

Nursing Care of the Chemically Dependent Patient

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Lecture Overview

- **CNS Depressants**
- **CNS Stimulants**
- **Opiates**
- **Cannabis**
- **Nicotine**
- **Inhalants**
- **Club Drugs**

Definition of Terms

- **Addiction**
 - **Loss of control over substance use**
 - **Continued use despite associated problems**
 - **Tendency to relapse**

Definitions cont.

- **Tolerance**
 - The need for increased amounts of the substance to produce desired effects.
- **Withdrawal**
 - Stopping or reducing the substance results in physical and psychological symptoms

Definitions cont.

- **Substance Abuse**—a maladaptive pattern of substance use leading to clinically significant impairment or distress, manifested by one or more of the following:
 - Role responsibility problems—work, school, home
 - Impairment in situations that are hazardous
 - Recurrent legal and IPR problems
 - Continued use despite social or interpersonal problems

Definitions cont.

- **Substance Dependence**—manifested by 3 or more of the following:
 - Presence of tolerance
 - Presence of withdrawal
 - Reduction/absence of important social, occupational, or recreational activities
 - Unsuccessful or persistent desire to cut down or quit
 - Increased time spent procuring and using substance

**Substance Dependence
cont.**

- **Substance taken in larger amounts/for longer periods than intended**
- **Continued use despite knowledge of recurrent physical or psychological problems, or that problems were caused or exacerbated by the substance**

Defintions cont.

- **Synergistic effects**
 - **Combining 2 drugs and the resulting effect is greater than either drug taken alone.**
- **Antagonistic effects**
 - **Combining two drugs to weaken the effect of one drug**

Definitions cont.

- **Co-dependence (Box 27-, p.551)**
 - **Maladaptive behaviors present in people who live with or are closely associated with people who abuse or a dependent on a chemical substance**

Prevalence

- **US is a drug oriented society**
 - **Reasons for use**
 - Restore health
 - Relieve pain
 - Reduce anxiety
 - Increase energy
 - Alleviate depression
 - Deal with loss
 - Increase sense of self-worth
 - Create a feeling of euphoria.

Comorbidity

- **Psychiatric**
 - **Co-occurring substance use disorder (SUD) in the presence of another diagnosed psychiatric disorder**
 - **51% of people with a diagnosed psychiatric disorder abuse and/or are dependent on a chemical substance**

Co-Occurring Disorders

- Experience more severe and chronic medical, social, and emotional problems and are more prone to SA relapse and worsening psychiatric symptoms
- Relapse often leads to psychiatric decompensation
- Require longer TX, experience more crisis and progress more gradually

Co morbidity cont.

- **Medical**
 - Use of a chemical substance in the presence of a diagnosed or undiagnosed medical illness.
 - Alcohol is the most commonly abused substance and has the potential to effect all organ systems.

Theories

- **Biological**—children of parents with alcoholism 3-4 x more likely to develop SUDS
- **Psychological**—many factors
- **Sociocultural**—Differences in incidence of SUDS in various groups

The CHEMICALLY IMPAIRED PATIENT

- **Assessment**
 - **Substance use History**
 - Begin with most socially accepted substances first
 - **Medical history**
 - **Psychiatric history**
 - **Psychosocial issues**

Assessment

Physical indicators of substance abuse:

- Pupils dilated or constricted
- Abnormal VS—Elevated or decreased
- Needle marks
- Tremors
- Odor of alcohol on breath
- Inhibited or disinhibited behavior
- *Obtain HX from family/friends
- *Check belongings for drugs and paraphernalia

Assessment alcohol cont.

- **Blood alcohol level (BAL)**
- **CAGE questionnaire—Have you ever felt the need to cut down, been annoyed by people criticizing your use, felt guilty about use, had a drink /drug the first thing in the AM (eye-opener to steady nerves or get started or get rid of a hangover?**
- **Michigan Alcohol Screening Test (MAST)**

Assessment Alcohol cont.

