



N108 AY 2021-2022

CARE FOR CLIENTS WITH PSYCHOSOCIAL PROBLEMS IN ADAPTATION AND ADJUSTMENT

# Substance Related and Addictive Disorders

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# Learning Objectives

At the end of this session, you will be able to

- List the different types of substance abuse
- Identify signs of intoxication and withdrawal symptoms according to use of different addictive substances
- Apply the nursing process in caring for patients with substance related and addictive disorders.



# What is the cause of addiction?

- a release of the chemical dopamine along the mesolimbic dopamine pathway in the brain
- release of dopamine along this pathway makes you feel good and 'want' more.



# DEPRESSANTS





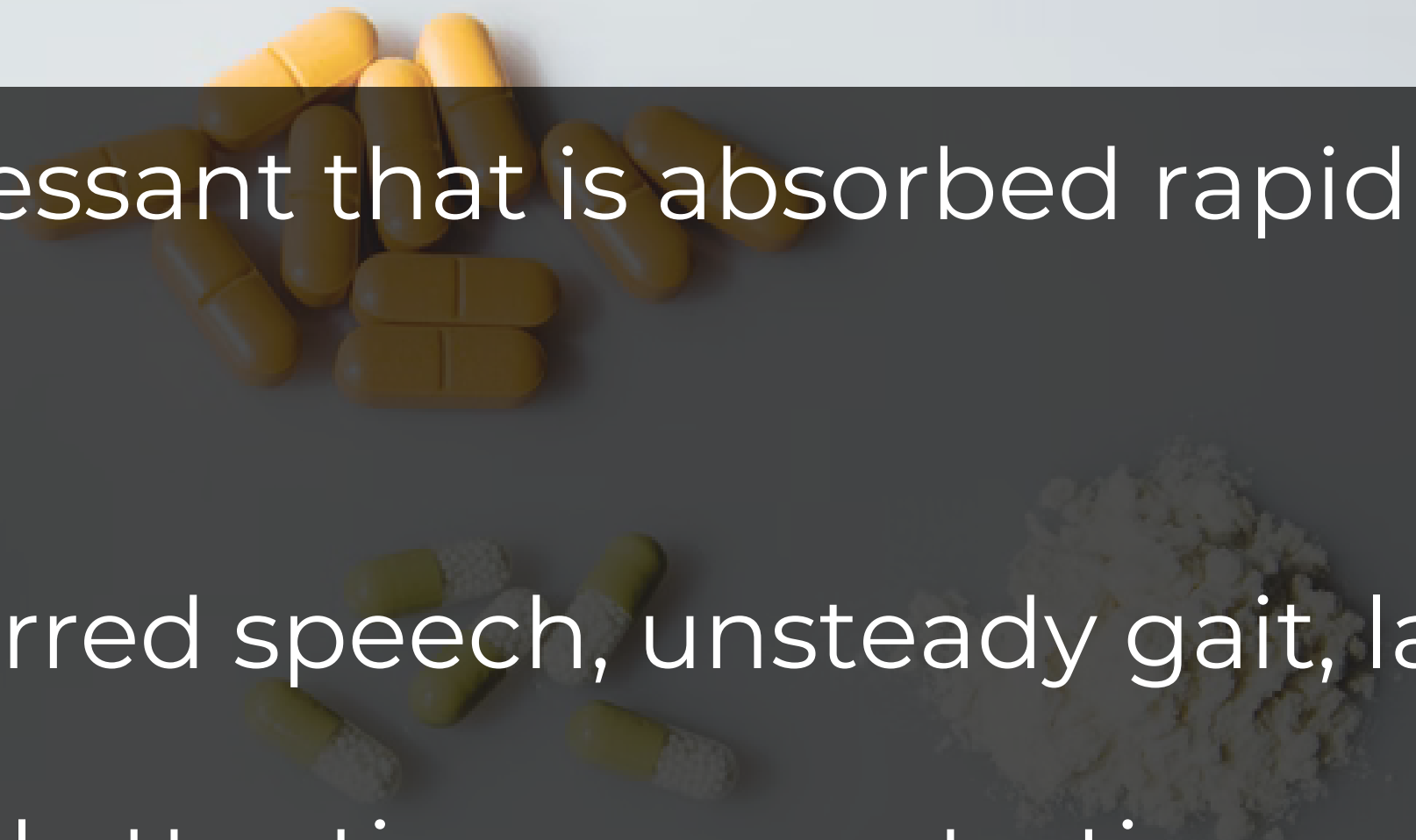
ALCOHOL







- central nervous system depressant that is absorbed rapidly into the bloodstream
- With intoxication, there is slurred speech, unsteady gait, lack of coordination, and impaired attention, concentration, memory, and judgment





# Withdrawal and Detoxification

- withdrawal usually begin 4 to 12 hours after cessation or marked reduction of alcohol intake. Peaks on the second day and is over in about 5 days
- Clinical Institute Withdrawal Assessment for Alcohol, Revised (CIWA-AR).



**Nausea and vomiting.** Ask “Do you feel sick to your stomach? Have you vomited?”

Observation:

- 0—No nausea and no vomiting
- 1—Mild nausea with no vomiting
- 2—
- 3—
- 4—Intermittent nausea with dry heaves
- 5—
- 6—
- 7—Constant nausea, frequent dry heaves, and vomiting

**Tremor.** Ask patient to extend arms and spread fingers apart.

Observation:

- 0—No tremor
- 1—Tremor not visible but can be felt, fingertip to fingertip
- 2—
- 3—
- 4—Moderate tremor with arms extended
- 5—
- 6—
- 7—Severe tremor, even with arms not extended

**Paroxysmal sweats**

Observation:

- 0—No sweat visible
- 1—Barely perceptible sweating; palms moist
- 2—
- 3—
- 4—Beads of sweat obvious on forehead
- 5—
- 6—
- 7—Drenching sweats

**Anxiety.** Ask “Do you feel nervous?”

Observation:

- 0—No anxiety (at ease)
- 1—Mildly anxious
- 2—
- 3—
- 4—Moderately anxious or guarded, so anxiety is inferred
- 5—
- 6—
- 7—Equivalent to acute panic states as occur in severe delirium or acute schizophrenic reactions

**Agitation**

Observation:

- 0—Normal activity
- 1—Somewhat more than normal activity
- 2—
- 3—
- 4—Moderately fidgety and restless
- 5—
- 6—
- 7—Paces back and forth during most of the interview or constantly thrashes about

**Tactile disturbances.** Ask “Do you have you any itching, pins-and-needles sensations, burning, or numbness, or do you feel like bugs are crawling on or under your skin?”

Observation:

- 0—None
- 1—Very mild itching, pins-and-needles sensation, burning, or numbness
- 2—Mild itching, pins-and-needles sensation, burning, or numbness
- 3—Moderate itching, pins-and-needles sensation, burning, or numbness
- 4—Moderately severe hallucinations
- 5—Severe hallucinations
- 6—Extremely severe hallucinations
- 7—Continuous hallucinations

**Auditory disturbances.** Ask “Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?”

Observation:

- 0—Not present
- 1—Very mild harshness or ability to frighten
- 2—Mild harshness or ability to frighten
- 3—Moderate harshness or ability to frighten
- 4—Moderately severe hallucinations
- 5—Severe hallucinations
- 6—Extremely severe hallucinations
- 7—Continuous hallucinations

**Visual disturbances.** Ask “Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?”

Observation:

- 0—Not present
- 1—Very mild sensitivity
- 2—Mild sensitivity
- 3—Moderate sensitivity
- 4—Moderately severe hallucinations
- 5—Severe hallucinations
- 6—Extremely severe hallucinations
- 7—Continuous hallucinations

**Headache, fullness in head.** Ask “Does your head feel different? Does it feel like there is a band around your head?”

Do not rate for dizziness or lightheadness; otherwise, rate severity.

- 0—Not present
- 1—Very mild
- 2—Mild
- 3—Moderate
- 4—Moderately severe
- 5—Severe
- 6—Very severe
- 7—Extremely severe

**Orientation and clouding of sensorium.** Ask “What day is this? Where are you? Who am I?”

Observation:

- 0—Orientated and can do serial additions
- 1—Cannot do serial additions or is uncertain about date
- 2—Date disorientation by no more than two calendar days
- 3—Date disorientation by more than two calendar days
- 4—Disorientated for place and/or person

