fluticasone/vilanterol | 200/25mcg | 30          | 30       |            |

Combination sedating medications

Long duration of therapy

High-dose long-acting morphine



# Dose-dependent risk of overdose

- No dose-response effect for pain relief or functional recovery (moderate quality evidence)
- Dose-dependence increase in risk of nonfatal and fatal overdose:

| Dose (MEQ/day)  | Overdose Rate (95% CI)<br>per 100 000 person-years | Hazard Ratio for Overdose Event (95% CI) |
|-----------------|----------------------------------------------------|------------------------------------------|
| None            | 36 (13-70)                                         | 0.31 (0.12-0.80)                         |
| <20 mg          | 160 (100-233)                                      | 1.00                                     |
| 20-49 mg        | 260 (95-505)                                       | 1.44 (0.57-3.62)                         |
| <b>50-99 mg</b> | 677 (249-1317)                                     | 3.73 (1.47-9.50)                         |
| <b>100 mg</b>   | 1791 (894-2995)                                    | 8.87 (3.99-19.72)                        |

# Case 2

- Patients on  $\geq 90$  MEQ/day should be prioritized for gradual opioid tapering
- **Renal and liver function** monitoring
- Consider referral to **Respirologist / Sleep Study assessment** (*high opioid dose, respiratory disease, increased BMI*)
- **Naloxone kit**
- Avoid opioid and **other sedating medication** (e.g., BZRAs, gabapentin, muscle relaxants)
  - Involve an allied specialist (e.g., psychiatrist, addictions medicine) to review co-prescribing of opioids and other sedating medications

- **Actively engage** patient (better pain control and QOL)
- **Optimize non-opioid/non-pharm**, psychosocial support
- Set **realistic functional goals**
- **Have a plan** to manage withdrawal symptoms and emerging pain/reduced function
- **Opioid rotation** to facilitate dose reduction

- Unintentional overdose
- Sleep-related breathing disorder



# Case 3

- 39 year-old female
- Past medical history of depression, anxiety
- Mother deceased Jan 2018
- Has two teenage children with ex-husband
- Recently fired from job; criminal matter

# Case 3

- Found lying on bed in basement bedroom of her residence by boyfriend on Apr 26, 2018
- Empty pill bottles and open alcohol containers were on the bedside table
- Texted boyfriend at 1:30am that she was sad and lonely. Boyfriend received text later that day and contacted emergency services
- Cause of death: Mixed drug overdose (topiramate, bupropion, cyclobenzaprine)
- Other significant conditions: Hepatic cirrhosis
- Manner of death: Undetermined



# Case 3

| <b>Toxicology</b> | <b>Level</b> | <b>Normal</b> |
|-------------------|--------------|---------------|
| Clonazepam        | 3.7 ng/mL    | 20-70         |
| 7-aminoclonazepam | 22 ng/mL     | 20-140        |
| Bupropion         | 400 ng/mL    | 50-100        |
| Hydroxybupropion  | 6100 ng/mL   | ---           |
| Cyclobenzaprine   | 88 ng/mL     | 3-32          |
| Topiramate        | 140 ug/mL    | 5-20          |
| Ethanol (urine)   | 82 mg/dL     | 0 mg/dL       |





| Date Dispensed | Drug Name  | Strength | Days Supply | Quantity | Prescriber |
|----------------|------------|----------|-------------|----------|------------|
| Mar 20, 2018   | Bupropion  | 150 mg   | 30          | 60       | Dr. X      |
| Nov 4, 2017    |            | 150 mg   |             | 60       |            |
| Nov 15, 2016   |            | 300 mg   |             | 30       |            |
| Oct 6, 2016    |            | 300 mg   |             | 30       |            |
| Aug 27, 2016   |            | 150 mg   |             | 60       |            |
| May 15, 2018   | Clonazepam | 0.5 mg   | 30          | 90       | Dr. X      |
| Mar 20, 2018   |            |          |             | 90       |            |
| Feb 27, 2018   |            |          |             | 90       |            |
| Nov 4, 2017    |            |          |             | 90       |            |
| Oct 6, 2017    |            |          |             | 90       |            |
| Jul 12, 2017   |            |          |             | 60       |            |
| May 3, 2017    |            |          |             | 60       |            |
| Mar 24, 2017   |            |          |             | 60       |            |
| Nov 15, 2016   |            |          |             | 60       |            |
| Oct 6, 2016    | 60         |          |             |          |            |
| May 15, 2018   | Quetiapine | 25 mg    | 30          | 60       | Dr. X      |
| Mar 20, 2018   |            |          |             | 60       |            |
| Feb 27, 2018   |            |          |             | 120      |            |
| Jan 13, 2018   |            |          |             | 60       |            |
| Dec 21, 2017   |            |          |             | 60       |            |

**Not regularly taken**

**Large quantities /  
Long duration of use**

**Quetiapine not present  
in toxicology report**

# Case 3

- Return **unused medication**
- Antidepressant **counseling**
- Suicide risk assessment

1. **Physical symptoms** should improve within **3 weeks**
2. **Non-physical [cognitive and emotional] symptoms** take longer but should be much better within **6 weeks**
3. If you experience new or more intense thoughts of **suicide**, contact your doctor right away
4. If your **mood suddenly switches** or you have too much energy, contact your doctor right away
5. Although you will likely feel better after 6 weeks, it is important that you **continue treatment** as recommended by your doctor
6. Do not stop antidepressant treatment **abruptly**
7. Unfortunately, all antidepressants do not work for all people, so make sure to **follow-up** with your doctor in **3-4 weeks**

