

Delusions, Dependence, and Pain:

Buprenorphine Induction in Patient with History of Delusional Parasitosis and Acute on Chronic Pain of Self-Inflicted Scalp Wound

Authors Kavan Maguire Mulloy MD, Cylena Stewart MD, David Martinez-Garza MD

INTRO

- Buprenorphine (BUP) is highly efficacious as a medication for opioid use disorder (mOUD).
- Partial receptor activation has led to theoretical concern for poor analgesic performance, however BUP’s high affinity for opiate receptors is favorable for analgesia.
- Clinical studies have demonstrated sublingual BUP’s analgesic potency, “with 85% of cancer patients reporting pain control as good-very good.”
- Delusional Parasitosis (DP) is a rare condition where patients firmly believe they are infested by parasites despite clear/convincing evidence of the contrary, and is considered a rule out diagnosis.
- Psychiatric differential for DP includes substance-induced pruritus, psychotic disorders, and “other psychiatric disorders (i.e. OCD).”

METHODS

- See QR Code for full case presentation that provided the basis for this discussion.

DISCUSSION

- Studies have demonstrated sublingual BUP as an effective analgesic, as replicated here in this case.
- Given the overlap between chronic pain and OUD, BUP is an excellent option for co-occurring patients.
- BUP does not bind persistently to the mu receptor, allowing other opiates for breakthrough pain relief.
- A diagnosis of DP carries heavy stigma for patients. Alternative psychiatric diagnoses should be considered, and treatment must be initiated promptly to reduce morbidity and mortality in this high-risk population.
- Second-generation antipsychotics are considered first-line treatment for DP and for the more common differential diagnoses of patients presenting with a history of DP.



Sublingual Buprenorphine (BUP) is often underutilized as mOUD only. Although not typically considered for its robust analgesic effects, BUP may serve a dual purpose for mOUD and Chronic Pain Management in more complex cases.



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Figure 1: Inverse Cranial View of Scalp wound



Figure 2: Right Lateral View of Scalp wound

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CASE REPORT

- 59M with PPHx of **delusional disorder, somatic type “DP,” with chronic self-inflicted scalp wound**, unspecified mood disorder, and obsessive-compulsive personality disorder.
- Patient with chronic behaviors for 12 years reportedly was spending **8+ hours daily “doing surgery on himself”** leading to a 70%-area anterior scalp wound with poor healing. **Involuntary hold due to risk of self-harm** initiated on medical floor while being treated for **osteomyelitis of the skull**—followed by psychiatry, infectious disease, and plastic surgery consult teams.
- **Transferred to inpatient psychiatry** unit once adequate antibiotic coverage was established.
- Patient reports extensive work-up at outside hospitals, leading to DP diagnosis.
- He **did not demonstrate fixed-false belief or endorse “delusions of parasites”** to our team.
- He did endorse somatic sensations on his scalp that led to his compulsive behaviors of picking and cutting his skin for immediate relief, followed by efforts to relieve self-inflicted pain through opiates.
- The patient screened positive for past episodes of mania and depression.
- He reports increasing amounts of oxycodone (30 mg daily) “off the street” due to worsening pain.
- The patient was offered **BUP induction**. Last dose of oxycodone 5 mg Q6H at 5PM followed successfully by 2 mg buprenorphine trial the next morning, titrated to **discharge dose of buprenorphine-naloxone 4mg-1mg films TID, with good pain relief and control of cravings**.
- Psychotropic medications changes included **Lexapro 30 mg and Abilify 10mg**, which reportedly reduced his urges of scalp picking.
- The patient’s **diagnoses were updated to OUD, obsessive compulsive disorder, and bipolar disorder with psychotic features**.
- At 6 months follow up, patient remains stable with **adequate pain control, compliant with mOUD, no mood symptoms or delusional thought content**, and follows-up with psychiatry and psychology monthly.

