• Care of the Patient with an Addictive Personality

• The treatment of patients with addictive behaviors is an important concern for nurses.

• Definition of Addiction
  ■ Excessive use or abuse
  ■ Display of psychological disturbance
  ■ Decline in social and economic function
  ■ Uncontrollable consumption indicating dependence

• Addictive Personality
  ■ A person who exhibits a pattern of compulsive and habitual use of a substance or practice to cope with psychic pain from conflict and anxiety
  ■ Common traits
    • Low stress tolerance
    • Dependency
    • Negative self-image
    • Feelings of insecurity
    • Depression

• Stages of Dependence

• Early Stages
  ■ A tolerance to substance is developed.
  ■ User may decrease or stop to prove he or she can.
  ■ Family and friends comment about the user’s overinvolvement with drug.
  ■ User may have legal problems or may drive while intoxicated.
  ■ User may miss work or school or show up late frequently.
  ■ Mood swings, decreased self-esteem, shame, guilt, remorse, resentment, and irritability may occur.
  ■ Financial difficulties arise; spending for drug use.
  ■ Recovery may occur without treatment.

• Stages of Dependence
• Middle Stage
  ■ User is moderately impaired.
  ■ The user uses just to “feel normal.”
  ■ Family relationships weaken.
  ■ Physical health declines.
  ■ Job loss is common.
  ■ Social isolation increases.
  ■ Very few in this stage recover without treatment.

• Stages of Dependence

• Late Stage
  ■ Dependent user displays severe impairment in all areas of function.
  ■ Use is continuous in an attempt to avoid emotional and physical pain.
  ■ Medical problems worsen; user neglects personal hygiene.
  ■ User may be suicidal or homicidal.
  ■ User is manipulative, denies his or her problems, and has poor problem-solving ability and impaired judgment.
  ■ User is usually unemployed and may be homeless.
  ■ People in this stage will not improve without treatment.

• Alcohol Abuse and Alcoholism

• Alcoholism is a U.S health problem that is surpassed only by heart disease and cancer.

• Contributing factors
  ■ Genetic: 30% to 50% chance that the son of an alcoholic man will develop alcoholism.
  ■ Deficiencies in hepatic enzymes necessary to metabolize alcohol in some people
    ■ Many Asians, American Indians, and Eskimos have these deficiencies.

• Most teenagers have their first drink between the ages of 12 and 15 years.

• Alcohol is often referred to as a gateway drug.

• Alcohol Abuse and Alcoholism
**Etiology and Pathophysiology**

- Alcohol is a central nervous system depressant.
- Stimulating effect occurs because the first areas of the brain affected are those that govern self-control.
- Alcohol poisoning may occur from rapid, large-quantity consumption.
- Alcohol does not require digestion.
- Alcohol has a diuretic effect.
- Blood alcohol levels depend on the amount of alcohol ingested and the size of the individual.

**Figure 36-1**

**Alcohol Abuse and Alcoholism**

**Disorders Associated with Alcoholism**

- Fetal alcohol syndrome
  - Frequently seen in newborns whose mothers drank heavily during pregnancy
  - Congenital anomaly
    - Mental retardation
    - Growth disorders
    - Wide-set eyes
    - Malformed body parts
    - Spontaneous abortion or stillborn

**Alcohol Abuse and Alcoholism**

**Disorders Associated with Alcoholism (continued)**

- Alcohol withdrawal syndrome
  - Seen in a person who has developed physiologic dependence and quits drinking
  - At risk
    - Older adults, people who have suffered DTs before, malnourished people, and those suffering with another acute illness and seizures

**Alcohol Abuse and Alcoholism**
Alcohol withdrawal syndrome (continued)

- Signs and symptoms
  - Usually occur 6 to 48 hours after the last drink
  - May last for 3 to 5 days
  - Diaphoresis, tachycardia, hypertension, tremors, nausea/vomiting, anorexia, restlessness, disorientation, hallucinations

Delirium tremens

- Acute psychotic reaction to withdrawal of alcohol.
  - Usually occurs 1 to 4 days after alcohol cessation.
  - Lasts 2 days to 1 week
- Result of excessive alcohol consumption over a long period of time
- Signs and symptoms
  - Increased activity to extreme agitation
  - Disorientation; fear/panic
  - Hallucinations; elevated temperature

Korsakoff’s psychosis and Wernicke’s encephalopathy

- Brain disorders seen in chronic alcoholics
- Korsakoff’s psychosis
  - Short-term memory loss
  - Disorientation; muttering delirium
  - Insomnia
  - Hallucinations
  - Polyneuritis
  - Painful extremities
Alcohol Abuse and Alcoholism

Disorders Associated with Alcoholism (continued)

- Wernicke’s encephalopathy
  - Associated with thiamine deficiency.
  - Memory loss
  - Aphasia
  - Involuntary eye movement and double vision
  - Lack of muscle coordination.
  - Disorientation with confabulation
    - Fills in memory gaps with inappropriate words

Assessment

Subjective Data
- Normal using or drinking pattern
- Time of the last drink or use of a drug
- Specific substance and the quantity used
- Complaints of nausea, indigestion, sleep disturbance, or pain
- Normal dietary patterns
- Presence of any disease requiring treatment with prescribed medications
- Regular use of over-the-counter drugs
- Drug allergies

Assessment

Objective Data
- Height, weight, vital signs, and physical assessment
- Presence of tremors
- Skin conditions
  - Especially on the forearms, backs of hands, and insteps
  - Acne-like facial rash
- Frequent sniffing, stuffy nose, or harsh nonproductive cough
- Tachycardia, hypertension, petechiae, and neuropathies

- **Diagnostic Tests**
  - Blood and urine tests will screen for toxins.
  - Some foods can cause a false-positive reading in a urine screen (poppy seeds).

