



Mental Health Nursing: Substance Abuse Withdrawal and Detoxification

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Scope of the Problem



- Despite their prevalence, substance-related disorders are frequently underdiagnosed and underdetected in acute-care psychiatric and medical settings
- Alcohol, benzodiazepines, and barbiturates have potentially life-threatening courses of withdrawal

Definition of Detoxification

- Removal of a toxic substance from the body
 - Either naturally through physiological processes (such as hepatic or renal functions)
 - Or medically by the introduction of alternative substances and gradual withdrawal

Withdrawal Symptoms



- Symptoms that result from biological need
 - Develops when the body becomes adapted to having an addictive drug or substance in its system
 - Characteristic symptoms occur when level of substance in the system decreases
 - Symptoms differ with various substances
 - Liver detoxifies substance as medications and nursing care help relieve symptoms and protect patient



Structure Environment



- Need quiet, calm environment to decrease nervous system irritability and promote relaxation
- Can be inpatient medical or psychiatric unit, crisis stabilization unit, or outpatient setting with close monitoring of pt
- Caregivers to provide reassurance in calm, quiet tone of voice
- Place a clock within pt's sight, and provide reality orientation
- If possible, pt should not be left alone
- Treat pt with dignity and respect



Treating Detoxification Symptoms



- Give fluids if dehydrated
- Encourage eating and vitamins as ordered
- Frequent sips of milk for GI distress, antidiarrheal, or analgesic meds PRN
- Seizure precautions should be taken
- Cool cloth on forehead can be helpful if pt feeling too warm, or diaphoretic
- Assist with position changes, ambulation, and changing damp clothing



- Intense, supportive care can reduce withdrawal symptoms rapidly, often without medications
- Symptom-triggered regimen is preferable to Fixed-schedule regimen
- Use medication per physician orders and protocols



Alcohol Detoxification

- Long-acting benzodiazepines- drugs of choice
 - Usually Chlordiazepoxide, Diazepam, or Lorazepam
- Monitor for toxicity of benzodiazepines
 - Ataxia- difficulty walking
 - Nystagmus- involuntary movement of the eyeball
- Thiamine and Vit. B₁₂ may help prevent Wernicke's encephalopathy and Korsakoff's psychosis
- Magnesium has not proven to decrease seizures, but is often prescribed

Assessment Tool

- Use tool such as CIWA-AR (Clinical Institute Withdrawal Assessment-Alcohol, Revised) to score symptoms
- Effective treatment with less medication
- Monitor pt q 1-2 hrs, decreasing to 4-8 hrs until score is less than 8-10 for 24 hrs
- Use additional assessments as needed
- Caution: Pts with concurrent psychiatric or medical illnesses may have similar signs and symptoms not caused by alcohol withdrawal

Other Drug Withdrawal

- Management of benzodiazepine, barbiturates, and other sedative-hypnotics withdrawal
 - Considered therapeutic discontinuation if physical dependence from drug use as prescribed
 - Called detoxification if drug was abused
- High-dose withdrawal may be treated by gradual reduction, or phenobarbital may be substituted for pt's average daily dose, and divided into three doses

Nursing Care

- Check for signs of phenobarbital toxicity prior to administering each dose
- Slurred speech, sustained nystagmus, or ataxia
- Doses may need to be held
- For acute withdrawal, the first dose of phenobarbital is administered intramuscularly (IM)
- Dosages are carefully decreased as pt is restablized

Opiate Withdrawal

- Can cause anxiety, restlessness, insomnia, irritability, impaired attention, and often physical illness
- Treatment is to alleviate acute sx by substituting Methadone- an opiate agonist- and then tapering dose slowly
- Clonidine can be used to manage withdrawal symptoms
 - Monitor BP- can cause hypotension
- Use CINA (Clinical Institute Narcotic Assessment) for assessment and monitoring

Toxic Psychosis

- Users of LSD, PCP, and stimulants often come to ER in acute toxic psychosis
- Behavior is similar to pt with schizophrenia
- LSD users on a “bad trip” can often be “talked down” by reassurance and reality orientation
- PSP and amphetamine users are more likely to strike out and panic from misperceptions
 - May cause harm to themselves and have no pain

Nursing Care

- Maintain safe environment with minimal stimulation
- Avoid rapid movements
- Ask permission before touching pt
- Have adequate staff assistance to control impulsive behavior
- Monitor vital signs
- Meet physiological needs
- May need restraints, benzodiazepines, and then high-potency antipsychotic med. PRN
 - Gastric lavage PRN for overdose would increase agitation for PCP users

Interventions to Maintain Abstinence from Alcohol



- Naltrexone (ReVia) or Nalmefene (Revex)-opiate antagonist can diminish cravings
- Disulfiram (Antabuse)- Interrupts alcohol metabolism, causing physiological response that may include severe headache, nausea and vomiting, flushing, hypotension, tachycardia, dyspnea, diaphoresis, chest pain, palpitations, dizziness, and confusion
 - Effects last 14 days after discontinuing
- Acamprosate (Campral), Citalopram (Celexa), or Ondansetron (Zofran) can decrease alcohol desire

