

More Data Needed on Physicians in Recovery

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CORONADO, CALIF. — Of 104 physicians in New York state who were admitted to substance abuse treatment programs between 2003 and 2004 and were monitored for a mean of 41 months by the state's Committee for Physicians' Health, only 9 (9%) were discharged because of noncompliance with program expectations.

That might spell success at first glance, but at the annual meeting of the American Academy of Addiction Psychiatry, Dr. Marc Galanter emphasized the need for more research to optimize treatment outcomes for physicians in recovery.

"There are still a number of issues to be considered," said Dr. Galanter, professor of psychiatry and director of the division of alcoholism and drug abuse in the department of psychiatry at New York University, New York. "One is the need for prospective study—following the treatment contemporaneously—which we have yet to see," he said. "Another is to better understand the role of medication."

Buprenorphine inevitably will be used more widely; however, the question of whether physicians should be allowed to practice while taking opioid maintenance therapy is likely to become a political issue at the state level, he said.

He also recommended that a more active role for cognitive-behavioral therapy "be studied because this is a modality that is currently regarded as essential to effective treatment."

Dr. Galanter based his remarks on results from a study he led that sought to provide an independent evaluation of the oversight and rehabilitation of 104 substance-abusing physicians who had completed their monitoring period by the New York State Committee for Physicians' Health (CPH). About 30% of physicians who enroll in the CPH program receive at least 28 days of inpatient treatment. Components of ambulatory management include workplace monitoring, 12-step program attendance, and random urine toxicologies.

The researchers, who were not affiliated with CPH, selected the 104 records at random (*Am. J. Addict.* 2007;16:117-23). The mean age of the study participants was 42 years, most (96) were male, about half (51) were married, and 66 were employed as physicians at the time of admission.

More than half (59) had a history of substance abuse treatment, and 38 had attended 12-step meetings before program admission. In addition, 33 were in psychotherapy of some sort prior to admission, and 27 were taking psychiatric medications, primarily antidepressants.

"This underlines the importance of psychiatric input and oversight in these programs," said Dr. Galanter, who is also the editor of the journal *Substance Abuse*.

The most common primary substance

of abuse was alcohol (38), followed by prescription opiates (35).

The top five medical specialties represented were anesthesia (22 physicians), internal medicine (11), family medicine (10), obstetrics and gynecology (9), and pediatrics (8).

"Anesthesia is overrepresented among impaired physicians because of access to addictive agents, and because in some cases people go into anesthesia attracted to the idea of handling and having access to opioids," Dr. Galanter said.

On average, the overall period of treatment and monitoring was 41 months, and 30 participants required inpatient hospitalization at study entry.

Fifteen physicians did not want to attend 12-step meetings but were pressed by counselors to do so. Of those, nine later went. "The outcome of those pressed to go was not significantly different from that of the other patients," he said. "So apparently the coercive nature of the treatment in that regard was not compromising to the outcome."

Of the 104 patients, 38 relapsed as confirmed by urine toxicology or by confirmation from an informed source. Even under good circumstances, some relapse is inevitable before the patient is stabilized, Dr. Galanter said. However, one complication is that physician impairment programs are responsible for serving large numbers of physicians.

"The pressure of the needs of public health that they experience puts them in a difficult position," Dr. Galanter said. "My impression is that it's remarkable how effective they are in balancing the physician needs against the demands of the general public."

Predictors of relapse included past use of cocaine, unemployment at the time of program admission, a greater mean number of urines tested, and a longer length of program involvement.

Nine patients were discharged for non-compliance with program expectations. "They essentially lost the option of practicing medicine," he said. "Relatively speaking, this gives you an idea of a very good outcome, considering that full compliance is essential to success in this program."

Dr. Galanter said he considers the 12-step component of the CPH program essential to overall success. Given the need for full abstinence before returning to practice, he pointed out, these spiritually oriented 12-step programs are uniquely valuable in ensuring an optimal outcome.

"It's really remarkable what transformation many of these physicians experienced over the course of rehabilitation," he said. "What we don't know is how we can compare recovery of this kind to recovery based on opioid replacement or on the variety of medications that we're going to be using."

"It's an issue of tremendous importance in terms of our investigation of future psychosocial modalities." ■

Communication Difficulties Cited by Users of Ketamine

CORONADO, CALIF. — The top three perceived benefits of ketamine use are decreased stress levels, dissociation from daily life, and connectedness with other people, results from a Canadian survey suggest.

Meanwhile, the top three perceived adverse side effects include communication difficulties, difficulty with speech articulation, and nosebleeds from snorting.

"Our study highlights several potential adverse effects of ketamine use that have not been frequently reported or otherwise investigated," Dr. Tim Guimond and his associates wrote in a poster presented at the annual meeting of the American Academy of Addiction Psychiatry.

"Abdominal pain and communication problems have rarely been cited in case reports and reviews, and yet appear with high frequency in this study. Further, some specific adverse events ... appear with greater frequency among frequent ketamine users and may help identify problems related to use."

The researchers conducted an Internet survey of 226 ketamine users who were recruited by the Toronto Raver Information Project, which provides on-site harm reduction education and support to youth who attend raves in the area.

The mean age of the study participants was 22 years, and more than half (54%) were men, reported Dr. Guimond, a psychiatrist at the center for addiction and mental health at the University of Toronto. Of the 226 survey respondents, 77 were frequent ketamine users (defined as using once per week or more), whereas

the remainder (149) were infrequent users.

Most survey respondents (98%) administered the drug intranasally. Ketamine was used most often at a party, rave, or club (38%), followed by home (21%), a friend's home (20%), at a street or park (3%), and other locations (18%).

The top five perceived benefits of ketamine were decreased stress levels (71% among frequent users vs. 52% among infrequent users), dissociation from daily life (53% among frequent users vs. 46% among infrequent users), connectedness with other people (57% among frequent users vs. 31% among infrequent users), being more open-minded (55% among frequent users vs. 29% among infrequent users), and increased creativity (47% among frequent users vs. 30% among infrequent users).

The top five perceived risks of ketamine were communication difficulties (62% among frequent users vs. 38% among infrequent users), difficulty with speech articulation (52% among frequent users vs. 36% among infrequent users), nosebleeds from snorting (55% among frequent users vs. 24% among infrequent users), abdominal pain (51% among frequent users vs. 17% among infrequent users), and mood swings/emotional instability (38% among frequent users vs. 22% among infrequent users).

"Given the higher rates of concern ... amongst frequent ketamine users, it appears that soliciting information regarding the frequency and adverse effects of ketamine use amongst night club and rave attendees is important," the researchers said. ■

Preliminary Study Finds 34% of Detox Inpatients Using Opioids

CORONADO, CALIF. — About one-third of inpatients on a detoxification unit were currently taking prescription opioid medication, most commonly Lortab and hydrocodone, results from a small pilot study showed.

In an investigation of prescription opioid use and misuse among inpatients on a detoxification unit, Dr. Rebecca A. Payne and her associates in the department of psychiatry and behavioral sciences at the Medical University of South Carolina, Charleston, asked 34 men and 48 women who presented for treatment to complete an anonymous battery of self-assessments. Study participants were asked about their pain history and prescription opiate use, and they completed the Pain Medication Questionnaire, the West Haven-Yale Multidimensional Pain Inventory Part I, the Substance Misuse Questionnaire, and the Psychiatric Diagnostic Screening Questionnaire.

The average age of the 82 patients was 42 years, and most were white (85%) and unemployed (70%), the researchers reported during a poster session at the annual meeting of the American Academy of Addiction Psychiatry. Nearly one-third

(31%) were married, 28% were single, and 26% were divorced or separated.

About one-third of patients (34%) reported that they were currently taking a prescription opioid medication, most commonly Lortab (29%), hydrocodone (23%), or oxycodone (22%). Men were significantly more likely than women to be taking hydrocodone (18% vs. 4%, respectively) and fentanyl (9% vs. 0%, respectively).

Aberrant behaviors associated with prescription drug use included saving unused medication for later use (74%), taking more medication than prescribed (61%), running out of medication early and needing refills (51%), and borrowing pain medications from friends or family (48%).

A minority of study participants reported forging a prescription (10%), selling their prescription (14%), or using an alternative route of administration such as crushing the medication and snorting it (24%).

The researchers cautioned that the small sample size is a limitation of the study and that the results are preliminary. The study is supported by a grant from the National Institute on Drug Abuse. ■