Unit 9: Substance Use & Related Disorders



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Mental Health Nursing

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Learning Outcomes

1. Describe the positive and negative symptoms of schizophrenia.
2. Discuss the etiology of schizophrenia.
3. Discuss the effectiveness of antipsychotic medications for clients with schizophrenia.
4. Apply the nursing process to the care of a client with schizophrenia.
5. Provide teaching to clients, families, caregivers, and community members to increase knowledge and understanding of schizophrenia.
6. Describe the supportive and rehabilitative needs of clients with schizophrenia who live in the community.



Introduction





ملئت طفولتي وهما.....واحلاما طوت امسي.....

وان اهزم جيش الروم.....والديلم والفرس .....

فلما صرت في العشرين .....لم اهزم سوى نفسي.....

- **Definition of Terms**
- ***Substance Abuse:*** A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to repeated use of the substance.
- Using a drug in a way that is inconsistent with medical or social norms and despite negative consequences."
- **Intoxication** is use of a substance that results in maladaptive behavior.
- **Withdrawal syndrome** refers to the negative psychological and physical reactions that occur when use of a substance ceases or dramatically decreases.
- **Polysubstance Abuse** is termed abuse of more than one substance.
- **Substance Dependence:** A compulsive or chronic requirement. The need for substance is so severe and causes distress (either physical or psychological) if left unfulfilled.
- **Substance Tolerance**: is the need for more substance to produce the same effect.
- **Detoxification:** Is the process of safely withdrawing from a substance.

❑ ONSET AND CLINICAL COURSE

- In the United States, the average age for an initial alcohol intoxication episode is during adolescent years.
- However, the early course of alcoholism typically begins much earlier, with the first episode of intoxication between the ages of 12 and 14 years.
- Episodes of “sipping” alcohol may occur as early as 8 years.
- A pattern of more **severe difficulties** for people with alcoholism begins to emerge in the mid-20s to the mid-30s; these difficulties can be the alcohol-related breakup of a significant relationship, an arrest for public intoxication or driving while intoxicated, evidence of alcohol withdrawal, early alcohol-related health problems, or significant interference with functioning at work or school.
- As the person continues to drink, he or she often develops **a tolerance** for alcohol; that is, he or she needs more alcohol to produce the same effect. After continued heavy drinking, the person experiences **a tolerance break**, which means that very small amounts of alcohol intoxicate the person.
- For many people, substance use is a chronic illness characterized by **remissions and relapses** to former levels of use.
- **Relapse** rates range from 60% to 90%, with nearly half of individuals relapsing in the year after treatment.
- Reports exist that some people with alcohol-related problems can modify or quit drinking on their own without a treatment program; this is called **spontaneous remission or natural recovery**.

RELATED DISORDERS

- **Gambling disorder** is a non–substance-related diagnosis. It is characterized by problem gambling, spending money one cannot afford to lose, lying about gambling, getting money from others, and an inability to refrain from gambling for any specific time. Attempts to quit or cut down result in restless, anxious, and irritable behavior.
- **Caffeine and tobacco or nicotine** are substances that are addictive and are included in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, but are not considered mental health problems per se.
- **Addiction to the internet,** noting that some people spend more than half of their waking hours on the computer and become upset and irritable if use is limited or curtailed.

✓ **Substances can induce** symptoms that are similar to other mental illness diagnoses, such as anxiety, psychosis, or mood disorders. They are called substance-induced anxiety, substance-induced psychosis, and so forth.