Total score: \_\_\_\_\_ (maximum = 67)      Rater's initials \_\_\_\_\_





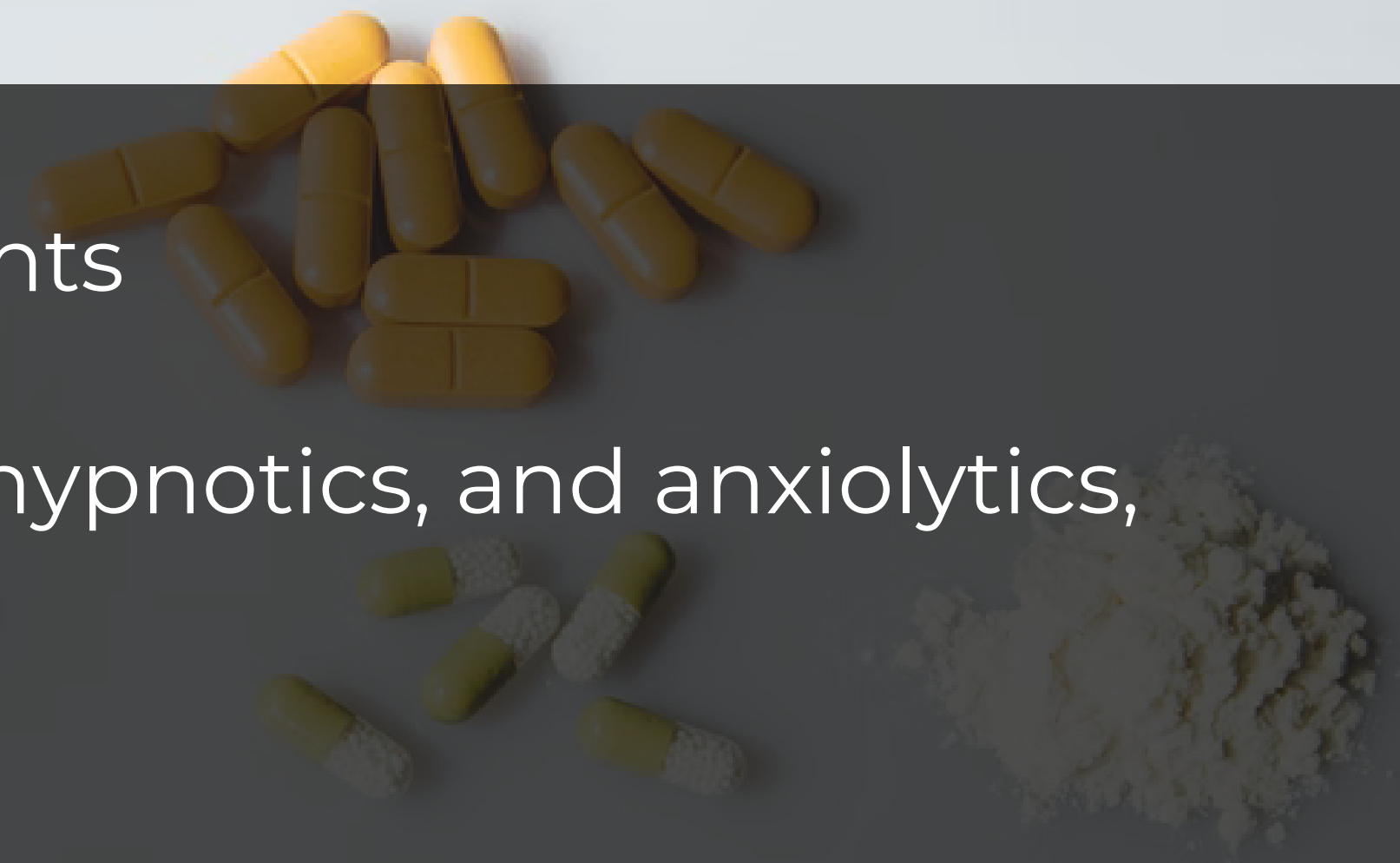


# SEDATIVES, HYPNOTICS, AND ANXIOLYTICS





- central nervous system depressants
  - barbiturates, nonbarbiturate hypnotics, and anxiolytics, particularly benzodiazepines





# Withdrawal and Detoxification

- withdrawal symptoms are similar to those of alcohol
- Detoxification is often medically managed by tapering the amount of the drug the client receives over a period of days or weeks



