Name:_____

Pre & Post Course Questions

1. To understand what "baggage" the patient brings to the interview, ask:

A. the patient's significant other whether there is a history of conflicts with practitioners
B. whether the patient is carrying any pain medication on him or her
C. whether the patient's illness has affected how he/she feels about him/herself
D. whether the patient feels the current medication dosage is working as expected

2. The best response to "if you had ever experienced as much pain as I do every day, you would have no problem prescribing the medication" is:

A. "Actually I have had that level of pain in the past, and not taking regular opioids is what enabled me to get back to practicing medicine."
B. "We are now learning that chronic opioids are not an effective apporach to severe daily pain."
C. "It's hard to trust a doctor if you feel he doesn't' understand what you're going through."
D. "Since your level of pain is no longer related to the physical injury that initially caused it, reducing your dosage would not result in an increase in your perceived pain."

3. What statement best describes the dose-response relationship between opioids and overdose risk?

A. Risk begins to increase at about 200 mg morphine equivalents/day
B. Risk begins increases at about 120 mg morphine equivalents/day
C. Risk begins to increase at less than 50 mg morphine equivalents/day and continues to increase in a dose-response fashion
D. Risk increases at 50-100 mg morphine equivalents/day but doesn't't go up at higher doses
E. There is no clear dose-response relationship when other clinical factors are controlled for

4. A patient is prescribed a fentanyl patch 75 mcg/hr and hydrocodone/acetaminophen 5/500, 4 tabs/day. A urine drug screen shows hydrocodone and hydromorphone. What is the most likely explanation?

A. Patient is on too low of a dose of fentanyl
B. Patient is a fast metabolizer of fentanyl
C. Fentanyl is metabolized to hydromorphone
D. The urine drug screen does not include a specific assay for fentanyl

5. In a patient with low back pain, depression, poor coping behaviors, and a history of alcohol abuse, which of the following would be most appropriate initial approach?

A. Initiate a trial of opioids with regular alcohol breath tests
B. Initiate a trial of opioids and assess whether depression improves
C. **Initiate cognitive behavioral therapy and consider pharmacological treatments for depression before considering opioids**
D. Initiate a trial of low-dose opioid therapy in conjunction with cognitive behavioral therapy
E. Initiate a trial of spinal manipulation

6. A colleague refers to you a 56-year-old Indo-Canadian stonemason with a history of chronic low back pain without neurological findings for assistance in tapering opioids. The man has been off work for three years, and has become depressed with passive suicidal ideation, and only leaves the house to walk his dog half a block twice a day. He rates his pain 8-10/10 and is sleeping 5 hr/night. Though he felt the medications helped initially, he no longer finds much benefit. Medications include hydromorphone XR 8 mg TID (24mg/d = MEDD 120mg), duloxetine 60 mg QD, nortriptyline 20 mg HS, naproxen 500 mg BID, and rabeprazole 20 mg QD.

With careful monitoring what is a realistic outpatient opioid adjustment schedule for this individual:

A. Hydromorphone increase by 2 mg/ week until pain reduced to 4/10
B. Hydromorphone reduction 2mg/week until off, then reassess mood
C. Hydromorphone reduction 1 mg q 2-4 weeks, adjusting if mood drops
D. Hydromorphone reduction 1 mg q 6 months, adjusting if sleep drops
E. Hydromorphone reduction 1 mg annually, only if mood improves

7. A 46-year-old First Nations woman with a history of multiple lower limb fractures after being beaten with a hammer during a home invasion 15 years ago, presents to her Family Physician's office where you are doing a locum. She asks for a renewal of her oxycodone IR 20 mg ii QID (160 mg = MEDD 240 mg) for pain at her old fracture sites after her prescription ran out two days ago. Upon questioning she acknowledges there were several years post assault where she was pain free off all medications and street drugs before she started opioids recreationally and subsequently received oxycodone from her family physician for pain.

