June 2017

Chronic diseases are generally straightforward when viewed from high altitude. Take diabetes, for example. We understand the cause to be a genetic abnormality causing the body's immune system to attack the islet cells in the pancreas, leading to a failure to properly metabolize glucose. We understand that we can't cure diabetes, but we can provide treatment in the form of well-accepted medication which works to metabolize glucose. We know that treatment must be multi-factorial in that the patient must follow a special diet, keep stress to a minimum, and take responsibility for regularly checking their own status. We know rather precisely what the outcome will be for various treatment approaches.

With addictive disease, one would think from the media that we have a different picture. There appears to be uncertainty as to even the issue of disease itself. People still talk of an "addictive personality," as if there is also a "diabetic personality" or "hypertensive personality." There are arguments as to abstinence-based approaches versus harm reduction approaches, and even questions such as whether one treatment or another falls into the former or latter approach strategy! Is buprenorphine maintenance, for example, an abstinence-based approach or a harm reduction approach? There are non-medical approaches offered by many programs around the country. There is even a special lingo: "medication-assisted treatment" as opposed to, simply, medical treatment (which would, as always, include pharmacotherapy), "aftercare" as opposed to ongoing treatment for a chronic disease state, and a special advance planning process such as a 28 day rehabilitation. Why 28? Why not 26 or 15 or 90? There is no science or magic behind the number 28.

In fact, though, we have a scientific platform just as our endocrinologist friends do. If we ignore the media and focus on the science, we find that we have a clear definition of the illness, a straightforward diagnostic process, and an evidence-based set of guidelines developed to assist us in obtaining the best possible long term outcomes and lowest possible morbidity and mortality with our patient population. We simply use a medical approach – that is, a bio/psycho/social/spiritual approach just as we would for any other chronic disease state. We use the appropriate medication when indicated and implement the practice of medicine just as we would for other illnesses. So as my initial guidance to our medical staff, I ask that they review the National Practice Guideline for the use of medications in the treatment of addiction involving opioid use. This is available at https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf

Remember that medications represent only one portion of the overall treatment of addictive illness, just as insulin represents only one portion of the overall treatment of diabetes. But also remember that our patients can't afford to simply follow the pack led by facilities which simply detox and discharge. Our job is to provide high quality long-term chronic disease treatment resulting in the highest possible functional improvement and greatest reduction of morbidity/mortality.

Please send questions or comments to info@TRRN.org

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July 2017

Last month we compared addictive disease to diabetes, noting that these two chronic disease states have a great deal in common. As we said here last month, there are guidelines for the treatment of addiction, just as there are for treatment of diabetes, hypertension, and migraine. What is remarkable is the extent to which the guidelines are ignored, and the extent to which the public and the medical community alike intuitively assess addictive disease treatment as being only mildly effective as a result.

Let's take a look at a single community: airline pilots. Airline pilots are required to have a medical certification granted by the Federal Aviation Administration in order to carry out their jobs under their pilot license. That medical certification is denied if the pilot is found to have a history of addiction. The FAA also provides a method for pilots to return to flight status. Pilots have to go through treatment: 1) They are required to have ongoing contact with an addiction specialist physician, 2) They are required to participate actively in twelve step or similar programming, 3) They are required to have random drug/alcohol testing, 4) They are required to remain abstinent throughout the remainder of their career.

Between 80 and 90% of pilots who follow this treatment approach remain abstinent and keep their medical certification thereafter. Read that again. 80-90%! Most people looking at that will say something like, "Oh, that's much better than we'd see in the general population. This must be because they're pilots." Actually, the numbers are the same in the military and with impaired healthcare professionals. Both get an 80+% sobriety outcome long-term when ongoing treatment is provided. So it's not just pilots. I've given this talk before, though, and the next statement which I hear is, "Well, pilots, doctors, and military personnel aren't the general public."

How many groups must we test using gold standard treatment before the treatment is accepted as being gold standard? There haven't been any failures yet. There are indeed some take-home messages here. First is that there is no such thing as a treatment episode for addictive disease. The illness is lifelong and treatment must be lifelong. Second is that we keep doing urine drug tests randomly throughout life. Imagine if you had successfully treated hypertension in a patient; he is doing well with a blood pressure of 120/70. Would we now stop checking his blood pressure at future visits? And third is that the self-help component and the medical component provided in our offices are additive. Dropping out of AA/NA attendance, at any point, increases the risk of overall treatment failure. Dropping out of medical care, at any point, does the same. Patients need to recognize even after 20 years of sobriety that they still have a potentially fatal disease and that they need to give it at least a few moment's thought each day to avoid related morbidity. If they do that, their life expectancy returns to normal and they will have few if any ramifications of their illness, more than 80% of the time.

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