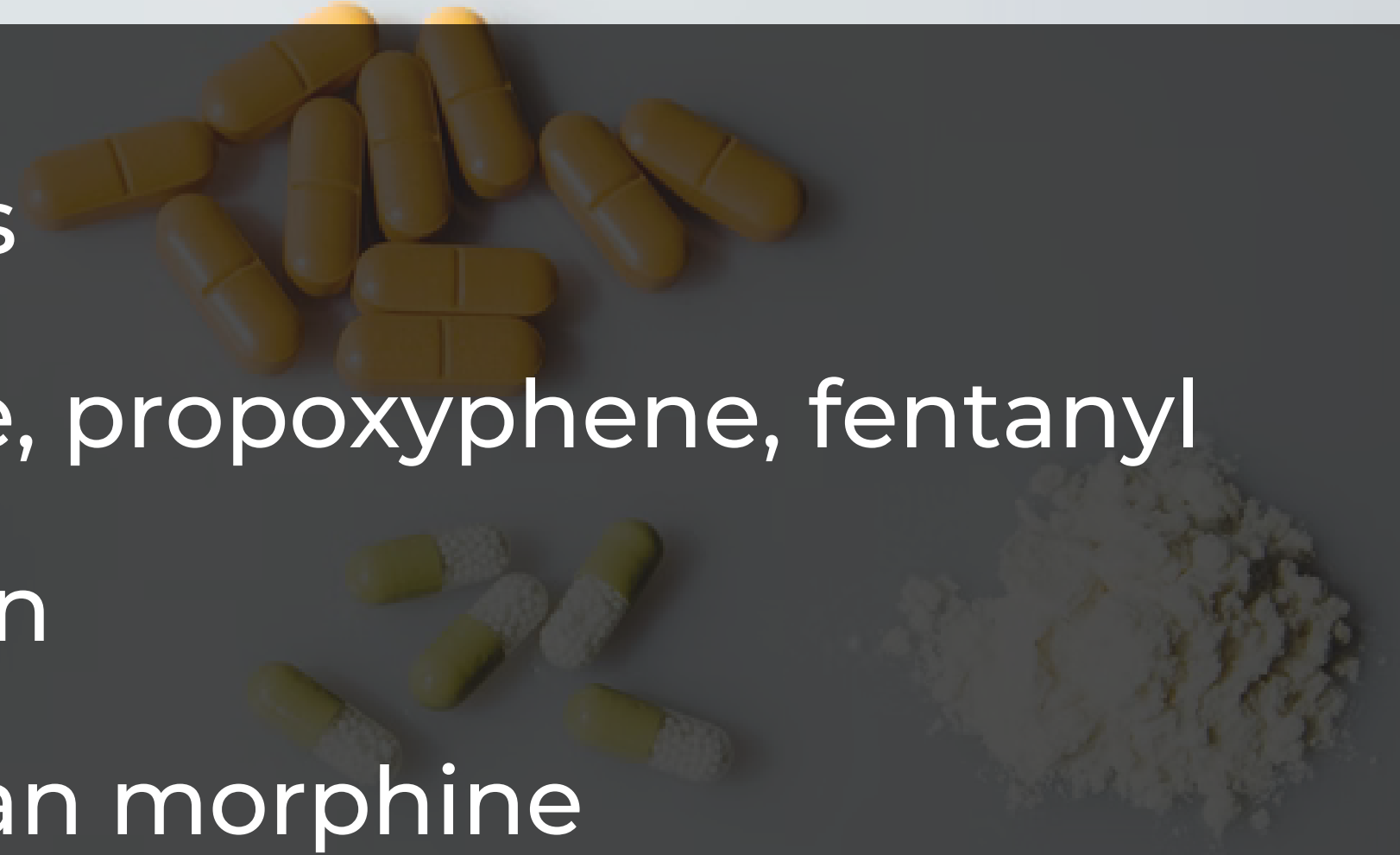
# OPIOIDS







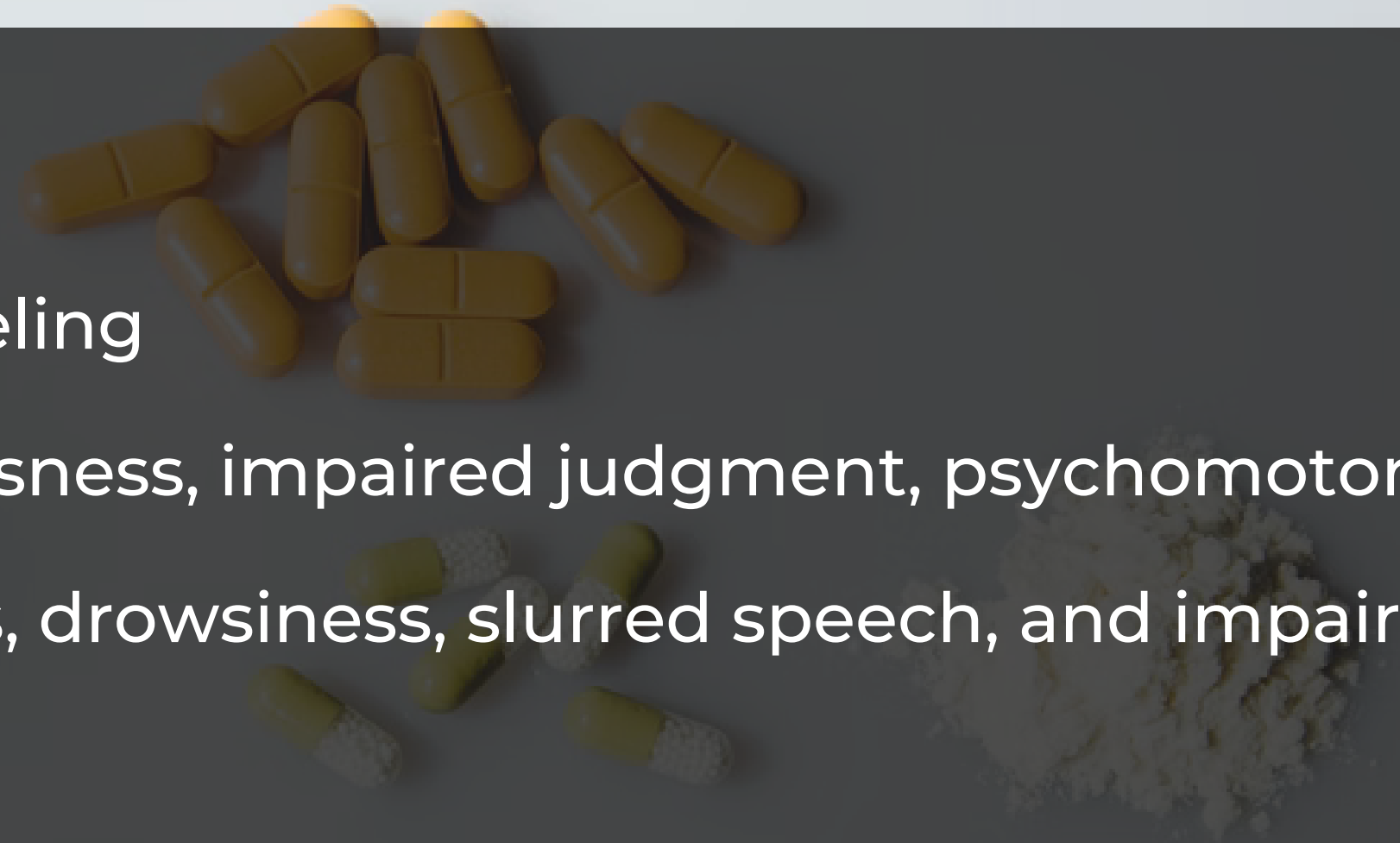
- includes prescription analgesics
  - e.g., morphine, hydrocodone, propoxyphene, fentanyl
- illegal substances such as heroin
- 50 to 100 times more potent than morphine





## • Intoxication and Overdose

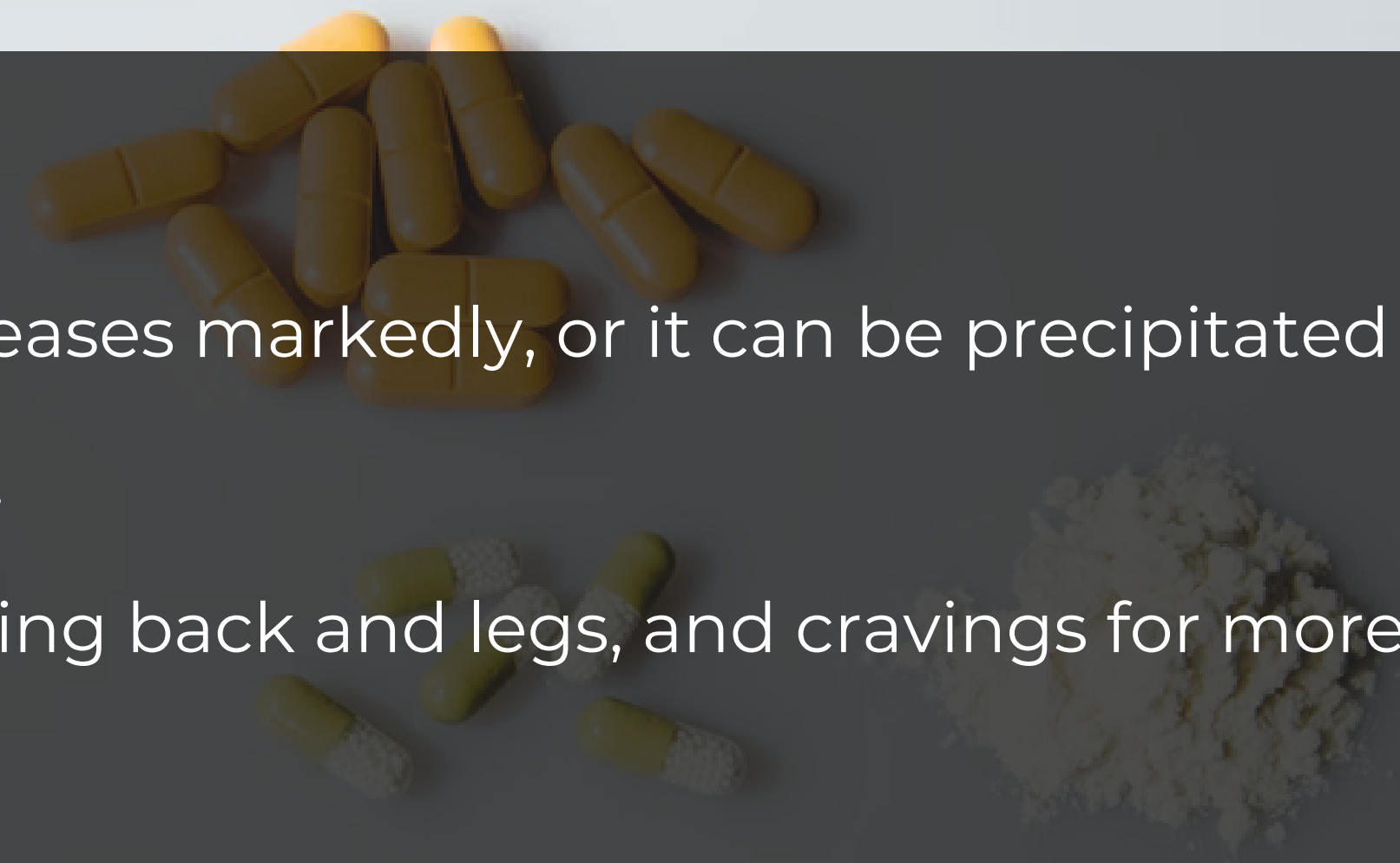
- develops soon after the initial euphoric feeling
- symptoms include apathy, lethargy, listlessness, impaired judgment, psychomotor retardation or agitation, constricted pupils, drowsiness, slurred speech, and impaired attention and memory.
- Naloxone (Narcan) - Opioid toxicity antidote





## • Withdrawal and Detoxification

- develops when drug intake ceases or decreases markedly, or it can be precipitated by the administration of an opioid antagonist.
- Initial symptoms: anxiety, restlessness, aching back and legs, and cravings for more opioids.
- Symptoms that develop as withdrawal progresses include nausea, vomiting, dysphoria, lacrimation, rhinorrhea, sweating, diarrhea, yawning, fever, and insomnia





# INHALANTS







- diverse group of drugs that include anesthetics, nitrates, and organic solvents that are inhaled for their effects.
  - *e.g., aliphatic and aromatic hydrocarbons found in gasoline, glue, paint thinner, and spray paint.*
- can cause significant brain damage, peripheral nervous system damage, and liver disease.



## Intoxication and Overdose

- involves dizziness, nystagmus, lack of coordination, slurred speech, unsteady gait, tremor, muscle weakness, and blurred vision
- Stupor and coma can occur
- behavioral symptoms: belligerence, aggression, apathy, impaired judgment, and inability to function