❑ TYPES OF SUBSTANCE ABUSE

✓ Categories of drugs include:

1. Alcohol
2. Sedatives, hypnotics, and anxiolytics
3. Stimulants
4. Cannabis
5. Opioids
6. Hallucinogens
7. Inhalants

➢Etiology

1. Biological Factors:

- Children of alcoholic parents are at higher risk for developing alcoholism and drug dependence than are children of nonalcoholic parents.
- Several studies of twins have shown a higher rate of concordance (when one twin has it, the other twin gets it) among identical than fraternal twins.
- Adoption studies have shown higher rates of alcoholism in sons of biologic fathers with alcoholism than in those of nonalcoholic biologic fathers.
- About 60% of the variation in causes of alcoholism was the result of genetics, with the remainder caused by environmental influences.
- Neurochemical influences on substance use patterns have been studied primarily in animal research.
- Researchers have proposed that some people have an internal alarm that limits the amount of alcohol consumed to one or two drinks so that they feel a pleasant sensation but go no further.
- People without this internal signaling mechanism experience the high initially but continue to drink until the central nervous system depression is marked and they are intoxicated..

2. Psychologic Factors:

- Some theorists believe that inconsistency in the parent's behavior, poor role modeling, and lack of nurturing pave the way for the child to adopt a similar style of maladaptive coping, stormy relationships, and substance abuse.
- Some people use alcohol as a coping mechanism or to relieve stress and tension, increase feelings of power, and decrease psychological pain.

3. Social and Environmental Factors (Social Learning Theory)

- Cultural factors, social attitudes, peer behaviors, laws, cost, and availability all influence initial and continued use of substances.
- Alcohol consumption increases in areas where availability increases and decreases in areas where costs of alcohol are higher because of increased taxation.

Symptoms of Substance Abuse

- Denial of problems
- Minimizes use of substance
- Rationalization
- Blaming others for problems
- Anxiety
- Irritability
- Impulsivity

Symptoms of Substance Abuse Cont.

- Feelings of guilt and sadness or anger and resentment
- Poor judgment
- Low self-esteem
- Ineffective coping strategies
- Difficulty expressing genuine feelings
- Impaired role performance
- Strained interpersonal relationships
- Physical problems such as sleep disturbances and inadequate nutrition

❑Types of Substances

- **1. Alcohol**

Is a central nervous system depressant that is absorbed rapidly into the bloodstream. Initially, the effects are relaxation and loss of inhibitions.





Alcohol Addiction

- **Intoxication**, there is slurred speech, unsteady gait, lack of coordination, and impaired attention, concentration, memory, and judgment. Some people become aggressive or display inappropriate sexual behavior when intoxicated.
- **An overdose, or excessive alcohol intake** in a short period, can result in vomiting, unconsciousness, and respiratory depression.
- **Alcohol-induced hypotension** can lead to cardiovascular shock and death.
- **Treatment of an alcohol overdose** is similar to that for any central nervous system depressant —gastric lavage or dialysis to remove the drug, and support of respiratory and cardiovascular functioning in an intensive care unit.

➢ Physiologic Effects of Long-term Alcohol Use

- Cardiac myopathy
- Wernicke's encephalopathy
- Korsakoff's psychosis
- Pancreatitis
- Esophagitis
- Hepatitis and/or Liver Cirrhosis
- Leukopenia
- Thrombocytopenia
- Ascites



❖ Alcohol Addiction

❑ Withdrawal and Detoxification:

- Symptoms of withdrawal usually begin 4 to 12 hours after cessation or marked reduction of alcohol intake. Symptoms include coarse hand tremors, sweating, elevated pulse and blood pressure, insomnia, anxiety, and nausea or vomiting.
- Severe or untreated withdrawal may progress to transient hallucinations, seizures, or delirium, called **delirium tremens**.
- Alcohol withdrawal usually peaks on the second day and is over in about 5 days. This can vary, however; and withdrawal may take 1 to 2 weeks.
- Because alcohol withdrawal can be **life-threatening**, detoxification needs to be accomplished under medical supervision.



❖ Alcohol Addiction

❑ Withdrawal and Detoxification Symptoms:

- If the client's withdrawal symptoms are mild and he or she can abstain from alcohol, he or she can be treated safely at home and **according the severity**.
- **Safe withdrawal** is usually accomplished with the administration of benzodiazepines, such as lorazepam (Ativan), chlordiazepoxide (Librium), or diazepam (Valium), to suppress the withdrawal symptoms.
- Withdrawal can be accomplished by fixed-schedule dosing known as **tapering**, or symptom triggered dosing in which the presence and severity of withdrawal symptoms determine the amount of medication needed and the frequency of administration.

❑ Alcohol Addiction

➢ Clinical Case Discussion:

- **Part 1:** A 62 years old man was admitted at 5 AM this morning for an elective knee replacement surgery. The surgical procedure, including the anesthetic, went smoothly. The man was stabilized in the recovery room in about 3 hours. His blood pressure was 124/82, temperature 98.8ºF, pulse 76, and respirations 16. The man was alert, oriented, and verbally responsive, so he was transferred to a room on the orthopedic unit.

❑ Alcohol Addiction

➢ **Clinical Case Discussion:**

- **Part 1:** By 10 PM, the man is agitated, sweating, and saying, “I have to get out of here!” His blood pressure is 164/98, pulse 98, and respirations 28.
- **Part 3:** His surgical dressing is dry and intact, and he has no complaints of pain.

What should the nurse do next?

❑Types of Substances

2. Sedatives, Hypnotics, and Anxiolytics:

- Barbiturates
- Benzodiazepines



❑ Intoxication and Overdose

- This class of drugs includes all central nervous system depressants: barbiturates, nonbarbiturate hypnotics, and anxiolytics, particularly benzodiazepines.
- Benzodiazepines and barbiturates are the most frequently abused drugs in this category.
- Intoxication symptoms include slurred speech, lack of coordination, unsteady gait, labile mood, impaired attention or memory, and even stupor and coma.
- Treatment includes gastric lavage followed by ingestion of activated charcoal and a saline cathartic; dialysis can be used if symptoms are severe.
- Barbiturates, in contrast, can be lethal when taken in overdose. They can cause coma, respiratory arrest, cardiac failure, and death. Treatment in an intensive care unit is required using lavage or dialysis to remove the drug from the system and to support respiratory and cardiovascular function.

❑ Withdrawal and Detoxification

- The onset of withdrawal symptoms depends on the half-life of the drug.
- Medications such as lorazepam, with actions that typically last about 10 hours, produce withdrawal symptoms in 6 to 8 hours; longer acting medications, such as diazepam, may not produce withdrawal symptoms for 1 week.
- **The withdrawal syndrome** is characterized by autonomic hyperactivity (increased pulse, blood pressure, respirations, and temperature), hand tremor, insomnia, anxiety, nausea, and psychomotor agitation. Seizures and hallucinations occur only rarely in severe benzodiazepine withdrawal.
- **Detoxification** from sedatives, hypnotics, and anxiolytics is often medically managed by tapering the amount of the drug the client receives over a period of days or weeks, depending on the drug and the amount the client had been using.
- **Tapering**, or administering decreasing doses of a medication, is essential with barbiturates to prevent coma and death that occur if the drug is stopped abruptly. For example, when tapering the dosage of a benzodiazepine, the client may be given Valium, 10 mg four times a day.

Types of Substances



3. CNS Stimulant Drugs:

- **Amphetamines**
- **Cocaine**

→ ***Stimulate or excite the central nervous system.***

- ✓ **Amphetamines** (uppers) were popular in the past; they were used by people who wanted to lose weight quickly or stay awake**.**
- ✓ **Cocaine,** an illegal drug with virtually no clinical use in medicine, is highly addictive and a popular recreational drug because of the intense and immediate feeling of euphoria it produces**.**
- ✓ **Methamphetamine** is particularly dangerous. It is highly addictive and causes psychotic behavior. Brain damage related to its use is frequent, primarily as a result of the substances used to make it—that is, liquid agricultural fertilizer**.**

❑ Intoxication and Overdose

- **Intoxication** from stimulants develops rapidly; effects include the high or euphoric feeling, hyperactivity, hypervigilance, talkativeness, anxiety, grandiosity, hallucinations, stereotypic or repetitive behavior, anger, fighting, and impaired judgment.
- **Physiological effects** include tachycardia, elevated blood pressure, dilated pupils, perspiration or chills, nausea, chest pain, confusion, and cardiac dysrhythmias.
- **Overdoses of stimulants** can result in seizures and coma; deaths are rare.
- **Treatment** with chlorpromazine (Thorazine), an antipsychotic, controls hallucinations, lowers blood pressure, and relieves nausea.

❑Withdrawal and Detoxification

- Withdrawal from stimulants occurs within a few hours to several days after cessation of the drug and is not life-threatening.
- Marked dysphoria is the primary symptom and is accompanied by fatigue, vivid and unpleasant dreams, insomnia or hypersomnia, increased appetite, and psychomotor retardation or agitation.
- Marked withdrawal symptoms are referred to as “crashing”; the person may experience depressive symptoms, including suicidal ideation, for several days.
- Stimulant withdrawal is not treated pharmacologically.

❑TREATMENT AND PROGNOSIS

- Current treatment modalities are based on the concept of alcoholism (and other addictions) as a medical illness that is progressive, chronic, and characterized by remissions and relapses.
- This self-help group developed the 12-step program model for recovery , which is based on the philosophy that total abstinence is essential and that alcoholics need the help and support of others to maintain sobriety.

1. We admitted we were powerless over alcohol, that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our wills and lives over to the care of God as we understood him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

❑TREATMENT AND PROGNOSIS (Continue)……

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked God to remove our shortcomings.

