

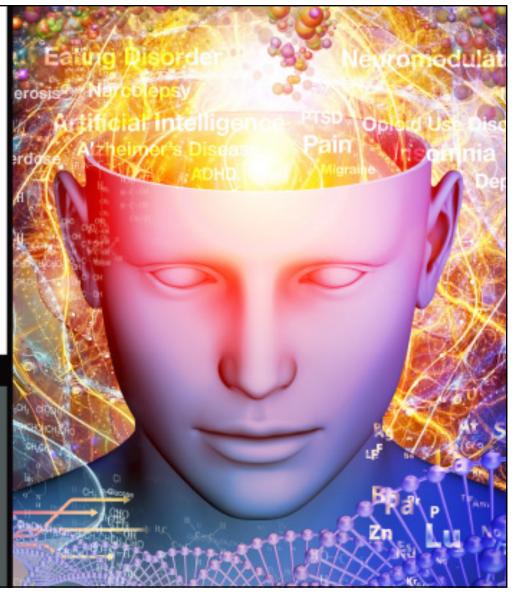
# 12TH ANNUAL CHAIR SUMMIT

Master Class for Neuroscience Professional Development

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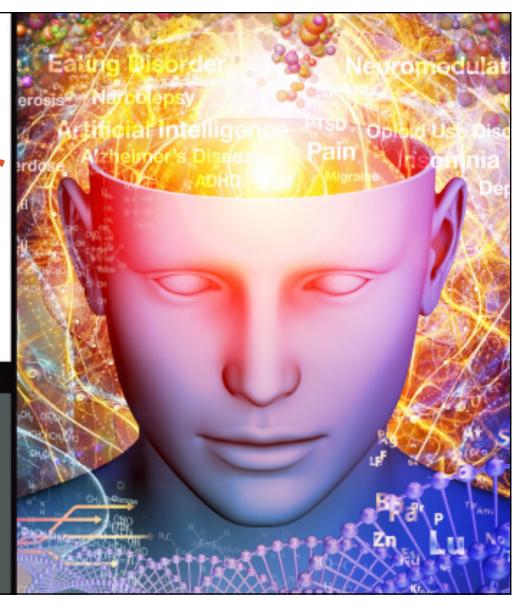




# Bringing Evidence-Based Strategies for OUD Management into Your Clinical Practice

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ASAM's Annual Lifetime Achievement John P. McGovern Award & Prize Winner Adjunct Professor of Psychiatry Washington University School of Medicine St. Louis, MO 17th University of Florida Distinguished Alumni Professor, Gainesville, FL



### **Chart Review: Dr. Christian Simonse**

#### **Background**

28 yo academic anesthesiologist at the local university



medical center referred to you by the hospital review board and the Chief Medical Officer. He has been stealing fentanyl from patients he was managing and using it episodically. He recently stole an amount that he believed not to be fatal and overdosed in the on-call room. Colleagues rescued him with naloxone. The Chief Medical Officer suspended him pending an evaluation.

#### **Current Presentation**

He is seeing you today because he has been given the choice to seek an evaluation and treatment or lose his medical license. Because his use had been episodic, he has not experienced significant withdrawal symptoms except for sleep disturbance and agitation.

## **Next Steps**

- What questions do you have about Dr. Simonse?
- Does he have a SUD?
- Does he meet criteria for OUD?
- What, if any, co-morbidities does he have?
- Is coerced treatment legal?
- Is contingency management a strategy consistent with the choice he has been given—the choice of treatment or loss of license?
- What course of treatment would you choose?
- What are the 5-year outcomes for PHPs?
- Does his employment as an anesthesiologist influence your treatment decisions?