- **Alcoholism**
  - Liver enzymes, hypoglycemia, blood protein levels, and magnesium

- **Hepatitis and HIV**

- **Nursing Diagnosis**
  - Nursing diagnoses and interventions for the patient with an addiction include emotional needs as well as physical needs.
    - Denial, ineffective
    - Coping, ineffective

- **Nursing Interventions**
  - **Detoxification**
    - Removal of poisonous effects of a substance from a patient
    - A controlled setting where the patient can be closely observed and treated for complications
      - Medication to reduce withdrawal symptoms
        - Chlordiazepoxide (Librium)
        - Naltrexone (ReVia)

- **Nursing Interventions**
  - **Detoxification (continued)**
    - Monitor for cardiorespiratory distress.
      - Continuous cardiac monitoring; vital signs
    - Maintain therapeutic communication.
      - Simple explanations; speaking in a calm voice
    - Reorient as needed.
Disorientation may occur, especially at night.
- Provide physical care as needed.
- Encourage proper nutrition.

Rehabilitation

Group Therapy
- Provides a caring, emotionally supportive atmosphere
- Helps patient see the relationship between substance abuse and negative consequences in his or her life

Alcoholics Anonymous
- International nonprofit organization
- Abstinent alcoholics helping other alcoholics to become and stay sober through group support, shared experiences, and faith in a power greater than themselves

Residential Treatment Centers
- Provide detoxification without direct medical intervention
- Provide close physical monitoring by trained nurses, counselors, and recovered peers
- After detoxification, the patient is placed in a drug- and alcohol-free residence
- Goal: to rebuild social skills that do not involve drug use
- Length of stay 1 to 6 months
- Ability-to-pay basis

Pain Management
- It can involve the use of addicting substances.
- Nursing interventions require not only careful assessment of pain but also observation for developing patterns of drug-seeking behavior.
- Encouraging the patient to practice and use nonchemical interventions to ease pain will reduce the risk of chemical dependency for relief.

Drug Abuse
• Illegal Drugs
  ▪ “Street drugs”
  ▪ Sold to users by illegal drug dealers
    • Manufactured without strict controls
    • Illegally obtained prescription drugs
    • Drugs not approved for use in the United States

• Prescription or Over-the-Counter Drugs
  ▪ When a person takes drugs for other than recommended medical reasons or more than recommended dosage

• Drug Abuse

• Depressants
  ▪ Alcohol
  ▪ Sedative-hypnotic medications
    • Barbiturates: phenobarbital, Seconal
    • Benzodiazepines: flurazepam (Dalmane), diazepam (Valium), flunitrazepam (Rohypnol)

• Opioid Analgesics
  ▪ Heroin
  ▪ Morphine
  ▪ Methadone

• Drug Abuse

• Stimulants
  ▪ Caffeine: coffee, tea, chocolate, soft drinks
  ▪ Nicotine: tobacco
  ▪ Cocaine: crack (mixed with baking soda and smoked); powder (snorted)
  ▪ Amphetamines
    • Methylphenidate (Ritalin)
    • Methamphetamine (can be made with household chemicals)
Drug Abuse

Hallucinogens
- PCP
- LSD
- MDMA (ecstasy)
- Ketamine
- Mescaline and psilocybin

Figure 36-2

Drug Abuse

Cannabis
- Marijuana, hemp
- Antimotivational cannabis syndrome

Inhalants
- Huffing
- Glue, lighter fluid, cleaning fluids, paint

Chemically Impaired Nurses

Thirty-seven states have programs that offer chemically impaired nurses treatment and rehabilitation in order to keep their license.

Impaired nurses become illogical and careless in charting and performance of duties.

They may steal medication and report spillage.

Peer assistance programs are usually under the jurisdiction of the state board of nursing.
- Contract agreement
  - This requires the nurse to undergo treatment and monitoring for a certain period of time.

Chemically Impaired Nurses
- Healthcare Integrity and Protection Data Bank (HIPDB)
  - Nursing boards and health agencies are required to report any actions against a health care provider, supplier, or practitioner.

- Chemically Impaired Nurses

- Warning Signs
  - Alcoholism
    - Irritability, mood swings
    - Elaborate excuses for behavior
    - Unkempt appearance
    - Blackouts (temporary amnesia)
    - Impaired motor coordination, slurred speech, flushed face, bloodshot eyes
    - Numerous injuries, burns, bruises, etc., with vague explanation
    - Smell of alcohol on breath or excessive use of mouthwash, mints, etc.

- Chemically Impaired Nurses

- Warning Signs (continued)
  - Drug addiction
    - Rapid changes in mood and/or performance
    - Frequent absence from unit; frequent use of restroom
    - Works a lot of overtime; arrives early and stays late
    - Increased somatic complaints requiring prescriptions of pain medications
    - Consistently signs out more or larger amounts of controlled drugs than anyone else; excessive wasting of drugs

- Chemically Impaired Nurses

- Warning Signs (continued)
  - Drug addiction (continued)
    - Increased isolation from others
• Patients report that pain medication is not effective or of not receiving medication
• Excessive discrepancies in signing and documenting procedures of controlled substances

• Chemically Impaired Nurses

• Warning Signs (continued)
  ▪ Mental health disorder
    • Depressed, lethargic, unable to focus or concentrate
    • Makes many mistakes at work
    • Erratic behavior or mood swings
    • Inappropriate or bizarre behavior or speech
    • May also exhibit some of the same or similar characteristics as chemically dependent nurse