*Appetite  
Sleep  
Psychomotor  
Energy*

*Anhedonia  
Anxiety  
Guilt  
Helpless  
Concentration  
Indecisive  
Overwhelmed  
Memory  
Sad  
Self-harm*

# Risk Factors

- **Adverse life circumstances/precipitating events**
  - E.g., death, job loss, breakup, school/social failure, sexual identity crisis, trauma, abusive relationship, occupational stress, chronic isolation
- Risk is highest in **first week after hospital discharge**<sup>1,2</sup>
  - > 1/3 of all suicides in the first year following hospital discharge occur in first month
- Patients also at **high risk of nonadherence** to drug therapy soon after discharge
  - Those who continue care in the community and who maintain pharmacotherapy are at lower risk<sup>3</sup>
  - Assertive community outreach to patients who are nonadherent with medications or appointments was associated with decreased suicide rates
  - Nonadherence may be due to adverse effects, lack of symptom relief, not understanding the purpose of medications

# Pharmacist's role in mental health

## Roles:

- Medication management
  - Adherence, deprescribe
- Social support
- Collaboration/communication
- Education
  - SE's, proper use, storage, disposal
- Navigation/resources
  - Triage support, referral to community groups/HCPs
- Self-care
- Urgent triage

## Challenges:

- Stigma
- Limitations within community practice (staffing, unpredictable workflow, privacy issues, time)
- Knowledge, skills, competence in area
- Communication
- Trust between pharmacist and patient
- Saying “no”
- Lack of remuneration for services

Motivational Interviewing

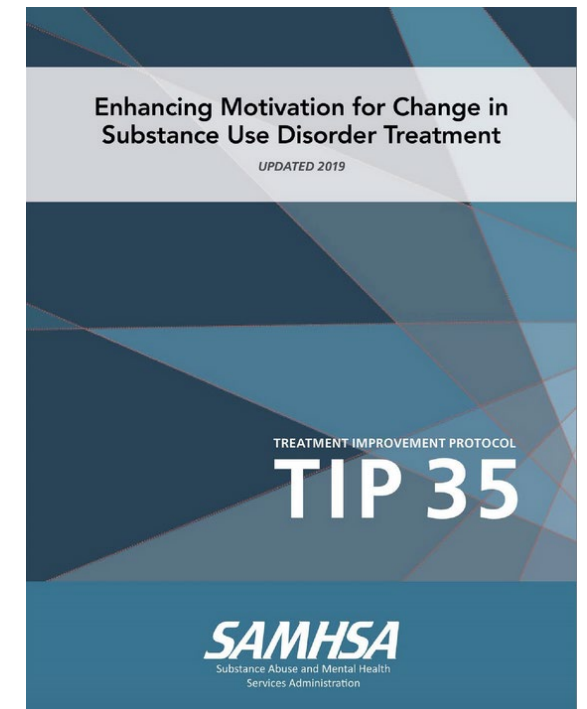
Trauma-informed

Community resources/contact list on hand

*“Protecting patients. ...I’ve had some patients come back when they’ve got ...better and thank me for being on top of not giving them stuff. ...some patients are appreciative. So you’re just trying to help them and protect them” – FGR3*

# Further Learning

1. BCCSU-UBC Continuing Professional Development. Addiction Care and Treatment Online Course. 15 accredited hours. Free.
2. SAMHSA. TIP 35: Enhancing Motivational Interviewing for Change in Substance Use Disorder Treatment. Oct 2019. Free.
3. CAMH. Motivational Interviewing: Introduction and Application Course (Online). 22 accredited hours. \$650.
4. CAMH. Understanding Stigma. 3-6 hours non-accredited. Free



# Take Home Messages

1. Avoid **combination sedating** medications where possible
2. Prioritize those taking **>90 mg MEQ/day** with close monitoring and frequent check up's on those going through a tapering schedule
3. Watch drug shortages, changes in strengths/dose (including tapering), new starts – provide **education** and **follow-up**
4. Re-evaluate long **duration of use** and **quantities** provided

# Questions

- E-mail: [Christine.leong@umanitoba.ca](mailto:Christine.leong@umanitoba.ca)

# Crisis Phone List

|                                               |                |
|-----------------------------------------------|----------------|
| Mobile Crisis Unit                            | 940-1781       |
| Crisis Stabilization Unit                     | 940-3633       |
| Sara Riel CSU                                 | 233-2756       |
| Klinic Crisis Line                            | 786-8686       |
| Klinic Sexual Assault Line                    | 786-8631       |
| Seneca House                                  | 231-0217       |
| Seneca Help Line (7-11pm only)                | 942-9276       |
| Youth Mobile Crisis Team                      | 949-4777       |
| Osborne House Crisis Line (domestic violence) | 942-3052       |
| Kids Help Phone (24 hours)                    | 1-800-668-6868 |





# Resource Phone List

|                                           |              |
|-------------------------------------------|--------------|
| Manitoba Schizophrenia Society            | 786-1616     |
| Mental Health Advocate (CMHA)             | 982-6100     |
| Main Street Project                       | 982-8245     |
| Anxiety Disorders Association of Manitoba | 925-0600     |
| Health Links                              | 788-8200     |
| Addictions Foundation of Manitoba         | 944-6200     |
| Age & Opportunity                         | 956-6440     |
| AIDS/STD Info Line                        | 945-2437     |
| Alcoholics Anonymous                      | 942-0126     |
| Narcotics Anonymous                       | 981-1730     |
| Addiction Line                            | 855-662-6605 |
| Union Gospel Mission-men                  | 943-9904     |
| Winnipeg Harvest                          | 982-3660     |
| Family Doctor Connection (M-F 8:30-4:30)  | 786-7111     |

# Safety Matters: Trends and Learnings from the Medical Examiner

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