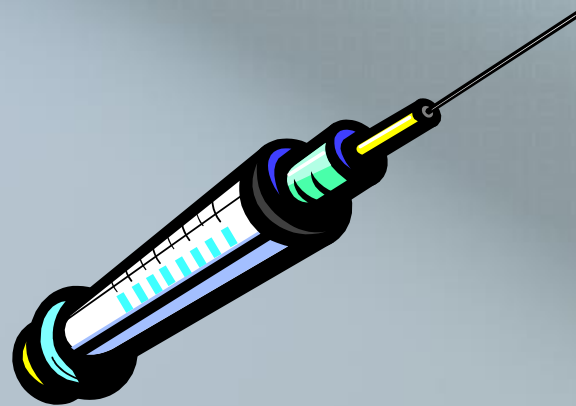


Interventions for Opiate Dependence

- Pts who have long-term opiate dependence may be eligible for a maintenance program at special clinics
 - Methadone is usually given once a day
 - Side effects include constipation, drowsiness, diaphoresis, and decreased libido
 - Or LAAM is usually given every other day-not approved for take-home dosing
- Or Buprenorphine (Temgesic) can be given at various settings three times a week

Other Interventions

- Cocaine vaccine is being developed to induce antibodies and prevent the drug from crossing the blood-brain barrier



Nicotine Withdrawal



- Use nicotine gum or patch to relieve withdrawal symptoms, and taper dose after 4-6 weeks
- Bupropion (Zyban or Wellbutrin) is non-nicotine replacement therapy
- Clonidine and nortriptyline are second-line medications

Effects During Pregnancy

- Taking drugs can cause congenital abnormalities
- Physical dependence of baby at birth
- Safest pregnancy is totally drug and alcohol free
- Exception is for pregnant women addicted to heroin-methadone maintenance is safer for the fetus than acute detoxification



Traditional Addiction Treatment

- Addiction is disease
- Total abstinence from all substances is needed
- Immersion in 12-step recovery program
- Direct confrontation of denial and other defense mechanisms (usually in group sessions)



Motivational Approaches

- Express empathy through reflective listening
 - Develop discrepancy between pt's goals or values and their current behavior
 - Avoid argument
 - Roll with resistance (arguing, interrupting, denying, or ignoring)
 - Support self-efficacy to increase optimism
- Decisional balance exercises can assist pt to explore pros and cons of old and new behaviors to promote positive change

Newer Psychological Interventions



- Alliance between professional therapist and pt
- Mutual goal-setting
- Avoidance of confrontation
- Brief treatment

Cognitive-Behavioral Strategies

- Self-control strategies
 - Goal setting, self-monitoring, and learning coping skills
- Social skills training- including assertiveness and drink refusal
- Contingency management (behavioral approach) with rewards given for adaptive behavior like “clean urine”
- Behavioral contracting by written agreements specifying targeted behavior and consequences



Psycho-social Interventions

- Work with co-dependency
- Identify external (high-risk situations) and internal (thoughts and feelings) that trigger drug or alcohol use
- Promote family counseling
- Group Therapy
- Self-help groups
 - Alcoholics Anonymous (AA)
 - Women for Sobriety (WFS)
 - Rational Recovery (RR)
 - Narcotics Anonymous (NA)

Relapses



- It is rare for an addicted person to suddenly stop substance use forever
- Most people who are addicted try at least once, and usually several times to use the drug in a controlled way
- Tell pt to return to treatment promptly after relapses
- They can learn from what they did to try to prevent further relapses

Treatment for Dual Diagnosed Patients



- Need integrated approach, with both services offered by program staff qualified in both areas
- Need excellent coordination of other community services
- Avoid parallel treatment by two different clinicians with two different approaches
- May need to treat pt in sequence (first psychiatric tx, then substance abuse tx or vice versa)
- Need combination of pharmacological tx, psychosocial tx, and supportive services



Evaluation



- Besides pt self-report, use objective measures such as breath analysis and urinalysis to evaluate abstinence
- Talk to collateral sources, like spouse and employer (with signed release of information)
- Reduction in frequency and severity of relapse is long-range goal
- Consider success toward goals in other areas of life besides abstinence
 - Improvements in health, family relationships and employment



Conclusion

- Progression from use to abuse to dependence depends on many biological, psychological, and sociocultural factors
- Nurses make a significant difference in this complex process
 - Educational activities for prevention
 - Thorough assessments that include drug and alcohol use
 - Treatment of substance abuse disorders and withdrawal



References



- Stuart, G. & Laraia, M. (2005). Principles & practice of psychiatric nursing (8th Ed.). St. Louis: Elsevier Mosby