DOs need more training in diagnosing and treating addiction

In the article titled, “Perceptions and reported practices of osteopathic physicians in diagnosing and treating addiction,” beginning on page 461, Frank J. Kadel, DO, and William Vilensky, RPH, DO, present very important but disturbing information. They conducted a survey to determine how members of the West Virginia Osteopathic Society diagnose and treat addiction in their patients. Among the conclusions were several notable findings:

- newly-graduated physicians were more than three times as likely as those trained earlier to use the CAGE test, a screening tool clinically proven to detect substance abuse;
- for each year of practice, the chance that physicians will use the CAGE test decreases by 6%; and
- addiction would most likely be suspected only when other conditions (such as psychiatric illness, chronic obstructive pulmonary disease, cirrhosis) are present.

These data, although limited to one state, are similar to those in earlier reports by others and quite probably represent the attitude of osteopathic physicians throughout the United States. To those of us in medical education, Drs Kadel and Vilensky have given a clear message that more training must be implemented. To the physicians now in practice, it means that greater attention should be given to their patients in order to identify addiction before damaging, irreversible, and potentially fatal conditions develop.

An important issue here is the need to distinguish addiction from physical dependence. Addiction is a psychosocial disorder caused by many factors; a major one is low self-esteem, which occurs even among members of the health professions. This disorder is clearly delineated in the report of Drs Kadel and Vilensky. Physical dependence is a biologic response to long-term drug administration; it is an attempt by the body to restore normal functioning, that is, to maintain homeostasis. Along with my colleagues in the field of pain management, I have made this issue a major goal. When presenting seminars to students in medical school or to physicians attending continuing medical education programs or hospital-based grand rounds, I always emphasize the need to provide adequate analgesia—even with opioids—for our patients presenting with pain that is acute (such as postsurgical), chronic (including that from nonmalignant disorders), or terminal. Because it has been shown many times that treating patients with opioids does not cause addiction, physicians who practice good medicine do not withhold the prescribing of such useful pharmacologic agents.

As a clinical pharmacologist, I have for the past 30 years also emphasized to my students the need for understanding how addiction develops and what methods are available to treat it. Approximately 2 years ago, I developed with Robert Wilson, DO, an elective clinical rotation for the Philadelphia College of Osteopathic Medicine (PCOM) third- and fourth-year medical students at Eagleville Treatment Center, an institution located near Philadelphia which specializes in treatment of addiction. Dr Wilson is Medical Director of the Detoxification Unit at Eagleville. If they so choose, junior and senior PCOM medical students can spend a month there learning about substance abusers and their numerous medical problems.

One of the motivating factors for me to establish this elective in addiction was to show our students how much medicine is actually learned from such patients. An expansion of this approach to make it a mandatory rotation would accomplish two goals: increase knowledge of the addiction process and provide additional training in treatment of patients with extensive medical problems. Drs Kadel and Vilensky have provided compelling evidence to do so.

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