- **Levels of anxiety**
 - **Fear of rejection**
 - **Low self-esteem**
 - **Grief over loss of alcohol**
 - **Fear of failing**
 - **All cause threat to the self-concept and therefore increase anxiety**

Alcohol assess. Cont.

- **Defense Mechanisms**
 - Denial
 - Projection
 - Rationalization

Alcohol assess cont

- **Effect on Body Systems**
 - **Neurological system**
 - CNS depressant
 - Rapid anxiety reduction
 - Rebound anxiety accompanied by depression
 - Disinhibition
 - Impaired judgment

Neuro cont.

- **affects cerebral cortex first**
 - higher brain functions—thinking and judgment
- **proceeds downward to motor areas resulting in ataxia and decreased reflexes**

Neuro system cont.

- **Long-term alcohol use produces irreversible conditions**
 - **Wernicke-Korsakoff syndrome**
 - **Caused by thiamine (vitamin B1) deficiency**
 - **Progressive mental deterioration**
 - **Peripheral neuropathy**
 - **Cerebellar ataxia**
 - **Confabulation**
 - **Myopathy**

GI system effects of alcohol

- **Fatty liver disease**
 - **Liver suffers most because it filters alcohol out of the bloodstream and breaks it down.**
 - **Alcohol is high in calories so it breaks it down first instead of important nutrients**

GI system cont.

- **Impaired ability of the liver to absorb vitamins and minerals results in malnutrition**
- **Excess calories from alcohol intake are stored in liver as fat and result in fatty infiltrates**
- **Noted earliest signs of alcoholic liver disease**

GI system cont

- **Fatty liver disease is reversible**
- **Unchecked the fatty deposits become hardened scar tissue (Cirrhotic)**
- **End result is cirrhosis of the liver which is irreversible**

GI System cont.

- **Cirrhosis of the liver results in portal hypertension, esophageal varices and erosions of the mouth and throat**
- **Pancreatitis-Peptic ulcers**

Cardiovascular effects of alcohol

- **Deterioration of heart muscle (cardiomyopathy)**
- **Hypertension**
- **Tachycardia**
- **Peripheral circulation impaired**

Respiratory system effects of alcohol

- **Majority of people with an alcohol related problem smoke**
 - **Increased rates of throat cancer, lung infections and emphysema**

Reproductive effects of alcohol

- **Impotence (alcohol increases desire but not sexual function)**
- **Increased rates of breast cancer in women**
- **Fetal alcohol syndrome**
- **Effect on developing fetus**
- **Infertility**

Nursing Diagnosis r/t alcohol

- **NANDA (Table 27-8, p. 561)**
 - **Risk for injury**
 - **Nutritional imbalance**
 - **Ineffective coping**
 - **Ineffective health maintenance**
 - **Anxiety**

Outcome criteria r/t alcohol (NOC)

- Remains free from injury
- Health maintenance improved
- Maintains abstinence
- Improved nutritional status
- Effective individual & family coping

Nursing interventions r/t alcohol (NIC)

- Maintain a safe environment during acute withdrawal
- Referral to support groups
- Individual and family counseling
- Health teaching and promotion
- Anxiety and stress management
- Medication

Evaluation (of Outcome)

- Evaluation of achievement of goal or goals
- The process of recovery is carried out in stages. Relapse is common and does not indicate failure

Defense Mechanisms

- **Denial**
- **Projection**
- **Rationalization**

Alcohol Withdrawal

- **Factors contributing to alcohol withdrawal:**
 - **Amount of alcohol consumed**
 - **Length of time**
 - **History of previous withdrawal when client ceased alcohol consumption**
 - **Overall health status**

Alcohol Withdrawal cont

- **Assessment**
 - **Early signs and symptoms**
 - **Occurs 6-8 hours after last drink**
 - **Anxiety, tremors, irritability**
 - **Progresses to vital sign changes—**
 - **tachycardia, elevated BP**
 - **Late signs tactile and visual hallucinations, grand mal seizures**

Alcohol Withdrawal cont

- **NANDA**
 - Risk for injury
 - Anxiety
 - Altered thought process
 - Nutritional imbalance