What is the most likely diagnosis for her pain complaint?
A. Chronic non-cancer pain
B. Opioid-induced hyperalgesia
C. Withdrawal-induced hyperalgesia
D. **Withdrawal-associated injury site pai**n
E. Opioid use disorder and drug seeking

8. A 35-year-old Caucasian construction worker presents to your walk-in clinic asking for “medical marijuana” for wrist pain secondary to a fracture four weeks ago. He had follow-up yesterday with the orthopedic specialist who took x-rays that showed good alignment and initial healing then removed the cast and gave a prescription for ibuprofen 400 mg i-ii q8h prn. The worker feels he needs more pain relief through the day than ibuprofen to keep working. Upon questioning he has used cannabis 1-2 grams of Sativa strain nearly daily since the age of 15 and gets anxious and craves it if he stops. He occasionally gets paranoid with use.

What is your answer to his request for medical marijuana?

A. Marijuana for medical purposes federal annual exemptions are not indicated for acute pain conditions
B. Cannabis is not indicated for post-fracture pain
C. He is ineligible due to a cannabis use disorder
D. He is ineligible due to safety sensitive work
E. All of the above

9. Clinicians can improve their care for patients with chronic pain by:

A. Ordering more imaging studies to identify patients’ underlying problems
B. Referring more patients for spinal injections instead of surgery
C. Recommending to more patients that they minimize activity to avoid exacerbating their pain
D. Being more honest with patients by explaining that no treatments are very helpful and that they need to figure out how to adapt to their pain
E. Addressing psychological and social factors that may contribute to patients’ pain

10. Scientific research on mindfulness-based programs (e.g. mindfulness-based stress reduction) provides considerable evidence for:

A. Increased longevity
B. Less chronic pain severity (e.g. low back pain)
C. Temporary increase in anxiety

D. No change in metabolic blood flow in the brain

11. The “Commitment” in Acceptance and Commitment Therapy” refers to:

A. Promise to stop using opiates
B. Agreeing to the clinician’s treatment plan
C. Intention to behave in accordance with one’s own deeply held values despite pain
D. Involuntary admission to drug treatment or psychiatric hospital

12. The “Victim-Persecutor-Rescuer” triad refers to:

A. Sorting out the villains and good guys who are impacting the patient
B. Supporting the patient in battling with the system
C. Saving the patient from severe discomfort by prescribing requested pain medications
D. Recognizing the distortion that comes when the relationship between clinician and patient is framed in narrow and stereotyped roles

13. Which of the following statements is False?

A. Co-prescribing of benzodiazepines with opioids significantly increases the risk of overdose deaths.
B. Benzodiazepine urinary drug screening does not reliably detect lorazepam.
C. **Drug tolerance and withdrawal symptoms are both required to diagnose Benzodiazepine Use Disorder.**
D. Benzodiazepines are not first line treatment for chronic anxiety states.

14. A characterization of Central Sensitivity would include:

1. Refers to CNS origins of and amplification of pain.
2. Patents feel more pain than normally expected.
3. These central factors may also result in fatigue, poor memory & sleep & mood disturbance.
4. Fibromyalgia is an example of a condition with Central Sensitivity likely as a component

A. 1 & 2
B. 1, 2, & 3
C. 2 & 3
D. 1, 2, 3 & 4

15. The Alternative 2011 Fibromyalgia Survey Criteria threshold for a diagnosis of Fibromyalgia is greater than or equal to a score of

A) 7
B) 10
C) **13**
D) 16

16. A 53 year old patient with a 2 year history of low back pain reports significant increase in his low back pain following initiation of community based rehabilitation. He expresses concern with the exercises being asked of him and that he is unable to function after his appointments. He is asking for assistance with symptom relief. As his Attending Physician you:

A) Advise him to reduce his activity/exercise (you write him a note restricting activity)
B) Inquire about his community based program (get more details)
C) Provide him with a prescription (outlining an increase in his pain medication)
D) **Provide reassurance**

17. A 26 year old male ski instructor with an ankle fracture 2 weeks ago requests that you fill out a form for a federal exemption for the use of dried cannabis for pain. He has smoked cannabis 3 gm daily since age 13, despite getting paranoid at times. He has generalized anxiety symptoms and says marijuana helps calm him down.

All of the following items are either contraindications or non-indications for dried cannabis according to the Canadian Cannabis Use Guidelines, EXCEPT…
A) **Age 26**
B) Musculoskeletal/somatic pain
C) Cannabis use disorder
D) Anxiety disorder
E) Safety sensitive work