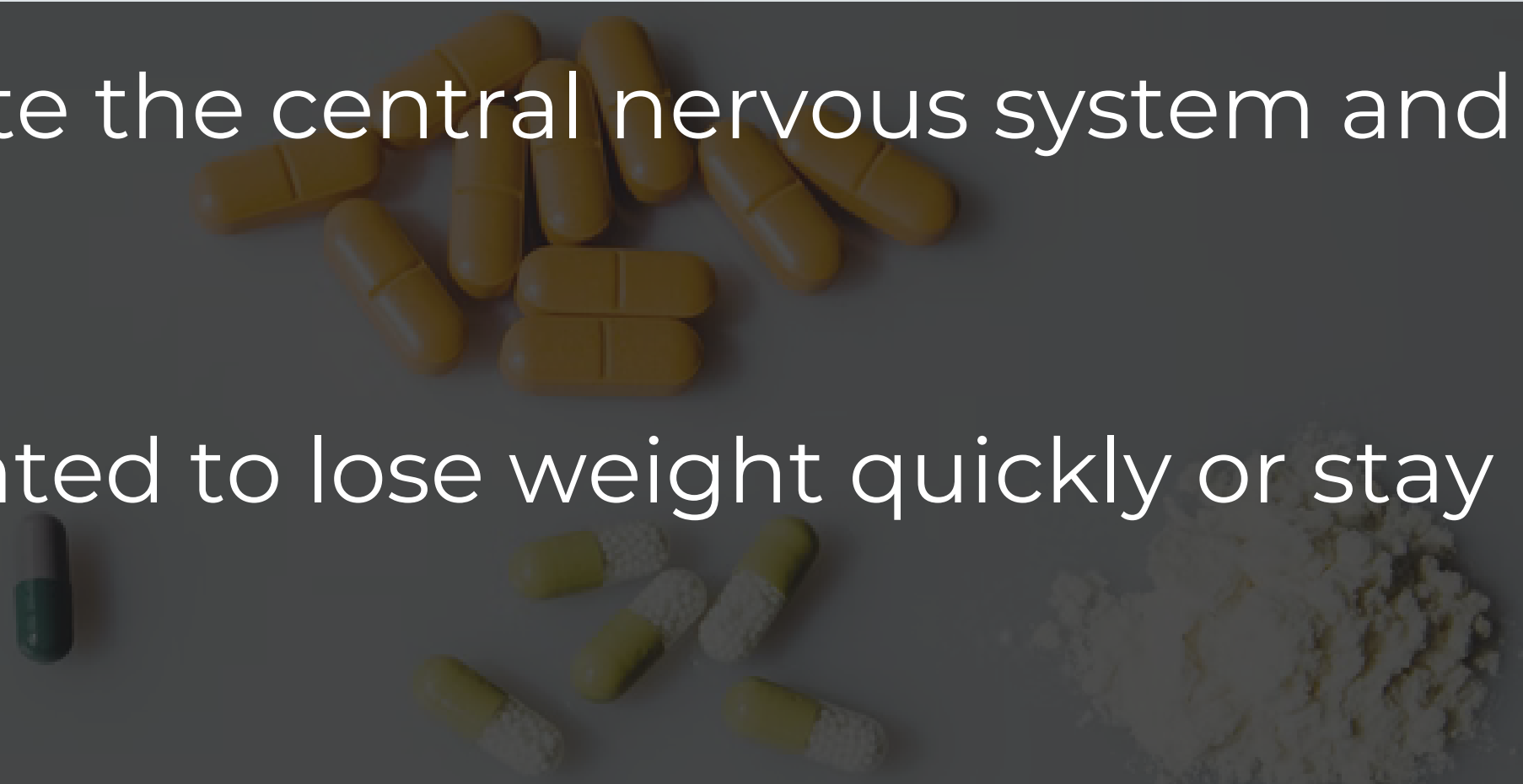


# STIMULANTS





- drugs that stimulate or excite the central nervous system and have limited clinical use
- Amphetamines (uppers)
  - used by people who wanted to lose weight quickly or stay awake.
- Cocaine
  - illegal drug with virtually no clinical use in medicine, is highly addictive
- Methamphetamine
  - It is highly addictive and causes psychotic behavior.

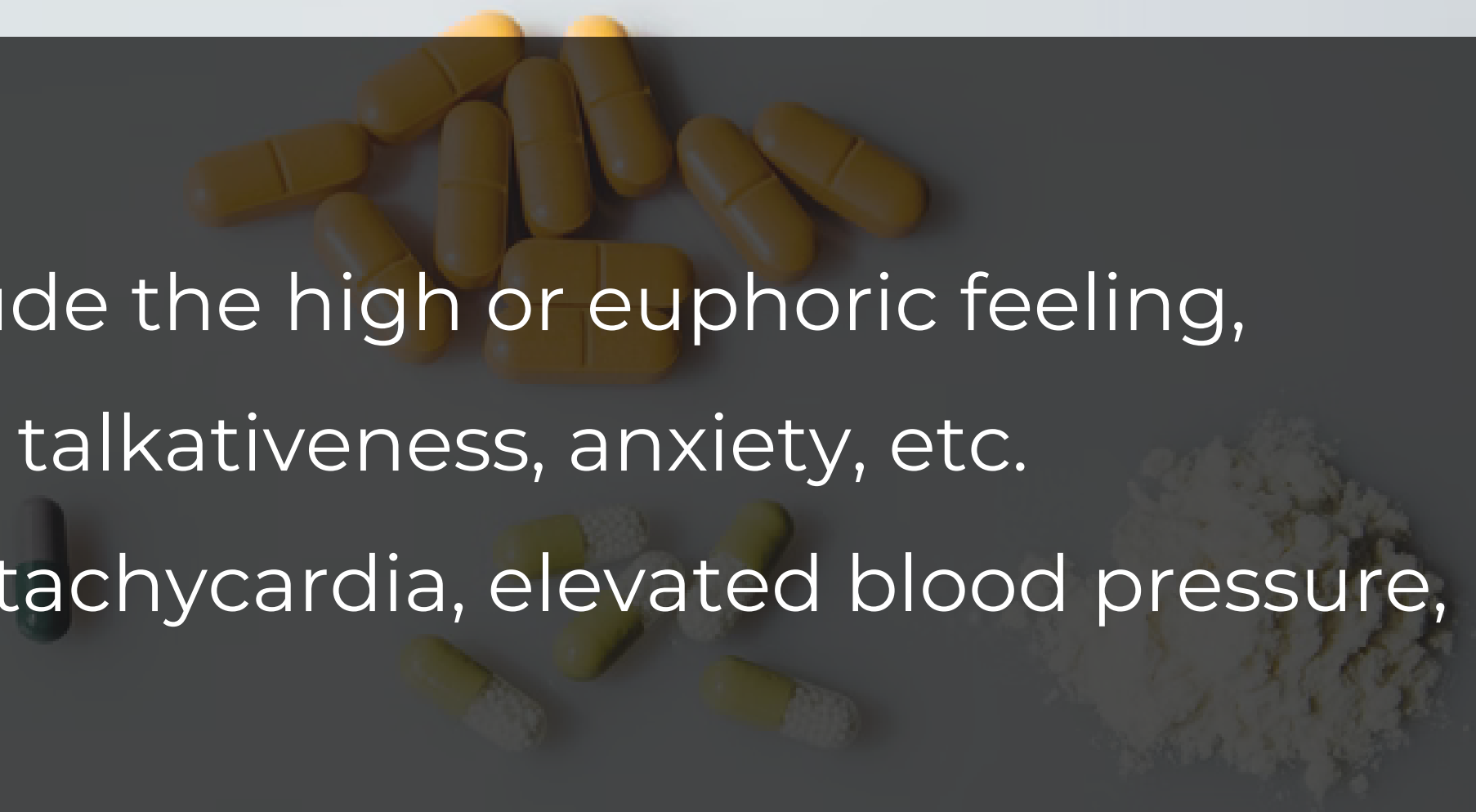






## Intoxication and Overdose

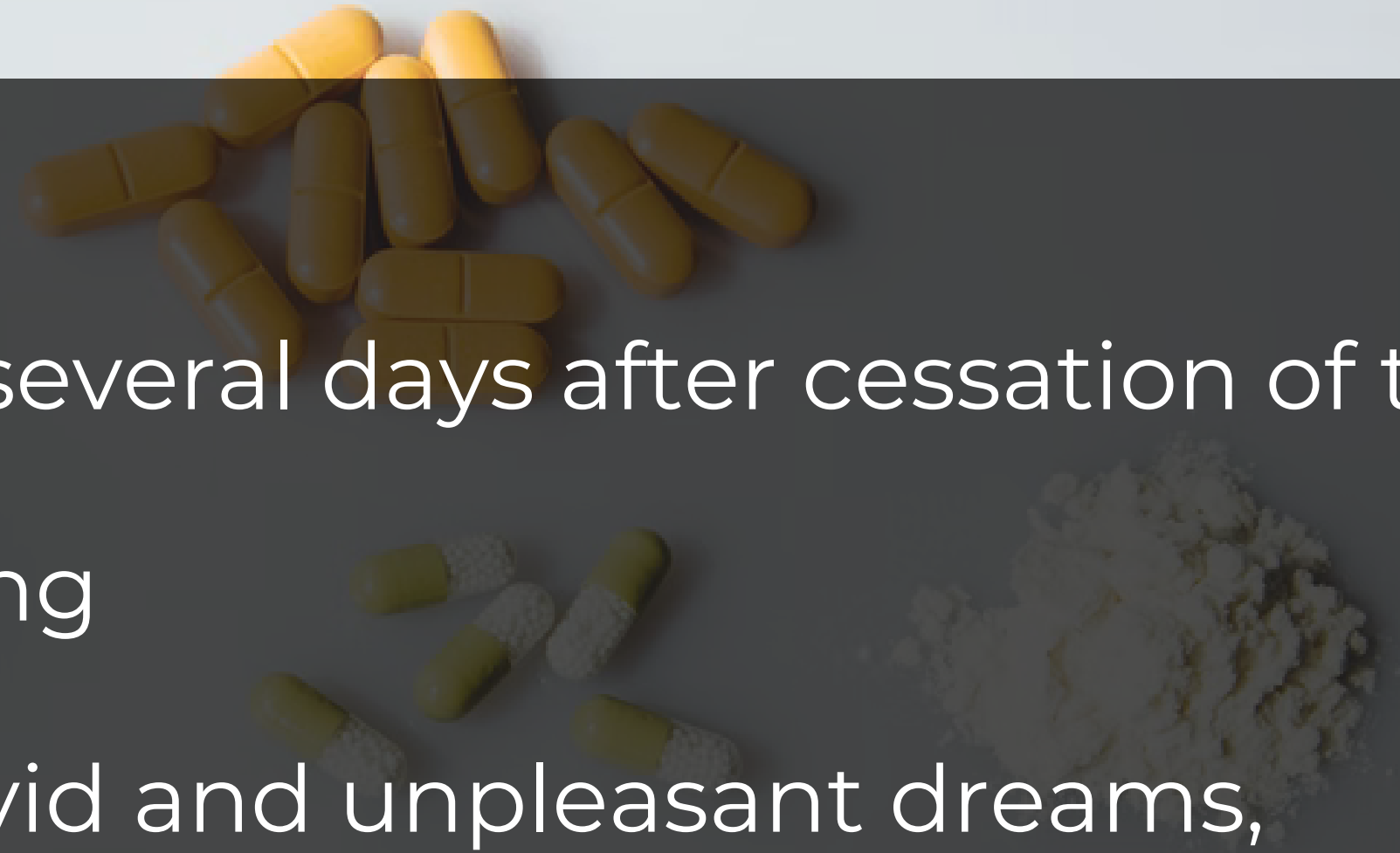
- develops rapidly; effects include the high or euphoric feeling, hyperactivity, hypervigilance, talkativeness, anxiety, etc.
- Physiological effects include tachycardia, elevated blood pressure, dilated pupils
- Overdoses of stimulants can result in seizures and coma; deaths via heart attack





- Withdrawal and Detoxification

- occurs within a few hours to several days after cessation of the drug and is not life-threatening
- Marked dysphoria, fatigue, vivid and unpleasant dreams, insomnia or hypersomnia, increased appetite, and psychomotor retardation or agitation.