Alcohol Withdrawal cont

- **NOC**
 - Risk control: alcohol use
 - Safety status: Physical injury
 - Nutritional status: Nutrient intake
 - Neurological status: Central Motor Control

Alcohol Withdrawal cont

- **NIC**
 - Medication administration
 - Seizure management
 - Nutritional management
 - Electrolyte management
 - Substance use treatment: alcohol withdrawal

Alcohol Withdrawal cont

- **Pharmacology**
 - **Chlordiazepoxide (Librium)**- drug of choice
 - **Lorazepam (Ativan)**— not metabolized by the liver (**Varcarolis**)
 - **Thiamine (Vitamin B1)**
 - **Anticonvulsants**

Pharmacology cont

- **Multivit and Folic Acid**
- **Magnesium sulfate IM**
 - **CNS depressant**
 - **anticonvulsant**

Alcohol Withdrawal cont

- **Additional nursing interventions**
 - **Minimize stimuli**
 - **Keep room lighted**
 - **Non judgmental attitude**
 - **Clear, simple communication**
 - **Assessment of readiness for referral**

Additional treatments for Alcohol

- **Naltrexone (Trexan, ReVia)**
 - Decreases pleasure
 - Initiate 25-50mg/day
 - 7-10 days drug-free
- **Acamprosate (Campral)**
 - Maintenance of sobriety
 - 666mg TID (333mg tabs)
 - Glutamate system
- **Disulfiram (Antabuse)**
 - 125-500mg/day
 - 12 hours ETOH free

OPIATES

- **Assessment**
 - Constricted pupils
 - Decreased respiration/ BP
 - Drowsiness
 - Slurred speech
 - Sense of euphoria followed by dysphoria
 - Impaired judgment
 - Needle marks (tracks) if IDU

Opiates cont

- **Assessment cont.**
- **Withdrawal**
 - Yawning, insomnia, irritability, rhinorrhea, panic, diaphoresis, cramps, anorexia, nausea, vomiting, fever, goose flesh
- **Overdose**
- **naloxone (Narcan)**
 - IM/IV (preferred) 0.4-2mg q2-3 minutes as needed. May need to repeat q 20-60min. If no response after 10mg ? DX

Opiates cont.

- **Addiction treatment**
 - **Methadone (Dolophine)**
 - **LAAM**
 - **Naltrexone (ReVia)**
 - **Clonidine (Catapres)**
 - **Buprenorphine**
 - **Suboxone/Subutex**

Buprenorphine

- **TX of opioid dependence**
- **Office-based—MD supervision**
- **Good safety margin**
- **Low abuse potential**

Buprenorphine (cont.)

- **Partial agonist at mu receptor**
 - **Blocks Heroin's effects**
 - **Reduces craving**
 - **Prevents unpleasant withdrawal**
 - **Two formulations—2 stage TX**
 - **Subutex**
 - **Suboxone**

Buprenorphine (cont.)

- **1st transition from opioid drug to Subutex (buprenorphine) w/in a few days**
- **Then switch to Suboxone Buprenorphine & naloxone (opiate antagonist)**

Stimulants

- **Cocaine**
- **Amphetamines**
 - **Dextroamphetamine**
 - **Methamphetamine**
- **Caffeine**

CNS Stimulants

- **Assessment**
- **Cocaine and crack**
 - **Snorting; injecting**
 - **Smoking—intense euphoria in 4-6 seconds**
 - **Effect lasts 5-7 minutes**
 - **Followed by a period of deep depression**
 - **Highly addictive**

CNS Stimulants cont

- **Cocaine**
- **Two main effects:**
 - **anesthetic—blocks sensory nerve transmission; primarily pain**
 - **stimulant—can stimulate sexual arousal and also violent behavior**
 - **Stimulants can induce psychosis**

Cocaine Cont.

