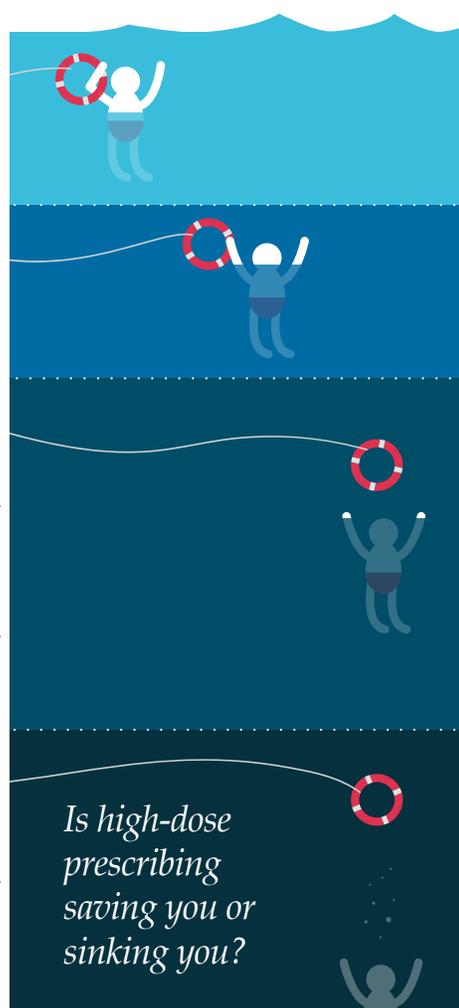


# QFHT NEWS

NEWS & INFORMATION FOR PATIENTS OF THE QUEEN'S FAMILY HEALTH TEAM

## Safe Opioid Prescribing *Your Dose and the Risk of Harm*



Percocet), it may be helpful to determine the daily morphine milligram equivalents (MME) per day. The MME allows clinicians to estimate the harm and risk of opioid overdose.

If you are taking between 50 and 100 MME per day, your chance of an overdose increases by up to five times. Examples of 100 MME per day include:

- MS Contin (30mg): two tablets daily
- Percocet: 10 tablets daily
- Hydromorphone (4mg): four tablets daily

If you are taking more than 100 MME per day, your chance of an overdose increases by up to nine times. Examples include:

- Hydromorphone SR (12mg): two caplets daily
- OxyNEO (40mg): three tablets daily
- Fentanyl 50mcg Patch

If you are taking more than 200 MME per day, you are also at greater risk for other complications such as sleep apnea, generalized pain, addiction, low testosterone levels, and disability from work. Examples include:

- Oxycodone CR (80mg): two tablets daily
- Hydromorphone Contin (30mg): two capsules daily
- Fentanyl 100mcg Patch

***The higher the number of morphine equivalents per day (MED/day) you consume, the greater the harms associated with opioid use.***

Opioid medications have a role in managing chronic pain, but there are safety concerns when consumed at significantly high doses.

If you are taking an opioid medication (e.g. Statex, Hydromorphone, Tylenol #3 or

If you are taking an opioid or a combination of different opioid medications, we encourage you to find out how much opioid you consume and how it relates to your risk of overdose and harm. It may be worthwhile to discuss with your physician if reducing your opioid dose is appropriate. Many patients will benefit from a dose reduction that is safer than their current dose and often equally effective.

At the Queen's Family Health Team, we have many resources to support patients going through opioid tapering (reduction). Our pharmacist can help to develop a tapering schedule that works for you, make suggestions for non-opioid pain-relief medications and follow up on any withdrawal concerns. Our social worker can connect you with community resources for cognitive behaviour therapy and other mindfulness programs that may be helpful for chronic-pain management.

### Online Resources for Chronic Pain

#### [Wilderman Medical Clinic](#)

The internet Cognitive Behavioural Therapy (iCBT) program consists of eight modules of cognitive behavioural therapy and mindfulness practices. It's for individuals of all ages with chronic pain and symptoms of anxiety and/or depression.

#### [Chronic Disease Self-Management Program](#)

The Ontario Ministry of Health and Long-Term Care funded the free, evidence-based Stanford University Chronic Disease Self-Management Program.

#### [Pain BC](#)

Pain BC has a number of programs and resources for chronic-pain management, including coaching for health and tools and resources for self-management.

**Do we have your current email address?** If not, please send it to [info@qfht.ca](mailto:info@qfht.ca) so we can keep you and your family well informed.

# FAST FACTS

## MEASLES VACCINATION

Measles, a highly infectious disease, is making a comeback. During March Break, there was a confirmed case of measles on an Air Canada flight from Zurich to Toronto. The only effective protection against measles is immunization with the measles, mumps, rubella (MMR) vaccine. Ensure children are fully vaccinated. Adults born in or after 1970 may be eligible for a dose of the MMR vaccine. Check with your health-care provider. Protect your children, protect yourself. For more information, visit [Immunize Canada website](#).