# HALLUCINOGENS



- substances that distort the user's perception of reality and produce symptoms similar to psychosis, including hallucinations (usually visual) and depersonalization.
- cause increased pulse, blood pressure, and temperature; dilated pupils; and hyperreflexia.
- examples: *mescaline, psilocybin, lysergic acid diethylamide, and "designer drugs" such MDMA (ecstasy)*





## Intoxication and Overdose

- psychological changes: anxiety, depression, paranoid ideation, ideas of reference, fear of losing one's mind, and potentially dangerous behaviors
- Physiological symptoms: sweating, tachycardia, palpitations, blurred vision, tremors, and lack of coordination.
- Hallucinogens are not a direct cause of death, though fatalities have occurred from related accidents, aggression, and suicide



- Withdrawal and Detoxification
  - No withdrawal syndrome
  - transient recurrences of perceptual disturbances like those experienced with hallucinogen use



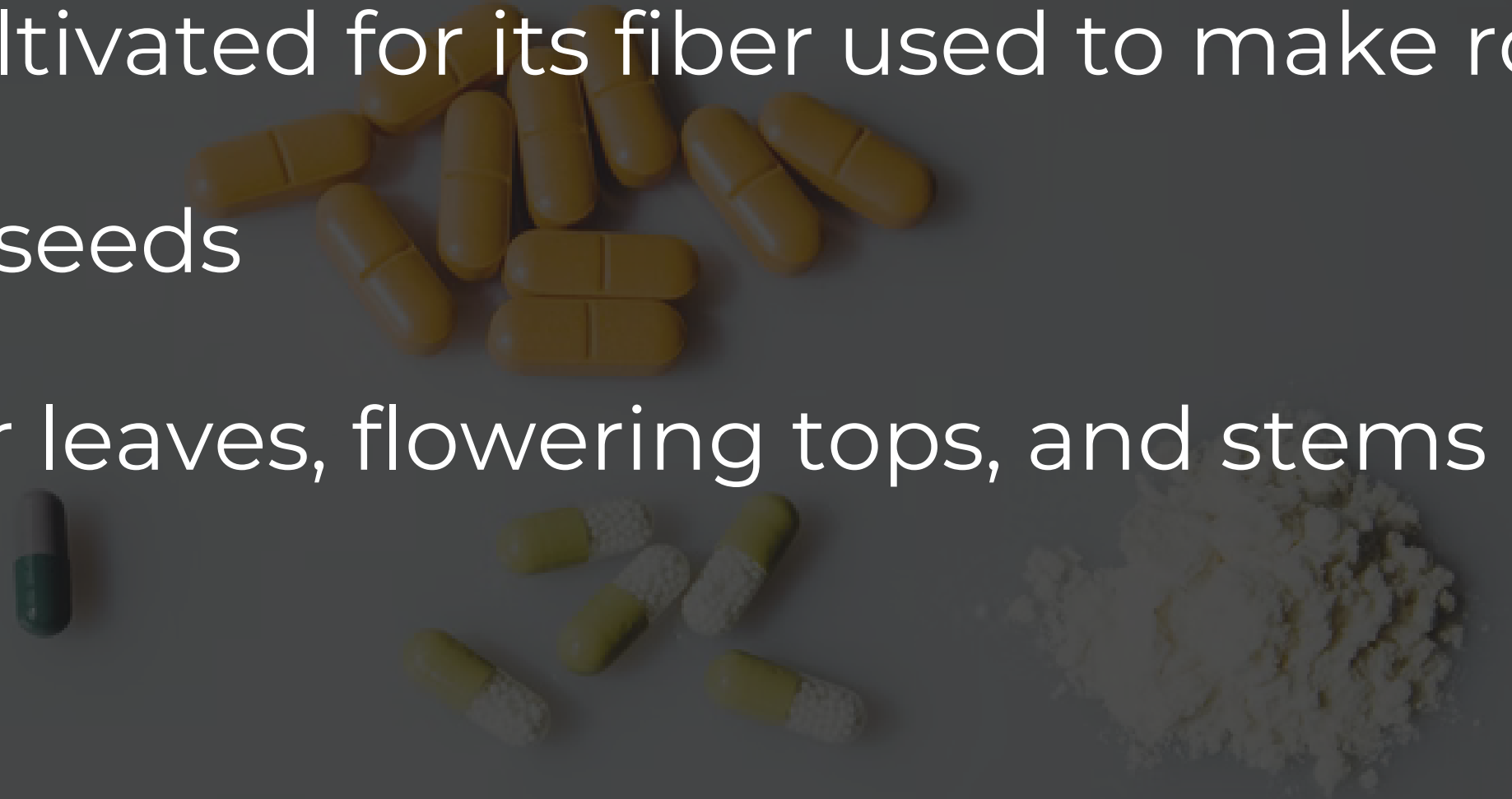


# CANNABIS





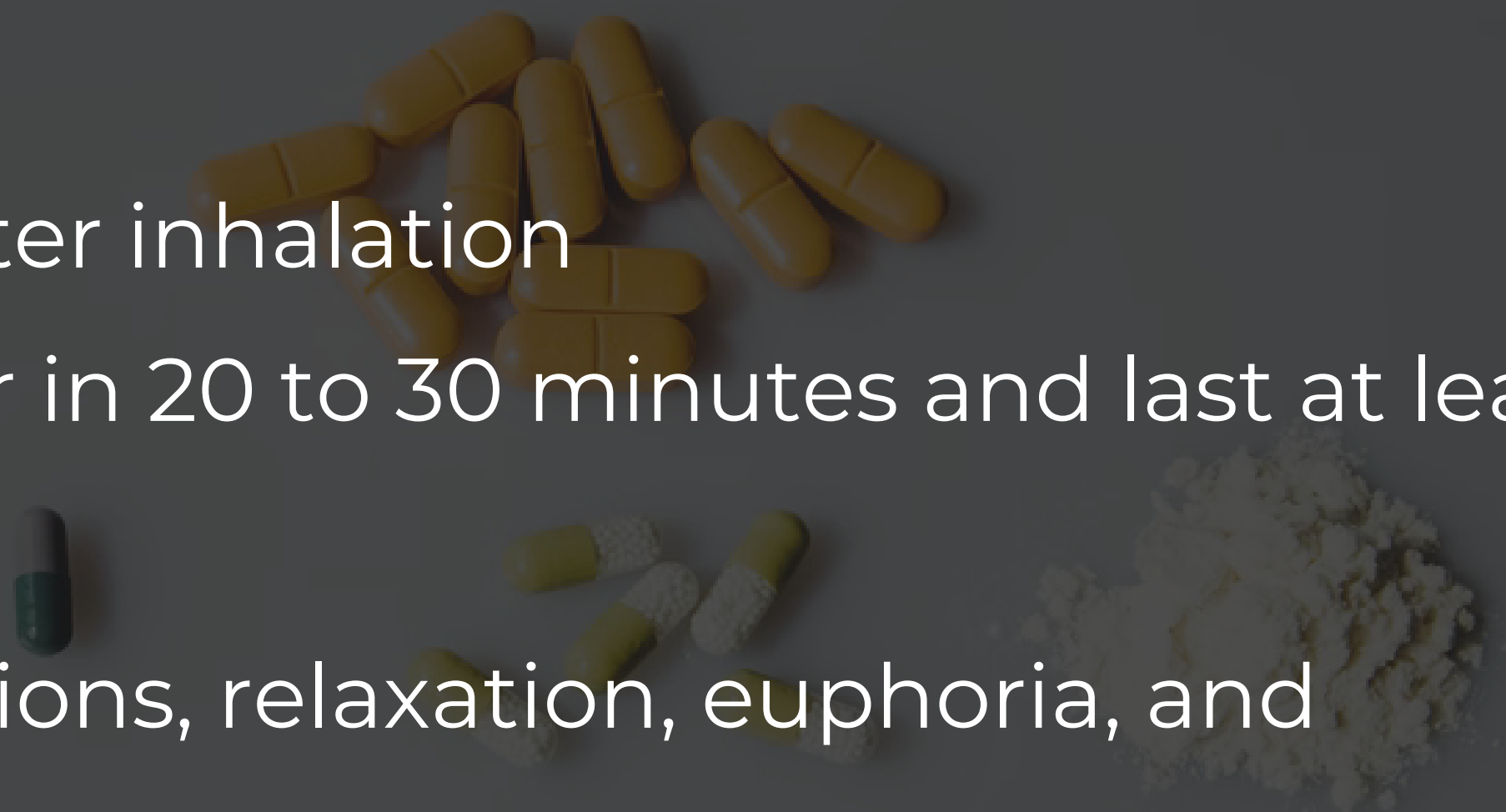
- Hemp plant that is widely cultivated for its fiber used to make rope and cloth and for oil from its seeds
- Marijuana refers to the upper leaves, flowering tops, and stems of the plant
- Hashish is the dried resinous exudate from the leaves of the female plant