- **Withdrawal**
 - **Fatigue**
 - **Profound and severe depression**
 - **Irritability**
 - **Craving**
 - **Paranoia**

Rave and Techno Drugs/Date Rape Drugs

- **Techno Drugs**
 - **MDMA, MDA, MDE (Ecstasy, Adam and Eve)**
 - **Ketamine**
 - **Effects resemble amphetamine and hallucinogens**
 - **GHB (gammahydroxybutyric acid)**

Techno Drugs cont

- **Usual Effects**

- **Euphoria**
- **Increased energy**
- **Increased self-confidence**
- **Increased sociability**

Techno Drugs cont.

- **Adverse Effects**

- **Hyperthermia**
- **Acute renal failure**
- **Hepatotoxicity**
- **Depression and panic attacks**
- **Psychosis**
- **Cardiovascular collapse**

Techno Drugs cont.

- **Heavy Ecstasy use associated with:**

- **sleep disorders**
- **anxiety and depression**
- **impulsivity**
- **selective episodic memory impairment and inattention**

Date/Rape Drugs

- **Flunitrazepam/Rohypnol**
 - Very fast acting benzodiazepine
 - Rapidly produces relaxation, relaxation of voluntary muscles, lasting anterograde amnesia. Works synergistically with alcohol.

Other abused substances

- **Nicotine**
- **Caffeine**
- **Hallucinogens—LSD, PCP, Peyote, Psilocybin**
- **Inhalants—not a specific drug but a delivery system**
- **Cannabis (Marijuana)**

Inhalents

- **Use called “bagging” or “huffing”**
 - Spray into bag & inhale or onto a rag and stuffed into the mouth
 - Drug most likely to cause death at initial use
 - Not a specific drug but a delivery system
 - Propellant: isobutene, butane, propane
 - Readily available, inexpensive, “trippy” high, rapid onset, feeling of control over the high, doesn’t arouse suspicion

Inhalants (continued)

- **Abusable products**

- Whipped cream, Pam, any aerosol cleaner, hair spray, spray deodorant, paint, gasoline, charcoal starter fluid, paint thinner, nail polish remover, butane lighters, permanent markers
- **Computer gas duster called “dusting”**
 - Especially dangerous—freezes lungs
 - Very lethal

Inhalants (continued)

- **Death via respiratory failure, asphyxia**
- **Sudden Sniffing Death Syndrome**
 - Leading cause of death
 - Cardiac arrhythmia accompanied by excessive adrenaline release (get scared by arrhythmia)

The Chemically Impaired Professional

- **Assessment (Box 25-7 p.521)**
- **Intervention**
 - Assessment and collaboration
 - Clear, concise documentation
Specific dates, times, events, consequences
 - Just the facts

Intervention cont.

- **Report to nurse-manager or supervisor**
- **Treatment options**
- **EAP**

Transtheoretical Model Stages of Change

- **Precontemplation—unaware/unwilling**
- **Contemplative—ambivalence**
- **Preparation—planning action, gathering info, experimenting**
- **Action—3-6 mos. Making change**
- **Maintenance—Relapse prevention**
- **Recurrence/Relapse—return to contemplation or precontemplation**

Elements of Effective MI

- **The FRAMES approach**
- **Decisional balance exercises**
- **Discrepancies between personal goals and current behavior**
- **Flexible pacing**
- **Personal contact w/Cts. not in TX.**

FRAMES approach

- **Feedback re personal risk/ impairment after assessment**
- **Responsibility for change is ct. responsibility (right to choose)**
- **Advice-- nonjudgmental manner**
- **Menu of options**
- **Empathy—warmth, respect, understanding**
- **Self-efficacy or optimistic empowerment engendered**

Dual Diagnosis Principles (Minkoff, 2003)

1. Expect dual diagnosis
2. Success increased when providers are empathetic and hopeful, and work as a team
3. Addiction and mental health programs both need a dual focus, requiring appropriate training
4. The SUD and Psychiatric disorder are *both* considered primary and need simultaneous treatment

Dual Diagnosis Principles cont.

5. Recovery occurs in *stages* and treatment should be matched to the client's needs and level of motivation and engagement
6. Outcomes must be individualized to support progress in small steps over a long period of time