8. Made a list of all persons we had harmed and became willing to make amends to them all.

9. Made direct amends to such people whenever possible, except when to do so would injure them or others.

10. Continued to take personal inventory, and when we were wrong, promptly admitted it.

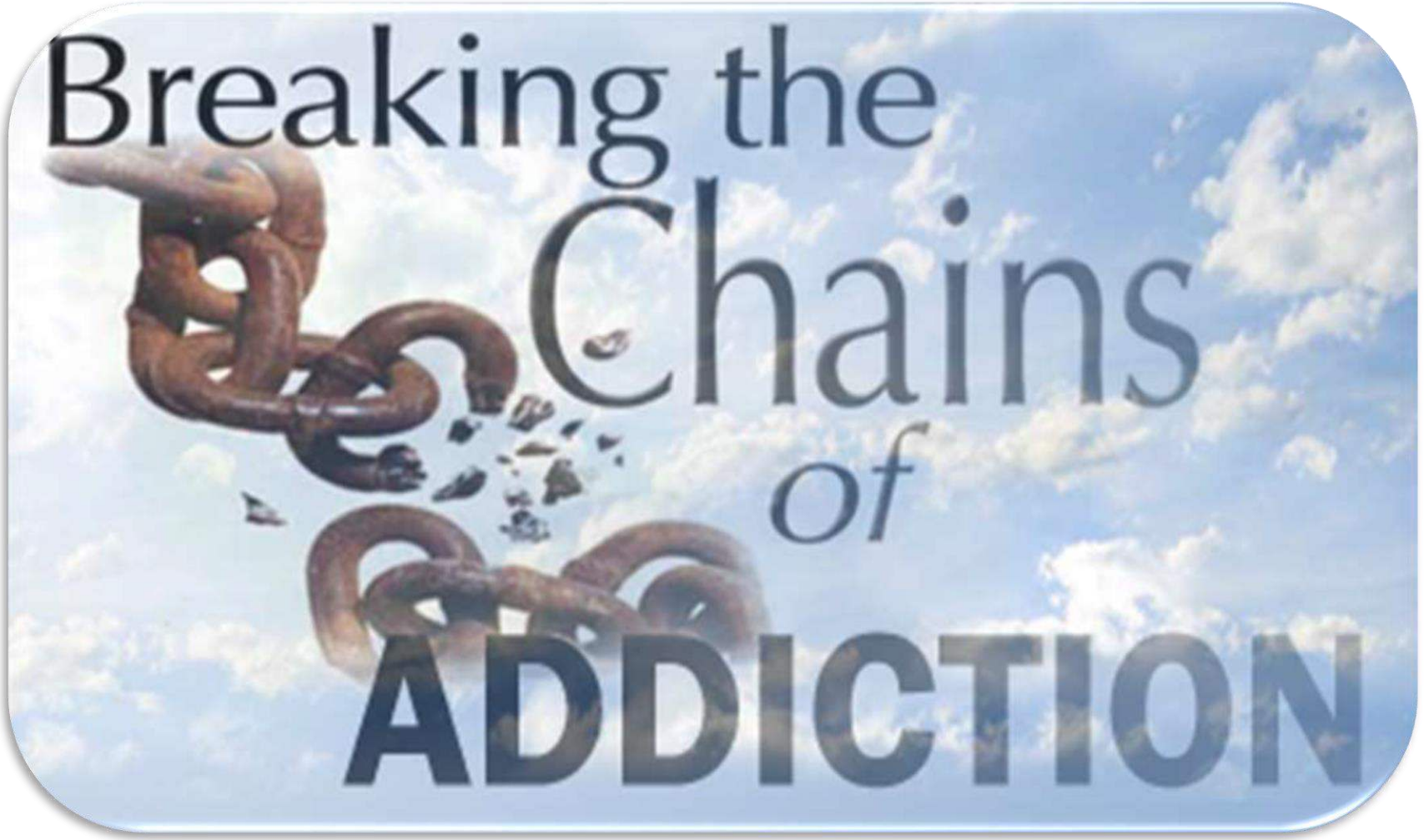
11. Sought through prayer and meditation to improve our conscious contact with God as we understood him, praying only for knowledge of his will for us and the power to carry that out.

12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

❑Pharmacologic Treatment

- For clients whose primary substance is alcohol, vitamin B1 (thiamine) is often prescribed to prevent or to treat Wernicke–Korsakoff syndrome, which are neurologic conditions that can result from heavy alcohol use.
- Alcohol withdrawal is usually managed with a benzodiazepine anxiolytic agent, which is used to suppress the symptoms of abstinence. The most commonly used benzodiazepines are lorazepam, chlordiazepoxide, and diazepam.
- Disulfiram (Antabuse) may be prescribed to help deter clients from drinking. If a client taking disulfiram drinks alcohol, a severe adverse reaction occurs with flushing, a throbbing headache, sweating, nausea, and vomiting.
- Acamprosate (Campral) may be prescribed for clients recovering from alcohol abuse or dependence to help reduce cravings for alcohol and decrease the physical and emotional discomfort that occurs especially in the first few months of recovery.

Nursing Management of Substance Abuse



Nursing Management of Substance Abuse

Nursing Diagnoses:

- Poor impulse control
- Low self-esteem
- Lack of social skills
- Dissatisfaction with life circumstances
- Lack of purposeful daily activity



Related to Ineffective Coping:

- *Inability to form a valid*
- *appraisal of the stressors,*
- *inadequate choices of*
- *practiced responses,*
- *and/or inability to use*
- *available resources.*

Note: Please review you textbook (nursing diagnosis and management)

❑ INTERVENTIONS For Substance Abuse

1. • Health teaching for the client and family
2. • Dispel myths surrounding substance abuse
3. • Decrease codependent behaviors among family members
4. • Make appropriate referrals for family members
5. • Promote coping skills
6. • Role-play potentially difficult situations
7. • Focus on the here-and-now with clients
8. • Set realistic goals such as staying sober today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