# Intoxication and Overdose

- acts less than 1 minute after inhalation
- Peak effects usually occur in 20 to 30 minutes and last at least 2 to 3 hours
- may have lowered inhibitions, relaxation, euphoria, and increased appetite

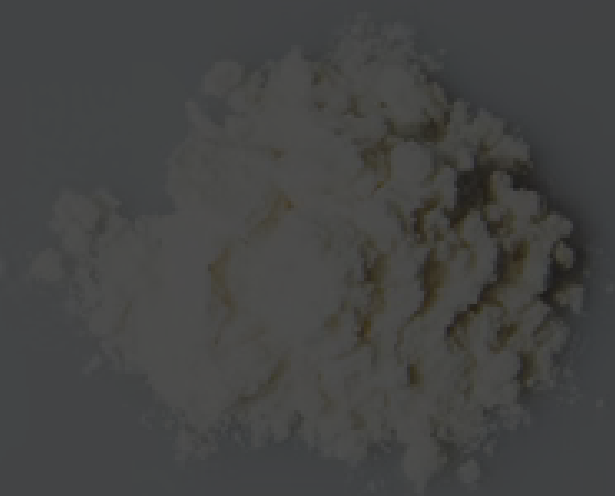
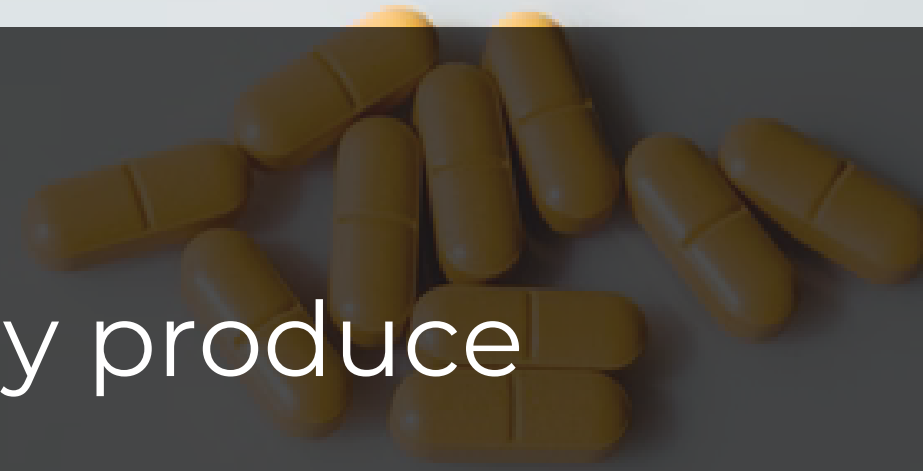






# Intoxication and Overdose

- Excessive use of cannabis may produce
  - delirium or rarely
  - cannabis-induced psychotic disorder
- Overdoses of cannabis do not occur.





- Withdrawal and Detoxification
  - no clinically significant withdrawal syndrome
    - some people have reported withdrawal symptoms of muscle aches, sweating, anxiety, and tremors



# Nursing Process Application



# ASSESSMENT

## HISTORY

- substance use history
  - type of drug
  - types of beverage the client usually consumes
  - route of administration
  - frequency of use
  - dose
  - duration of use
  - time and amount of the last dose

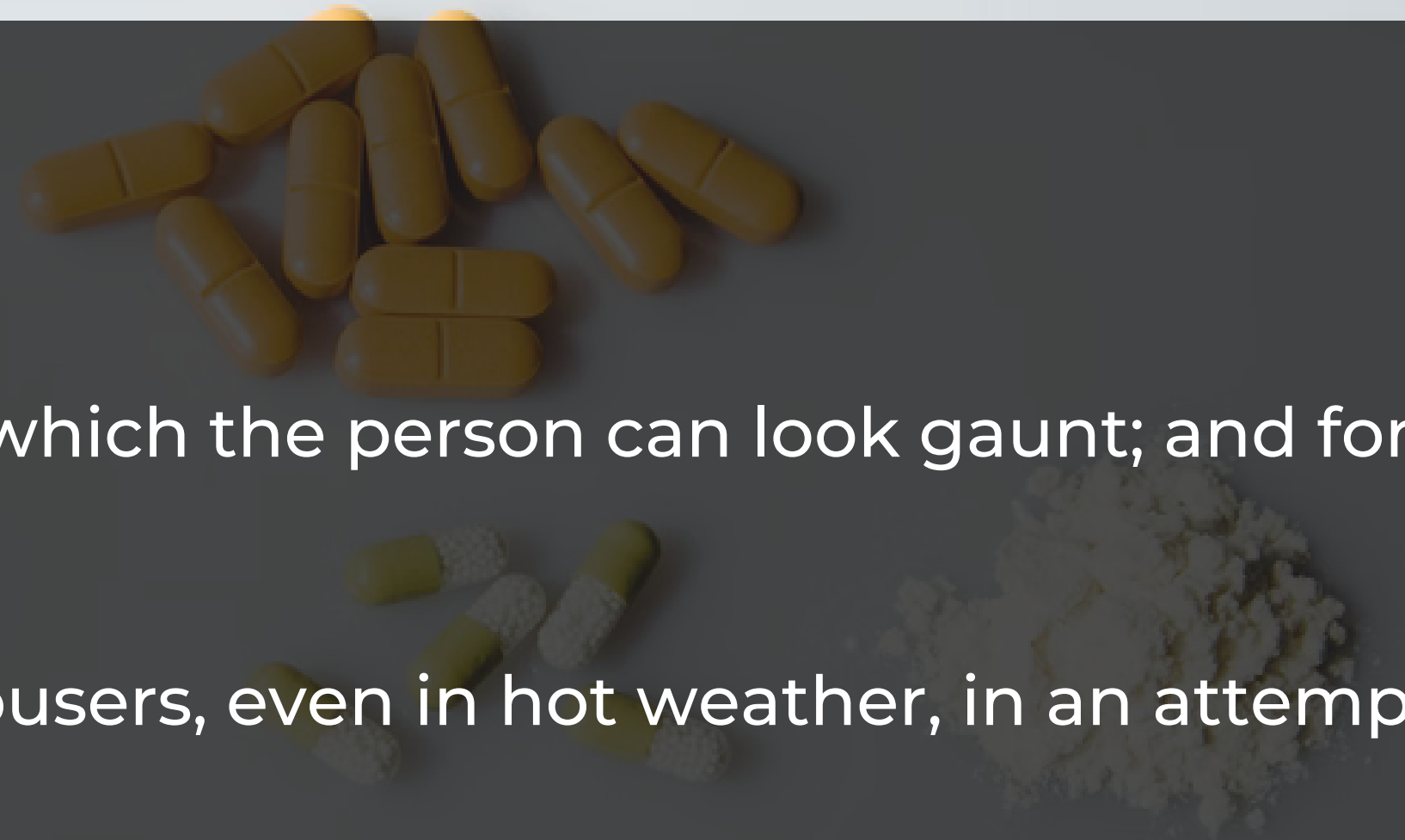




# ASSESSMENT

## Observations

- Stimulants and Withdrawal
  - look for evidence of malnutrition, in which the person can look gaunt; and for signs of agitation
- will often wear long sleeves and long trousers, even in hot weather, in an attempt to cover up injection marks
- Signs of intoxication
- Signs of withdrawal







