

- 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

- Disorders Associated with Alcoholism (continued)
 - 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

- Alcohol Abuse and Alcoholism

- Disorders Associated with Alcoholism (continued)
 - 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

- Alcohol Abuse and Alcoholism

- Disorders Associated with Alcoholism (continued)
 - 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
- Rehabilitation
- 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
- Rehabilitation
- 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