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Ask a Doctor

By Tim Wilson, MD

Q. *My commercial truck driver had a recent random DOT [Oregon Department of Transportation] drug screen. The drug-screen results were reported as negative; however, an additional comment said, "a prescription medication may affect safety-sensitive functions." Now what?—Concerned employer*

A. The best course of action is to temporarily withhold the driver from performing the safety-sensitive functions (driving) until further evaluation and/or clarification.

In this case, the driver was prescribed a medication called oxymorphone HCI (brand name Opana®), a new long-acting morphine product. The medication was prescribed by a medical specialist for the treatment of arthritis and chronic lower-back pain. The specialist wasn't fully aware of the nature of the patient's work, and the driver did not inform his employer regarding his use of this medication. Several months later the driver was randomly selected for drug testing. The drug screen came back morphine-positive. The normal course with the federal drug-testing program calls for a medical review officer (MRO) to review the results and interview the driver.

During the driver's interview, he disclosed his medical conditions and prescription medication use. The MRO consulted with the prescribing physician and verified that this was a legitimate medical problem and a valid prescription. The drug-screen result was reported as negative because there was a valid medical explanation for the drug. The additional comment regarding the prescription medication's affecting the safety-sensitive function, however, was given to the employer, which is what prompted the employer to seek advice about the next step.

I recommended that the driver be withheld from driving duties and be sent to the Occupational Health clinic for a fit-for-duty exam. After this medical exam, I recommended that the driver be placed on a "medical hold" until further information could be obtained.

I contacted the prescribing physician and explained the situation. I required that the specialist provide a letter on behalf of his patient, containing the following information: all medications used, dosage, and length of treatment; a discussion of any side effects, of the medication's potential to interfere with the safe operation of a commercial motor vehicle, and of alternative medications that can be used; and a statement that the prescribing physician is fully aware of the federal regulations, including conference report recommendations, and that the physician believes that the driver can safely operate a commercial motor vehicle while taking this medication.

(continued on next page)

Ask a Doctor (continued)

The specialist was not willing to sign any statement regarding the above information, so I explained to him the consequences: if the driver requires this medication, the driver cannot drive.

Ultimately, the patient was prescribed an alternative medication that would not interfere with safety-sensitive functions. I then passed his fit-for-duty exam, and he returned to driving. The driver was sternly advised regarding the use of opiates while driving commercial motor vehicles.

My comments:

1. Morphine is a Scheduled 2 medication. The FMCSA [Federal Motor Carrier Safety Administration] convened a medical expert panel to review the literature for Schedule 2 medications. For many of the key questions, the panel had a difficult time reaching an evidence-based conclusion, due to the paucity of evidence that met the inclusion criteria. There was evidence that first-time doses of a Schedule 2 opioid had deleterious effects on driving performance as well as cognitive and psychomotor functions. The panel has recommended changes in the regulations, which will tighten the use of medications (these are forthcoming).
2. Here is the current regulation [391.41 (b)(12)] for drug use:

   A person is physically qualified to drive a commercial motor vehicle if that person:

   A. Does not use a controlled substance identified in 21 CFT 1308.11 Schedule 1, an amphetamine, a narcotic, or any other habit-forming drug.

   B. Exception. A driver may use such a substance or drug if the substance or drug is prescribed by a licensed medical practitioner who:

   i. Is familiar with the driver's medical history and assigned duties; and

   ii. Has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle; and

   iii. Has no current clinical diagnosis of alcoholism.
3. The exception allows a driver to use these medications; therefore, it would be prudent to obtain a written statement from the prescribing medical practitioner regarding these regulations. There is a Medical Questionnaire Form available for this documentation. Certain medication can be used safely; however, other medications clearly cannot.
4. Under the current rules of the federal drug-testing program, the medical review officer's disclosure of medical information is no longer may (permissive)—it is must (mandatory). Under 40.327 the MRO must report to third parties without the donor's consent drug-test results and the medical information learned as a part of the verification process if it is determined in the reasonable medical judgment that:

   A. The information is likely to result in the donor's being determined to be medically unqualified under an applicable DOT agency regulation; or

   B. The information indicates that continued performance by the donor of his or her safety-sensitive function is likely to pose a significant safety risk.

Few will argue otherwise. There are essentially no established standards of practice, however, for dealing with prescription drugs. Therein lie some potential adverse consequences of the regulatory change.

Keep in mind that these are regulations for the DOT drug-testing program. These regulations do not apply to the non-DOT testing arena. The prescription issue, however, is just as important for the non-DOT employers.

New Faces at the Work Performance Center

In the past few months, Asante's Work Performance Center has seen the addition of several new staff members. We are proud to introduce our new therapists and therapy technician, and we look forward to the expertise and the experience that they bring in providing the best occupational health rehabilitation in the region.

Kendall May, OTR/L, Occupational Therapist

Kendall comes to Asante Work Health with eight years of experience, having worked as a hand and upper-extremity specialist. He received his BS in occupational therapy in 2001 from Colorado State University. Prior to becoming an occupational therapist, Kendall worked as a brick mason for 18 years. He brings to his practice a wealth of knowledge and understanding of the industrial worker and of the challenges of both physical labor and injury on the job. Outside of work Kendall spends most of his time with his wife and three daughters. He is an accomplished woodworker and enjoys camping and fishing.