# ASSESSMENT

## Observations

- Stigmata
- Pulse rate and blood pressure

*Note: Glasgow Coma Scale can also be employed*





# ASSESSMENT

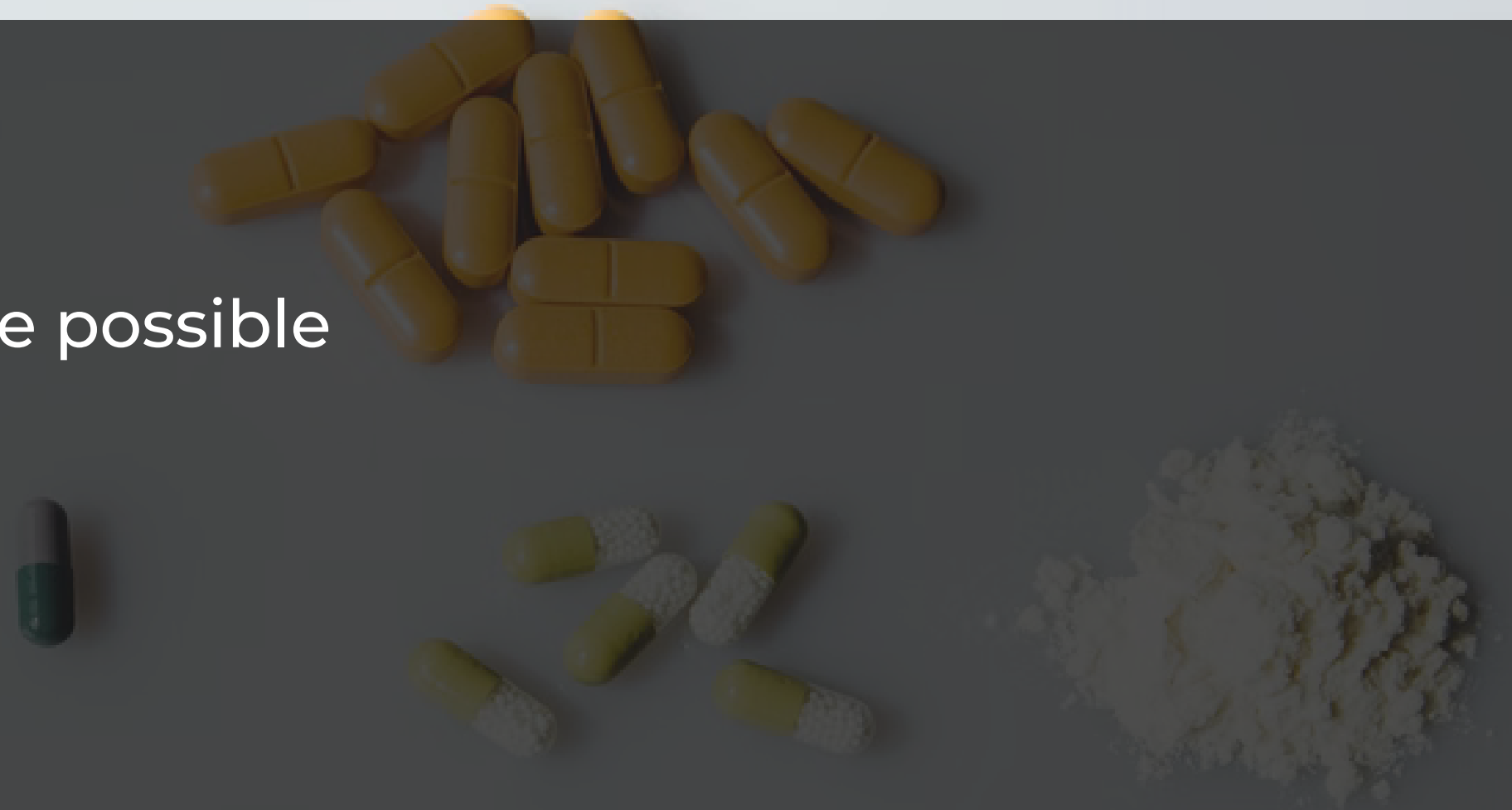
## MENTAL STATUS EXAMINATION

- clouding of consciousness
- perceptual abnormalities, especially visual, auditory and tactile hallucinations
- thought abnormalities, especially paranoid ideation
- suicidal ideation
- altered cognition



# ASSESSMENT

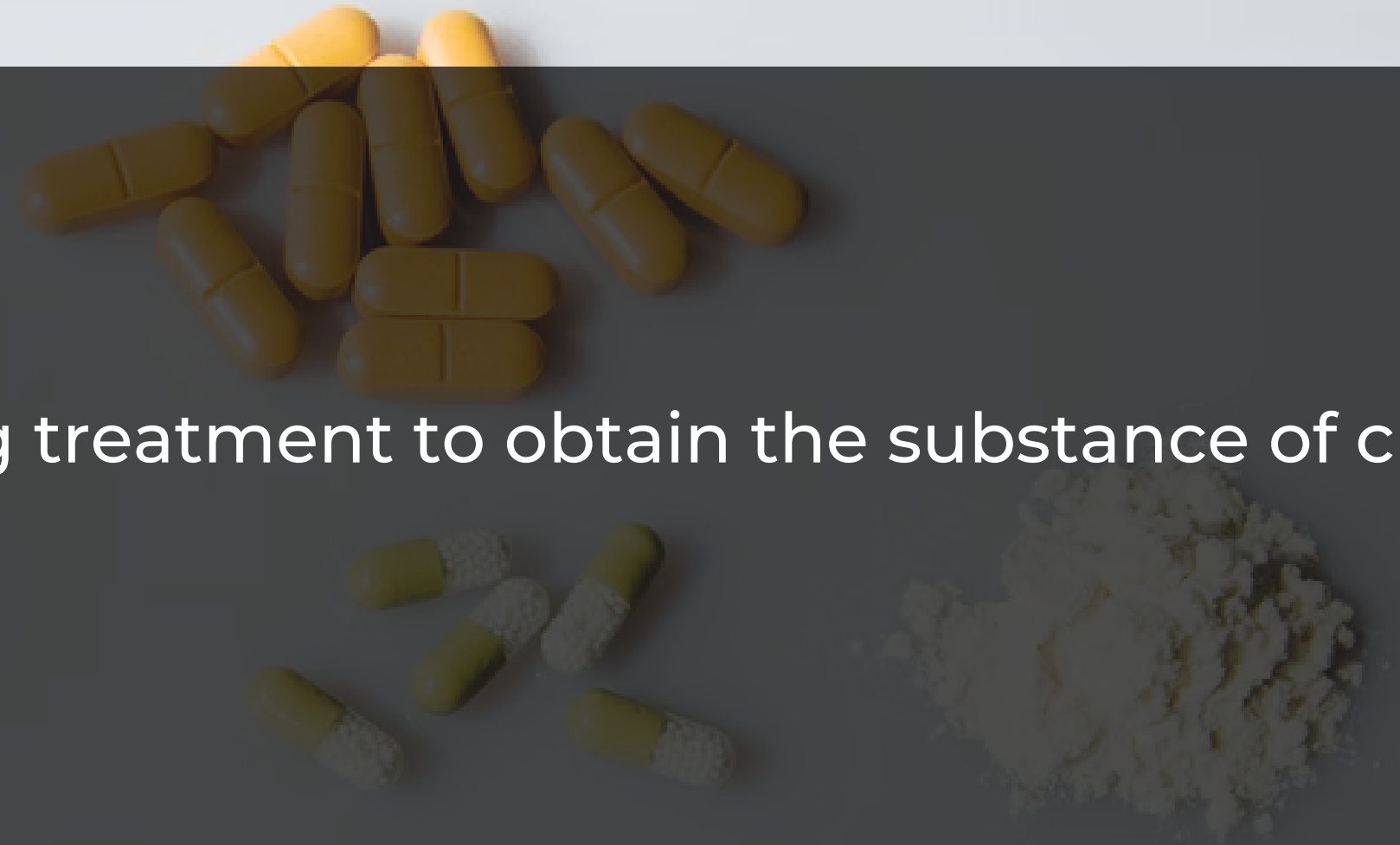
- Mood and Affect
  - Wide ranges of mood and affect are possible
  - Irritability is common
  - in denial of their addiction
- Thought Process and Content
  - likely to minimize their substance use
  - blame others for their problems, and rationalize their behavior
  - focus their attention on finances, legal issues, or employment problems





# ASSESSMENT

- Judgment and Insight
  - likely to have exercised poor judgment
  - may behave impulsively, such as leaving treatment to obtain the substance of choice
  - poor insight
- Self-Concept
  - low self-esteem
  - do not feel adequate to cope with life and stress without the substance
  - difficulty identifying and expressing true feelings





# ASSESSMENT

- Roles and Relationships
  - experienced many difficulties with social, family, and occupational roles.
- Physiological Considerations
  - poor nutrition
  - sleep disturbances
  - may have liver damage, hepatitis or HIV infection from IV drug use, lung damage







# NURSING DIAGNOSES

- Imbalanced nutrition: Less than body requirements
- Risk for infection
- Risk for injury
- Diarrhea
- Excess fluid volume
- Activity intolerance
- Self-care deficits





