The Addicted Physician: Assessment, Treatment and Outcomes

Daniel H. Angres M.D.

Medical Director,
The Positive Sobriety Institute
Chief Medical Officer,
RiverMend Addiction Services
Adjunct Associate Professor Psychiatry,
Northwestern Feinberg School of Medicine
Department of Psychiatry and Behavioral Sciences
Burnout and satisfaction with work-life balance in US physicians worsened from 2011 to 2014. More than half of US physicians are now experiencing professional burnout.

Mayo Clinic Proceedings 12/2015
- Increase in incidence of mental disorders including substance abuse, depression, anxiety disorders, and suicide.
- 70% of health care costs are related to lifestyle choices: smoking, obesity, and substance abuse; all of which are worsened by stress.
- Major effects on physicians in their practices and personally (they are not immune as they may believe).

Consequences of Stress
- Substance Use Disorders
- Mood Disorders
- Anxiety Disorders
- Sexual Boundary Violations
- Disruptive Physicians/Personality Disorders
- Misprescribing of Drugs
- Cognitive Impairment

**Multiple threats to physician well-being and a culture of safety**
BMI

Barriers to Attaining Help for Physicians
- The medical staff implements a process to identify and manage matters of individual health for licensed independent practitioners.

- This identification process is separate from actions taken for disciplinary purposes.

Joint Commission Standard MS.11.01.01
• Ensure safe patient care
  ▪ identifying physicians whose practice is impaired

• Advocate for the physician
  ▪ maintaining confidentiality and the highest ethical standards

“A Tough Love Balance”

Culture of Safety
The “original” identified impairment.

Helped build the model we have today for multiple problems

Represents a model of successful intervention, treatment, re-entry and monitoring.

Addressing Addiction in Physicians
What is Addiction?
Addiction is A Brain Disease

Characterized by:

- Compulsive Behavior
- Continued abuse of drugs despite negative consequences
- Persistent changes in the brain’s structure and function
ADDICTION:

Compulsively using chemicals or addicting behaviors that artificially suppress and supplant natural brain reward systems in vulnerable people.
Residential or Partial Hospital Setting
6 to 10 weeks
Intensive Outpatient for some (especially if there is no work interference)
Phased to prepare for full work re-entry
2 Year Aftercare
Mandatory involvement (5 years or more) in a Physician Health Program

Addiction Treatment And Aftercare
Physician driven
12-step focus
Therapeutic community of peers
Family involvement
Assess and treatment of dual diagnosis and AID (Addictive Interactive Disorders)
Address work and legal issues
Emphasize well-being strategies (e.g. meditation, exercise, proper nutrition)
Total abstinence
Random Toxicologies (Urine, Hair, Nail, Saliva, Soberlink)

Treatment Philosophy
Medication Strategies Specific for Addiction

- Aversion Therapies – Disulfiram (ETOH and Cocaine)
- Replacement/Agonist (including partial) Therapies – Buprenorphine, (Methadone) for opiate dependence
- Antagonist Therapies-Naltrexone/Vivitrol
- Mood Stabilizers – anticonvulsants, eg. Topirimate for alcohol and other drugs?
- Anesthesiologists addicted to Fentanyl are at higher risk of relapse if they stay in anesthesiology
- Dual diagnosis patients are at greater risk of relapse
- Opioid addiction corresponds to increase in co-morbidity
- Lack of family or workplace support

(Healing the Healer, 1999)
Immediate Return (most)

Delayed Return (some) -
  Occasionally need re-training

No Return (rare) -
  Poor compliance, repeated relapses

Ensure that the workplace supports recovery
80% who complete treatment and commit to aftercare stay abstinent for 2+ years
- Risk of relapse is greatest in first year and decreases as time in recovery increases
- 50% of those who relapse have limited slips and eventually achieve 2+ years total abstinence

(Healing the Healer, 1999, DuPont, et. al 2013)
Multidisciplinary Comprehensive Assessment Program (M-CAP) *

- Fitness for Duty, 2 to 3 days
  - Physicians & Other Healthcare Professionals
  - Attorneys/Judges
  - Clergy
  - Business Executives

For medical licensing boards and hospitals, most pressing concern is “can this healthcare professional practice with reasonable skill and safety”

For PHP’s, etc., well being is also a priority

*(Entry point for treatment is increasingly thru these evaluations)*
A CAP (Comprehensive Assessment Program) assesses multiple issues:

- Substance Use Disorders
- Mood Disorders
- Anxiety Disorders
- Sexual Boundary Violations
- Disruptive Physicians/Personality Disorders
- Misprescribing of Drugs
- Cognitive Impairment
- Disruptive Behaviors
Physicians have very good outcomes for addiction and other mental disorders!

We can’t afford to drive these problems underground.

We need to promote a culture of openness, support and accountability as part of a culture of safety.

Overview