

Medication Policy

Narcotics/Opioids (Hydrocodone, Vicodin, Oxycodone, Codeine, etc.)

Pain control is the impetus for many clinic visits and it's the goal of the physician to manage your pain to a tolerable level while attempting to find the cause. When pain becomes a chronic issue, however, the way that it is medically managed changes as well. This has to do with waning effectiveness of certain medications and the risk/reward balance with any treatment.

This class of medication is usually the last medication I will suggest for pain control. Even when I do suggest it, the term will likely be short and will be for significant injuries. Longer-term use of this type of medication require more vigilance on the part of the clinician/clinic. This clinic is not able to provide this type of vigilance. For those people that require chronic narcotic prescriptions a referral will be made to a pain-management clinic.

Benzodiazepines (Xanax, Valium, Ativan, etc.)

This type of medication has been used for control of anxiety or for insomnia. These diagnoses are typically complex problems that require a complete history and physical, after which, an attempt to decipher the underlying cause should be initiated. Many times, these medications are started while this investigation is begun but they are never withdrawn. Like narcotics, this class of medication carries significant risks when used chronically.

I believe in finding the underlying cause of a patient's medical problem. Similar to narcotics, benzodiazepines are the last medication that I will suggest for a particular indication. Even when I do suggest this class it will be a longer acting medication (decreased chance of dependence) and I will only suggest its use for a short period of time.

Stimulants (Adderall, Ritalin, Concerta, etc.)

These medications are commonly used for ADD in both children and adults. I do not prescribe this class of medication. If you require this medication I will refer to you a physician that will manage this treatment.