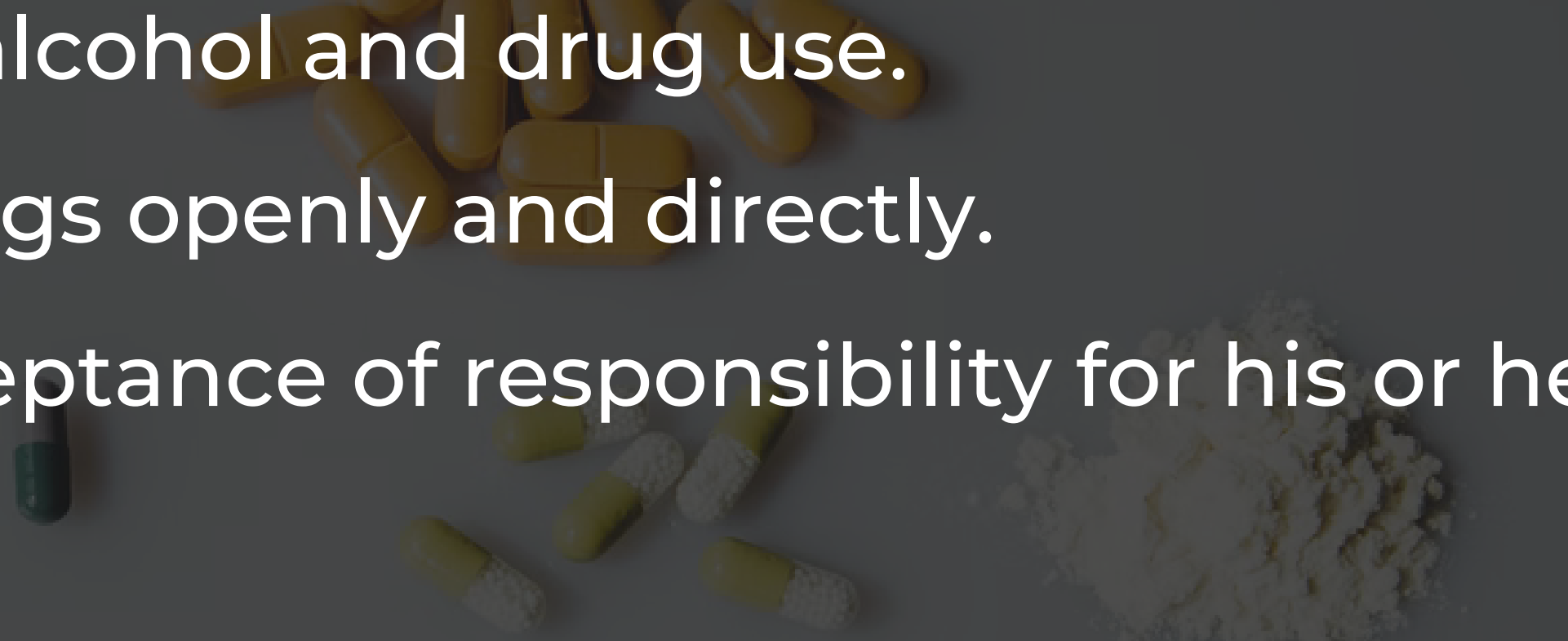
# NURSING DIAGNOSES

- Ineffective denial
- Ineffective role performance
- Dysfunctional family processes: Alcoholism
- Ineffective coping





# GOALS AND OBJECTIVES

- 
- A background image showing a collection of various pills and capsules, including yellow capsules, green capsules, and a pile of white powder, scattered on a dark surface.
- The client will abstain from alcohol and drug use.
  - The client will express feelings openly and directly.
  - The client will verbalize acceptance of responsibility for his or her own behavior.
  - The client will practice nonchemical alternatives to deal with stress or difficult situations.
  - The client will establish an effective aftercare plan.



# INTERVENTIONS

- Providing Health Teaching for the Client and Family
  - Clients and family members need facts about the substance, its effects, and recovery.
  - Education about relapse is important



# INTERVENTIONS

- Promoting Coping Skills
  - encourage clients to identify problem areas in their lives
  - should not believe that all life's problems will disappear with sobriety
  - may need to redirect a client's attention to their behavior and how it influenced their problems
  - role-play situations that clients have found difficult
  - teach relaxation techniques
  - support to view life and sobriety in feasible terms- "one step at a time"





# COMMUNITY-BASED CARE

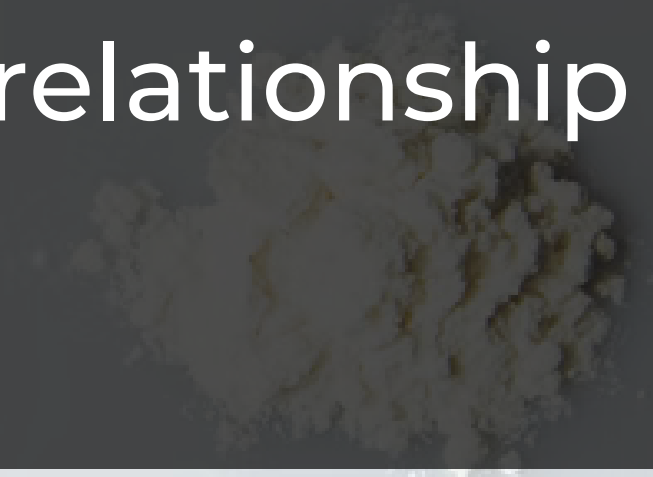
- 12-step program can be very effective; these are peer support programs such as
  - Alcoholics Anonymous (AA)
  - Narcotics Anonymous (NA)
- Individual or Family counseling



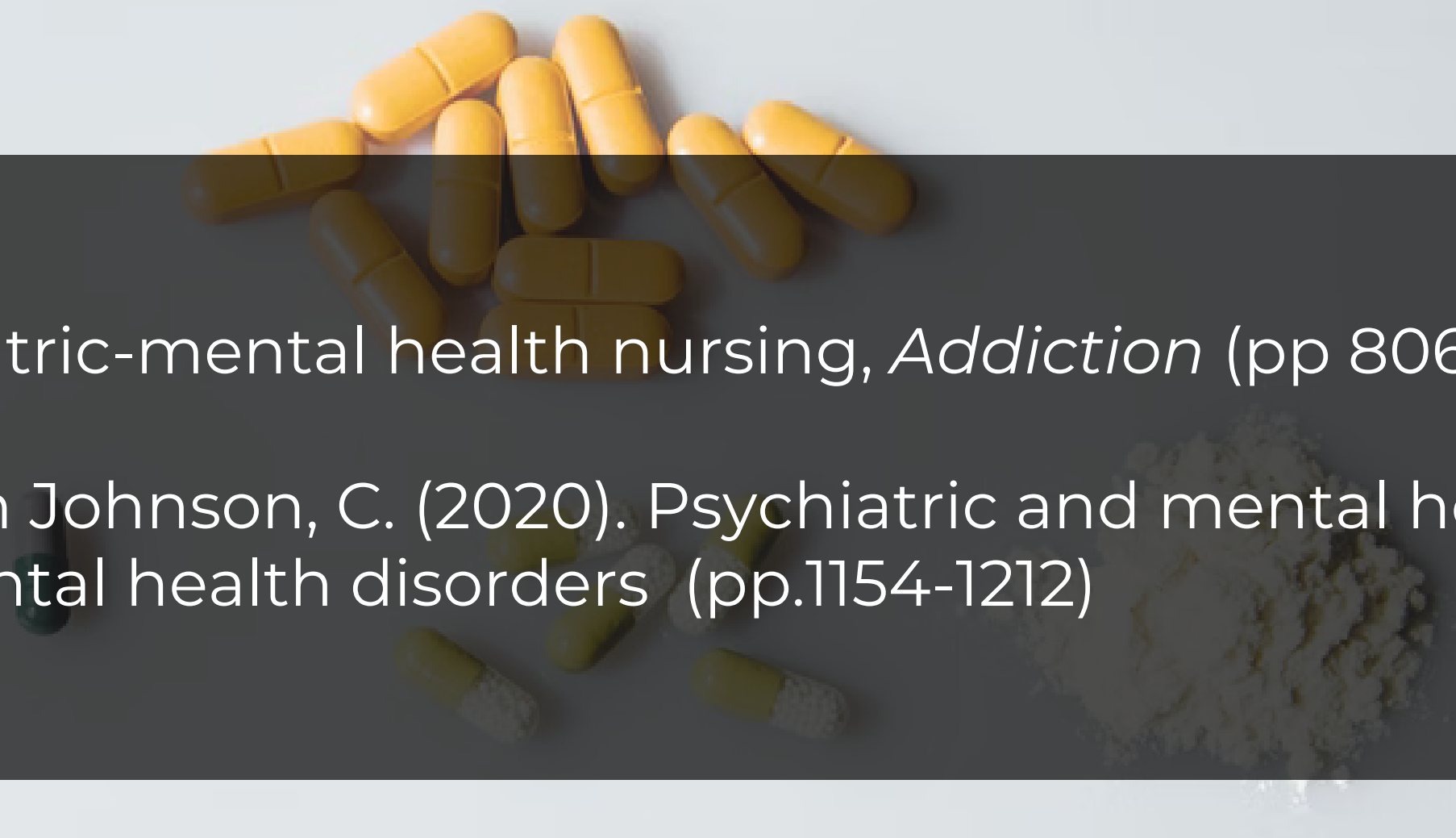


# EVALUATION

- client's abstinence from substances
- stable role performance, improved interpersonal relationship



# REFERENCES

- 
- Videbeck, S. L., & Miller, C. J. (2020). Psychiatric-mental health nursing, *Addiction* (pp 806-854)
- Evans, K., In Nizette, D., In O'Brien, A. J., & In Johnson, C. (2020). Psychiatric and mental health nursing. Substance use and comorbid mental health disorders (pp.1154-1212)

A photograph of a potted plant with large green leaves and a white card with the text "THANK YOU!" resting on a wooden block in front of it. The background is a bright, out-of-focus window with sheer curtains.

THANK YOU!