## 15-MONTH WELL-BABY CHECK

At this very important visit, babies receive a [Varicella \(aka chicken pox\) vaccine](#). They're also weighed, their height and head circumference are measured to ensure healthy and steady growth, and their overall development is assessed. There's a wide range of "normal," but by 15 months, toddlers should be able to do most of the following: say at least three words; understand simple commands ("no," "please give me..."); point to a body part; scribble with a crayon; throw a ball; and climb and walk/run on her own. Be sure to bring your baby in for a 15-month checkup!

## AFTER HOURS CLINIC

The QFHT After Hours Clinic offers booked and drop-in appointments. To book an appointment, please call 613-533-9303. On a rotating schedule, QFHT physicians also offer booked appointments on Monday and Tuesday evenings. If you wish to see your physician on one of these nights, ask your receptionist when he or she is scheduled on the rotation and we'll book you in.

Our After Hours Clinic is open exclusively to QFHT patients, Monday to Thursday from 5 to 8 p.m. and Saturday from 1 to 4 p.m. at 115 Clarence St. After 5 p.m., please call 613-533-9303 and our answering service will contact the physician on call.



L-R: Rose Miller, Sara McHugh, and Evelyn Bowering will be retiring from the QFHT this spring.

## ABOUT THE QUEEN'S FAMILY HEALTH TEAM

The QFHT bids a fond farewell to a few retiring staff members this spring. Collectively, **Evelyn Bowering**, social worker; **Sara McHugh**, clinic receptionist; and **Rose Miller**, registered practical nurse, have provided more than 100 years of service to the Department of Family Medicine and Hotel Dieu Hospital. A heartfelt thank you to these exceptional women!

**Dr. Ian Casson** received Queen's University's Human Rights and Equity Offices' 2017 Steve Cutway Accessibility Award. Established in 2008, this award acknowledges the efforts of faculty, staff, and students who demonstrate creativity, enthusiasm, innovation, and commitment to creating a learning and work environment in which persons with disabilities at Queen's enjoy full participation.

**Drs. Michael Green, Geoff Hodgetts, and Brent Wolfrom** spent a week in the Falkland Islands in February to oversee the department's Falkland Islands-Queen's Family Medicine residency training program. During the visit, the team met with this small island nation's government and hospital staff to discuss the program, renew links, and consider potential expansions between Queen's and the King Edward VII Memorial Hospital in Stanley, the Falklands Islands. Read more about this collaboration in this issue's *Residents and You* column.

**Dr. Susan Phillips** has been appointed director of the department's Centre for Studies in Primary Care (CSPC). The CSPC is the department's research unit, conducting high-quality research that is focused on the improvement of primary health care practice delivery and education at the local and national level.

**Dr. Eva Purkey** has been appointed the department's associate research director. In this role, Dr. Purkey will support resident research education as well as the activities of Dr. Susan Phillips, director of the department's Centre for Studies in Primary Care.

# SPOTLIGHT

## SMOKING CESSATION PROGRAM

The Queen's Family Health Team (QFHT) Smoking Cessation Program strives to help smokers manage their tobacco use and nicotine addiction. Our specialized nurse counsellors provide confidential, non-judgmental counselling and support to registered QFHT patients, whether a patient wants to quit, hopes to reduce, or is looking for help managing cravings and withdrawal symptoms. Even if a patient is not ready to quit, our counsellors are happy to talk about tobacco use and provide some tools to prepare for cessation in the future.

The QFHT uses the Ottawa Model for Smoking Cessation (OMSC) program as the framework for our smoking-cessation program. This program is a simple, systematic approach to addressing tobacco use with smokers and for supporting quitting using the best available evidence-based treatments. Using the OMSC Quit Plan, our counsellors work with patients to find individualized smoking-cessation strategies they can envision fitting into their lives.

In conjunction with the OMSC, we are partnered with the Smoking Treatment for Ontario Patients (STOP) program, which allows us to provide FREE nicotine-replacement therapy (NRT) to our patients. Since its inception in 2005, the STOP program has provided free smoking-cessation medication and counselling support to more than 100,000 Ontarians. The program's research component then evaluates the effectiveness of the smoking-cessation medications. Studies have shown that using smoking-cessation medications such as Zyban (bupropion), Champix (varenicline), NRT (patches, gum, lozenges, inhaler, mouth spray) can double a person's chances of quitting smoking.

In the coming year, the QFHT is excited to be expanding upon our group smoking-cessation sessions. Four times a year, we will be bringing new registrants together in small groups for their initial visit. Our group sessions will outline details about our program, discuss smoking-cessation strategies and community supports, and review medications. The group environment can help support smokers in their journey by helping them realize they are not alone.

Smoking cessation is hard, but with the right support, medication, and tools, it is achievable. Every year, thousands of people in Ontario go smoke-free and enjoy the boost to their health and quality of life almost immediately.

For more information, visit [qfht.ca's Smoking Cessation Program](#) page.

Photo illustration Courtesy University of Ottawa Heart Institute



QUITTING SMOKING IS THE  
SINGLE MOST IMPORTANT THING  
YOU CAN DO FOR YOUR HEALTH!

## PATIENT PROFILE



When I started taking hydromorphone, I was on a high dose that made me groggy and feel like I wasn't in my own body. I couldn't work or drive.

The morphine dulled the pain but didn't take it away. Although my pain was getting better, my mind was made up that I needed a higher dose.

It wasn't until I went to Dr. Shayna Watson that I realized I could change the way I thought about my dose and, in doing so, reduce it and feel much better. Dr. Watson didn't undermine my pain; she offered other ways to deal with it.

Very slowly, she started to wean me off the morphine. I was scared, but she was very understanding. We took baby steps, a little at a time, and I soon realized that coming off the morphine was a good thing.

The more I stepped down, the more I realized how much of a fog I had been in before. My mind got clearer and I could concentrate. I didn't feel like a zombie anymore.

Stepping down very slowly was an absolute blessing. I had counted on the morphine for so long that I didn't think I could do it at first, but Dr. Watson made the transition so easy. I didn't have any side effects, and as the pain started to get better we introduced other techniques such as the application of ice and heat, yoga, and other mindfulness exercises.

Just like the doctor ordered, I started to feel good about myself again.

I am no longer on morphine daily. I take a 1mg tablet when I absolutely need to; other than that, I am good. I still have pain and it will never go away, but I now use other ways to deal with it besides morphine.

I've returned to work full time, and school. I am grateful to Dr. Watson for helping me with my addiction. With her support and dedication, I have come a long way. I owe her my sanity and my good fortune. Coming off was a scary process, but it's worth it in the end.

Tina Carr

# RESIDENT PHYSICIANS AND YOU

The Queen's Department of Family Medicine's motto for its residency education program is "Train at Queen's. Work Anywhere."

As part of their two-year program, our resident physicians spend six months of training in a community setting, at least two of which must be in a rural area. Some of the more remote areas in which our residents train in Ontario include Dryden, Fort Frances, Kenora, Moose Factory, and Sioux Lookout.

Much farther afield, over the past three years, 17 of our second-year residents have spent two months of their training in the Falkland Islands. This collaboration between Queen's and the Falkland Islands' government and health officials provides our residents a challenging and rewarding opportunity to practise their skills with few resources and very limited equipment. It also supports the small island nation's need for well-trained family physicians for its 2,800 residents.

During their time there, residents can assess their interest in a scholarship that offers postgraduate residents a third year of training provided they stay for a one-year return of service.

Dr. Jeff Martin, who graduated in 2016, published an article in the *Canadian Journal of Rural Medicine* about his experience working in the Falkland Islands.

[The Queen's Gazette](#) and [The Kingston Whig-Standard](#) also recently published articles about the Queen's-Falkland Islands program.



QFHT dietitian Allison Little chats with a mom about introducing solid foods to her baby.

## CLINIC CONVERSATION

Among our many programs and services, the Queen's Family Health Team is proud to offer a variety of group programs that have grown in number and popularity among our patients over the past few years.

We offer group programs for: anxiety and depression (facilitated by a social worker); smoking reduction and cessation (registered nurse); breastfeeding (a drop-in group, with a lactation consultant/registered nurse and a resident physician); infant feeding (dietitian and registered nurse); Best Health, Best Weight (dietitian and community resources); and chronic pain (social worker). In addition, a sleep therapy group program will be launched soon.

At first, the idea of participating in group therapy may seem intimidating. However, among the many benefits of group therapy, it provides patients an opportunity to share with, and learn from, others with similar health concerns. Patients in group settings can serve as a sounding board for one another, and provide encouragement.

In another initiative, our physicians and pharmacist have been working with patients who have chronic, non-cancer-related pain who are taking an opioid medication to reduce their dose, if appropriate. (See our cover story.) This initiative is a collaboration with KFL&A Public Health and the North Kingston Community Health Centre.

Opioid prescribing is currently a hot topic in Canada. Many statistics have highlighted the need for change. For example, the South East Local Health Integration Network (LHIN) has one of the highest rates of opioid prescribing in Ontario. Using data, practice reports, collaboration and education, and keeping the patient at the centre of the discussion, we can make a difference in safety and appropriateness in opioid prescribing in Kingston.

We welcome your input and suggestions about our clinic operations. At any time, feel free to contact me or your care provider.

To you in good health,

Diane Cross  
Clinic Manager

DEPARTMENT OF  
FAMILY MEDICINE

*Delivering the Future of Primary Health Care*

220 BAGOT ST. • 115 CLARENCE ST. • KINGSTON, ON • 613-533-9303

INFO@QFHT.CA [QFHT.CA](http://QFHT.CA)