

Diagnosis of Substance Use Disorders

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Identification of the psychoactive substance used may be made on the basis of:

- self-report data,
- objective analysis of specimens of urine, blood, etc,
- or other evidence (presence of drug samples in the patient's
- clinical signs and symptoms,
- reports from informed third parties.

It is always advisable to seek information from more than one source of evidence relating to substance use.

DSM-V FOR SUBSTANCE USE DISORDERS

8/3/2020

SUBSTANCE-RELATED DISORDERS

Are divided into two groups

1. substance use disorders
2. substance-induced disorders

1. SUBSTANCE USE DISORDERS

👉 For some substance classes some symptoms are less prominent

e.g. withdrawal symptoms are not specified for

- phencyclidine use disorder
- hallucinogen use disorder
- inhalant use disorder

CONT..

✎ Change in brain circuits may persist **beyond detoxification** in individuals with **severe** disorders

- Repeated relapses
 - Intense drug craving
- } Benefited from long-term approaches to treatment

✎ The diagnosis of a substance use disorder is based on a pathological pattern of **behaviors** related to use of the substance

SUBSTANCE USE DISORDERS CONT..

- ❖ Has four category of symptoms
 - 👍 Impaired control
 - 👍 Social impairment
 - 👍 Risky use
 - 👍 Pharmacological criteria

IMPAIRED CONTROL

The first criteria grouping

❖ Criteria 1-4

1. Taking the substance in larger amounts or over a longer period than was originally intended
2. Persistent desire to cut down or regulate substance use and may report multiple unsuccessful efforts to decrease or discontinue use
3. Spending a great deal of time
 - a) Obtaining the substance
 - b) Using the substance
 - c) Recovering from its effects
 - d) Daily activities revolve around the substance

IMPAIRED CONTROL CONT..

4. An intense desire or urge for the drug that may occur at any time but is more likely when in an environment where the drug previously was obtained or used

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- ❖ Craving has also been shown to involve **classical conditioning** and is associated with activation of specific reward structures in the brain
 - Signal of impending relapse

SOCIAL IMPAIRMENT

The second grouping of criteria

❖ Criteria 5-7

5. Recurrent substance use may result in a failure to fulfill major role obligations at work, school, or home

6. Continue substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance

7. Important social, occupational, or recreational activities may be given up or reduced because of substance use

- Withdraw from family activities and hobbies in order to use the substance

RISKY USE OF THE SUBSTANCE

- ❖ Third grouping of criteria

- ❖ Criteria 8-9

8. Recurrent substance use in situations in which it is physically hazardous

9. Continuing substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

PHARMACOLOGICAL CRITERIA

❖ Criteria 10 and 11

10. Tolerance

- Markedly increased dose of the substance to achieve the desired effect
- Markedly reduced effect when the usual dose is consumed
- The degree varies greatly across different individuals as well as across substances
- May involve a variety of central nervous system effects
- Difficult to determine by history alone
- Laboratory tests may be helpful

PHARMACOLOGICAL CRITERIA CONT....

11. Withdrawal

- Syndrome that occurs when blood or tissue concentrations of a substance decline
- Vary across the classes of substances
- Physiological signs of withdrawal are common with alcohol, opioids, and sedatives, hypnotics and anxiolytics
- Withdrawal signs and symptoms with amphetamines, cocaine, tobacco and cannabis are often present but may be less apparent
- withdrawal has not been documented in humans after repeated use of **phencyclidine, hallucinogens and inhalants**

SEVERITY OF SUBSTANCE USE DISORDERS

- ❖ Severity based on the number of symptom criteria endorsed
 - **Mild** : two to three symptoms
 - **Moderate** : four to five symptoms
 - **Severe** : six or more symptoms

SPECIFIERS

- ❖ **In early remission:** at least 3 but less than 12 months without substance use disorder criteria (except craving)
- ❖ **In sustained remission:** at least 12 months without criteria (except craving)
- ❖ **On maintenance therapy:**
- ❖ **In a controlled environment:** used if the individual is in an environment where access to substance is restricted

2. SUBSTANCE-INDUCED DISORDERS

- ❖ Intoxication,
- ❖ withdrawal
- ❖ Substance induced mental disorders
 - psychotic disorders
 - bipolar and related disorders
 - depressive disorders,
 - anxiety disorders
 - obsessive-compulsive and related disorders
 - sleep disorders
 - sexual dysfunctions
 - Delirium and neurocognitive disorders

DSM-V FOR SUBSTANCE INDUCED MENTAL DISORDERS

- A. The disorder represents a clinically significant symptomatic presentation of a relevant mental disorder
- B. There is evidence from the history, physical examination, or laboratory findings of both of the following:
 1. The disorder developed **during or within 1 month** of a substance intoxication or withdrawal or taking a medication
 2. The involved substance/medication is capable of producing the mental disorder

CONT..

