CASE RECOMMENDATION FORM

Presenter Credential:___LCSW, ADC_____

Summary: A 51-year-old woman with Medicare presents with a complex history of substance use, psychiatric diagnoses, and trauma. Her substance use includes recent Benadryl abuse (last use April 2025), meth (last use February 2023), THC, kratom, opioids, heroin, and more. Diagnoses include Bipolar I, PTSD, ADHD, GAD, gambling disorder, and severe opioid and stimulant use disorders. She has a history of TBI and significant trauma, including unreported childhood abuse and past domestic violence. She's on Suboxone, hydroxyzine, gabapentin, Wellbutrin, and Aristada, with fair adherence. EMDR was paused due to possible Benadryl effects, and she's been resistant to medical care. A severe gambling issue has recently escalated. She's rejoined DBT group, and the team is encouraging support groups while seeking guidance on next steps, especially given her guardedness and poor follow-through.

Recommendations:

1. Medication Management & Risks

- A review of her medications is needed to assess what each is doing for her, and how they support her recovery. Consider tapering or discontinuing unnecessary or high-risk medications.
- There's concern she may misuse any remaining medications if others are removed (e.g., replacing hydroxyzine with overuse of gabapentin).
- Benadryl use poses long-term risks (e.g., cognitive decline, constipation, dry eyes) and may be used to get high. Hydroxyzine is pharmacologically similar to Benadryl and may not be ideal given her history of antihistamine abuse.
- Wellbutrin is contraindicated due to her reported history of seizures—this should not be prescribed until more is known.

2. Substance Use Behavior & Patterns

- She may be craving buprenorphine—consider evaluating whether an increased dose is appropriate.
- A motivational interviewing approach is recommended when discussing the risks and benefits of continued medication use and drug-seeking behaviors.

3. Mental Health Diagnoses & ADHD Considerations

- Current ADHD symptoms should not be treated at this time, as it's difficult to differentiate true symptoms from medication side effects and polypharmacy. ADHD treatment should be deprioritized until a simplified medication regimen is established and stabilized.

4. Functional & Social Support Needs

- She has a history of chronic pain, which may drive some of her medication-seeking behaviors.
- If she qualifies for SSDI, she may be eligible for specialized case management, which could provide much-needed structured support.
- **Expanding psychosocial services is the most important recommendation**, especially given her lack of non-medication coping skills and difficulty with access to over-the-counter substances like Benadryl.

Consider presenting follow-up for this patient case or any other patient cases at a future ECHO Clinic session.

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