Mason Smith, PT, MPT, CSCS, Physical Therapist

Mason practices outpatient physical therapy with an emphasis on spinal and neuromuscular disorders, sports rehabilitation, and pre- and post-op surgical rehabilitation, preventative care, and postural dysfunction. He is a dean's list graduate of Loma Linda University in southern California. He is also a personal trainer experienced in Pilates techniques. His background and broad range of experience in a wide variety of therapeutic techniques provides his patients with a wealth of resources that can assist them in a full recovery and a return to work following an on-the-job injury. Mason, his wife, and their two children are excited to become a part of this community and Asante Work Health. Born and raised in Santa Barbara, Mason is an avid outdoor enthusiast who enjoys creating memories with his family; he particularly likes mountain and road biking, hiking, mountaineering, camping, surfing, and fishing.

Blake Chronister, BS, Therapy Technician/Health Educator

Blake is a recent graduate of Southern Oregon University, where she earned her BS in health and physical education. She previously earned her ACE certification and worked for two years as a personal trainer. While finishing her degree, Blake volunteered as an intern for Asante Health Promotion. She now can proudly say she is officially one of the team! With her experience and education, she looks forward to a rewarding career as a rehab technician and a health educator at Asante Work Performance. When she is not working, Blake enjoys getting away to the Oregon Coast with her husband, Travis; she also likes running, hiking, and relaxing with family and good friends.

New Customer Service Representative

By now if you have had drug-screen services in our Medford or Grants Pass Occupational Health clinics, you have spoken with Rebekah Baldridge, our new customer service representative. Rebekah has been with Asante Work Health for two years in different roles within Occupational Health. When the customer service representative position was vacated, we were delighted that Rebekah accepted the opportunity to step into a critical role within Work Health. Her attention to detail, drive for excellence, and friendly manner have made her a perfect fit for the position. Please join us in welcoming Rebekah to her new role in Work Health.

Metabolic Syndrome

What is metabolic syndrome?

People with metabolic syndrome are at increased risk of coronary heart disease and other diseases related to plaque buildup in artery walls (such as stroke and peripheral vascular disease) and type 2 diabetes. Metabolic syndrome has become increasingly common in the United States. It's estimated that more than 50 million Americans have it.

The dominant underlying risk factors for this syndrome appear to be abdominal obesity and insulin resistance. Insulin resistance is a generalized metabolic disorder in which the body can't use insulin efficiently. This is why metabolic syndrome is also called insulin-resistance syndrome. Most people with insulin resistance have abdominal obesity.

How is metabolic syndrome diagnosed?

The American Heart Association (AHA) and the National Heart, Lung, and Blood Institute recommend that metabolic syndrome be identified as the presence of three or more of these components:

- **Elevated waist circumference:**
  Men: Equal to or greater than 40 inches (102 centimeters)
  Women: Equal to or greater than 35 inches (88 centimeters)
- **Elevated triglycerides:**
  Equal to or greater than 150 milligrams per deciliter (mg/dL)
- **Reduced HDL ("good") cholesterol:**
  Men: Less than 40 mg/dL
  Women: Less than 50 mg/dL
- **Elevated blood pressure:**
  Equal to or greater than 130/85 millimeters of mercury
- **Elevated fasting glucose:**
  Equal to or greater than 100 mg/dL

AHA Recommendation for Managing the Metabolic Syndrome

The primary goal of clinical management of metabolic syndrome is to reduce the risk of cardiovascular disease and type 2 diabetes. Then the first-line therapy is to reduce the major risk factors for cardiovascular disease: stop smoking and reduce LDL ("bad" cholesterol), blood pressure, and glucose to the recommended levels.

For managing both long- and short-term risk, lifestyle interventions are the first-line therapies to reduce the metabolic risk factors:

- Weight loss to achieve a desirable weight (body mass index less than 25 kilograms per meter squared
- Increased physical activity, with a goal of at least 30 minutes of moderate-intensity activity on most days
- Healthy eating habits that include reduced intake of saturated fat, trans fat, and cholesterol

For more information about on-site cholesterol screenings, contact Health Promotion at **(541) 789-4995**.

When Love Hurts Work

Shakespeare wrote many things about romantic love, but in A Midsummer Night's Dream he says it best: "The courses of true love never did run smooth." When things are running smoothly at home with our partner, it often inspires a healthy positive outlook elsewhere in life. We feel air under our wings. But when the course of true love brings conflict and distress, most of us realize that the negative impacts can spread, even to our work life.

Psychologists now realize that love is a double-edged sword. As social creatures we grow and learn to thrive in the midst of secure "attachments," mainly parents and other caregivers. As adults a secure attachment consists mainly of a healthy dependency on a life partner. When a romantic relationship goes awry, however, the result can be depression, anxiety, and other forms of mental distress.

Then we go to work.

In the American workplace, depression and anxiety are among the leading causes of lost productivity. Inefficiency, tardiness, absenteeism, presenteeism, and poor co-worker relations often mask the invisible wounds of mental anguish. Mental health counselors frequently see a connection between a broken love life and an individual's current emotional state and work performance. So when counseling helps couples repair vital bonds and achieve a healthy emotional dependency, the results are an improved sense of well-being at home and at work.

What does a healthy emotional dependency look like? Couples can achieve security in their relationship with a special kind of connection that has three parts:

- **Accessibility:** Can I reach you? Yes, I'll stay open to you even if it means struggling with my doubt and insecurity.
- **Responsiveness:** Can I rely on you to respond to me emotionally? Yes, your needs and fears affect me, I accept them as important, and I will comfort you.
- **Engagement:** Do I know you will value me and stay close? You will know this in the way I pay attention to you, my gaze, my touch, and my time.*

Asante Counseling and EAP can help you achieve smoother relationships, at home and at work. For more information contact us at **(541) 789-4238.**

**Johnson S. Hold Me Tight: Seven Conversations for a Lifetime of Love. New York: Little, Brown; 2008:49-50.*