C. The disorder is not better explained by an independent mental disorder.

✎ Such evidence of an independent mental disorder could include the following:

1. The disorder preceded the onset of severe intoxication or withdrawal or exposure to the medication
2. The full mental disorder persisted for a **substantial period** of time (at least 1 month) after the cessation of acute withdrawal or severe intoxication or taking the medication

✎ This criterion does not apply to substance-induced neurocognitive disorders or hallucinogen persisting perception disorder

CONT..

D. The disorder does not occur exclusively during the course of a delirium.

E. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Withdrawal state

Uncomplicated

With convulsions

Withdrawal state with delirium

Without convulsions

With convulsions

Psychotic disorder

Schizophrenia-like

Predominantly delusional

Predominantly hallucinatory

Predominantly polymorphic

Predominantly depressive symptoms

Predominantly manic symptoms

Mixed

Dependence syndrome

Currently abstinent

Currently abstinent, but in a protected environment

Currently on a clinically supervised maintenance or replacement regime [controlled dependence]

Currently abstinent, but receiving treatment with aversive or blocking drugs

Currently using the substance [active dependence]

Continuous use

Episodic use [dipsomania]

Amnesic syndrome

Residual and late-onset psychotic disorder

Flashbacks

Personality or behaviour disorder

Residual affective behaviour

Dementia

Other persisting cognitive behaviour

Late-onset psychotic disorder

Other mental and behavioural disorders

Unspecified mental and behavioural disorder

you can read further

Initial Management

History

Physical Exam

Laboratory tests

Diagnostic Imaging

History taking

Taking the history is itself a therapeutic process

You take the history as you always do: made to order to circumstances

Comprehensive assessment is not always necessary or helpful on first contact

If necessary, can be done over several sessions

What do I need to know in this case at this time?

What is the current status?

(look, listen, reason, take action)

Reason for presentation (including social factors)

Is there intoxication or withdrawal?

For every patient you should give emphasis on the following point

- What is consumed?
- When did it start?
- Why did it start?
- Amount at the beginning?
- Amount now?
- How many months/years?
- Patterns and routes of administration
- Ever any treatment received?
(Detoxification?
Rehabilitation?)
- Why continuing taking the substance?

Assess whether daily intake is increasing or decreasing and if so, why?

What problems does the substance use/abuse cause?
(physical, psychosocial, other problems)

What is the current motivation for change?

Assess courage for intervention to decrease intake

For a comprehensive drug and alcohol history

Ask about all the drugs of abuse:

Tobacco

Alcohol

Benzodiazepines/Sedatives

Cannabis

Khat

Solvents

illegal drugs

Misuse of prescribed drugs

Physical examination

Look for signs of intoxication or withdrawal:

Drowsiness (alcohol, benzodiazepines, opiates)

Agitation (sedative withdrawal, or stimulant toxicity)

Tremor (alcohol, benzodiazepines withdrawal)

Diaphoresis (alcohol and opioid withdrawal)

Slurred speech, ataxia (alcohol, benzodiazepine intoxication)

Pupils (especially opiates)

Vital signs (e.g. fever, tachycardia of alcohol withdrawal or infectious complications)

Venepuncture sites / track marks (recent or old)

Lymphadenopathy

Liver

Heart

Lungs

Full Mental State Examination: and look especially for:

Confusion (e.g. Wernicke's, DTs) or

Stimulant/hallucinogen - intoxication/psychosis

Signs of psychosis

Mood

Suicidal tendencies

Insight into substance abuse?

Insight into the need of treatment?

Differential diagnosis

Intoxication with other substances

Withdrawal from other substances

Structural brain lesions

Stroke and toxic-metabolic disorders

Alkalosis,

Hypoglycemia

Sleep deprivation

Medication

Other psychiatric disorders

STAY SAFE AND HOME