Drug-seeking behavior has evolved into patients wanting new medications for older ones they've self-prescribed or demanding medications I don't feel they need. 

Source: Physicians Practice

As medical care providers, we are always alert to patients that may come to us with an agenda other than basic healthcare, specifically concerning drug-seeking behavior (DSB). In the classic sense of our understanding, people that have DSB are usually looking for narcotic or opioid medications due to addiction problems. But I would like to propose an alternate aspect of this that doesn't involve addictive substances. This DSB is based on fear or misinformation and potentially could be just as harmful.

How many patients have approached you to prescribe some medication that they saw advertised on television or in magazines? This doesn't happen much in pediatrics (yet) but I can imagine that there are patients that won't take "no" for an answer. I wonder how many physicians deny the patient what they seek and how many patients leave a practice because they are not getting what they want?

Fortunately, in pediatrics, we rarely get a parent demanding antibiotics for a common cold these days. Most parents are frankly relieved when their child doesn't need any prescribed medication (any of you with toddler experience know that little kids would rather eat dirt than green vegetables ... and forcing medication on them is a monumental battle). Parents today realize that antibiotics have their own set of side effects and problems, which makes my job easier.

Regrettably I have several experiences every year where a parent has started leftover antibiotics on a child for a sore throat without actual diagnosis of streptococcal infection, rendering the testing moot. At that point, do I continue the antibiotics? Or do I make the patient wait a few days to see if this presumed viral infection improved? And if I don't treat, will I put the patient at risk for rheumatic disease secondary to partially treated strep infection? Should I consider these parents to have DSB since they are coming in for a prescription based on limited data and fear of an unproved condition?

There are ever increasing numbers of urgent care clinics in this country. While it is great for patients to have easy access to medical care, I have seen many cases of antibiotic use with limited proof of diagnosis. When patients don't get what they want from me, are they turning to urgent care clinics instead to get the prescriptions that they are seeking? Is this DSB?

And what about feared conditions in which there is conflicting advice or lack of scientific proof? In our area, Lyme disease is a real and widespread infectious disease carried by the blacklegged tick. Most patients that have acute infection are made better with a course of antibiotics, usually doxycycline. Unfortunately, there is significant controversy over the diagnosis and treatment of this infection with two opposing sides battling on the subject. I am not going to discuss the specifics or merits of treating infection with *Borrelia burgdorferi* but rather to point out potential DSB when it comes to Lyme disease. I regularly have parents come to our office to get antibiotic treatment "because they found a tick crawling on their child's clothing" or "pulled a tick off the child" without actually bringing the tick to the office for identification (and there have been many presumed "ticks" that were actually not ticks at all once examined). These parents are not asking but demanding a month of doxycycline for their child. I suppose that some physicians would consider this a form of DSB?

So what have I done in the past to deal with these requests/demands? I would love to tell you that I have lived by my convictions and done what is right based on good medical and scientific evidence. However, I shamefully admit that I have caved under pressure at times and written a prescription that I didn't feel good about.

I fear that this trend of requesting prescriptions based on Internet and advertised information will only escalate in the future. I heartily wish the best of luck to all prescribing providers navigating this prescription medication minefield.
Source URL: http://www.diagnosticimaging.com/blog/new-face-drug-seeking-behavior

Links: