

Diagnostic Considerations for Substance-Related Disorders

Why reliable diagnostic criteria are essential

- ♦ Improve clinical and research communication.
- ♦ Provide for the optimal assignment of treatment approaches
- ♦ Facilitate research on prevalence, natural history, and etiology
- ♦ Enhance resource allocation

Diagnostic Approaches to Substance use disorders

1700s - 1900s: Based on medical problems and withdrawal

Jellinek: Focused on a predictable course of a disease, with potential subtypes based on:

- ♦ The clinical course
- ♦ Hypothesized causes
- ♦ Evidence of physiological damage

DSM-I and DSM-II

- ♦ Described alcoholism in general terms
- ♦ Listed alcoholism as a part of neuroses, sexual, and personality deviations

Diagnostic Approaches (continued)

Dependence Syndrome

The central feature of the Edwards and Gross dependence syndrome is evidence of loss of control over substance use.

The elements of the syndrome include:

- ♦ Narrowing of the substance use repertoire so that substance consumption becomes regimented to specific times and places
- ♦ Increasing importance or salience of the substance to daily life
- ♦ Evidence of tolerance
- ♦ Evidence of an abstinence syndrome
- ♦ Behaviors that involve use of the drug to relieve or avoid withdrawal
- ♦ Feeling of compulsion to take the drug
- ♦ Rapid reinstatement of problems once the drug is taken again

Criteria for Dependence

Substance Dependence (DSM-IV)

- ♦ Tolerance*
- ♦ Withdrawal*
- ♦ Larger amounts/Longer period than intended
- ♦ Inability to/persistent desire to cut down or control
- ♦ Great deal of time spent obtaining, using, or recovering
- ♦ Important activities given up or reduced
- ♦ Use despite problems caused or exacerbated by use

(*DX: “with Physiological Dependence”)

In contrast with prior diagnostic schemes, while tolerance and withdrawal symptoms are criteria items, they are neither necessary nor sufficient for a dependence diagnosis in DSM-IV.

Criteria for Substance Abuse

... diagnosis made only in the absence of the diagnosis of substance dependence

Substance Abuse (DSM-IV)

- ♦ Failure to fulfill major role obligations
- ♦ Use in hazardous situations
- ♦ Legal Problems

- ♦ Use despite problems

Substance - Induced Disorders

Intoxication and withdrawal from substances of abuse can cause intense but (usually) temporary psychiatric symptoms that resemble major Axis I Psychiatric Disorders.

These symptoms are initiated during intoxication or withdrawal.

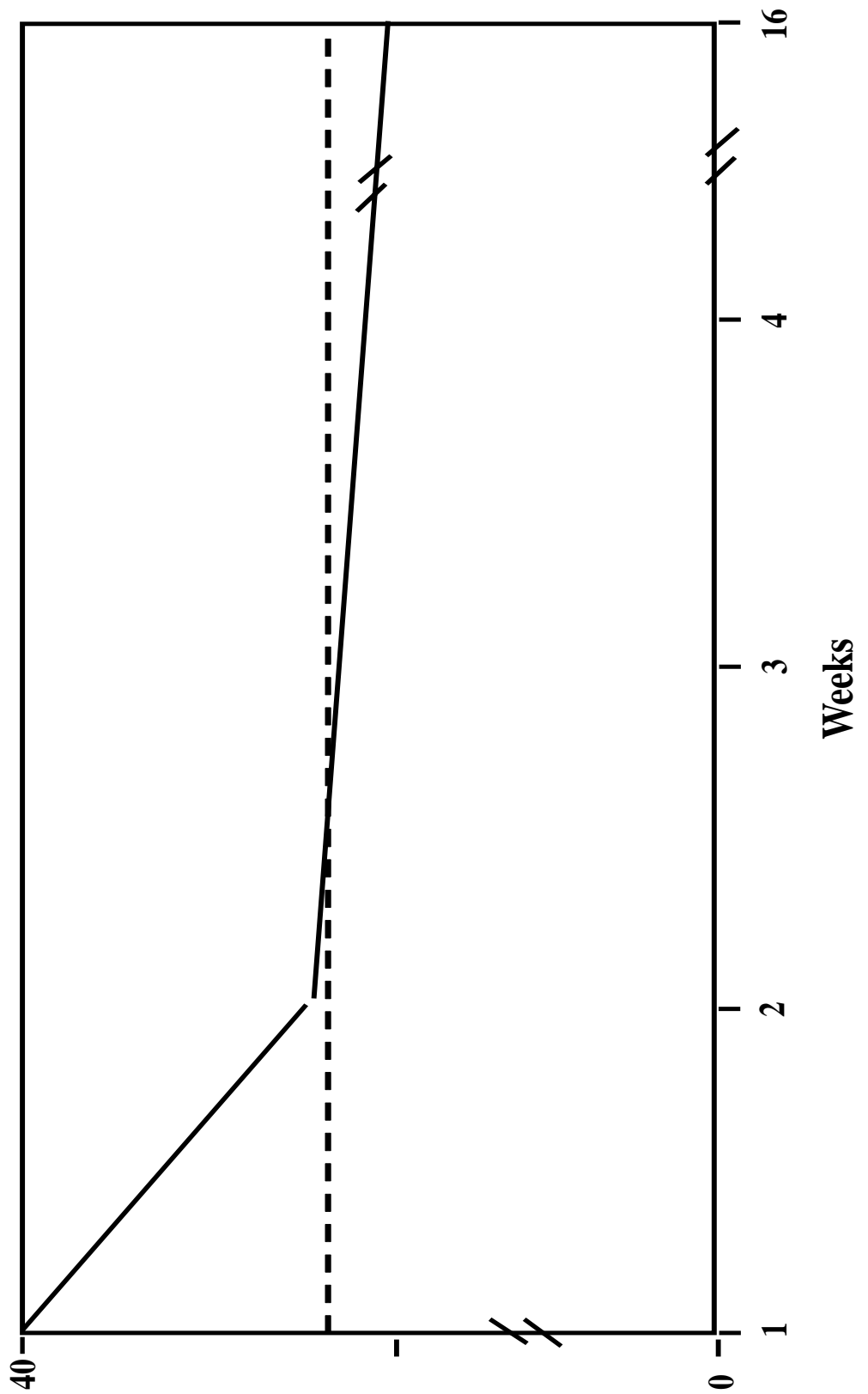
Categories of Drugs most likely to Produce Psychopathology

While symptoms of disorder can be seen for all substances of abuse, this is especially true for:

- ♦ Stimulants
 - all the forms of amphetamines
 - all the forms of cocaine
- ♦ Depressants
 - alcohol
 - benzodiazepines
 - barbiturates
 - carbamates (i.e. meprobamate)

When substance-induced states of anxiety, depression, psychosis, sexual impairment, and sleep impairment develop, these syndromes can look identical to independent major psychiatric disorders, but the symptoms are likely to mark-

X Spielburger State Anxiety



Substance-Induced Disorders

Development of a substance-specific syndrome due to the recent ingestion of a substance. These substance-induced disorders are usually reversible.

The associated maladaptive changes are:

- ♦ belligerence
- ♦ mood swings
- ♦ cognitive impairment
- ♦ impaired judgment
- ♦ impaired social or occupational functioning

Changes due to the direct physiological effects of the substance on the CNS and develop during or shortly after the use of the substance.

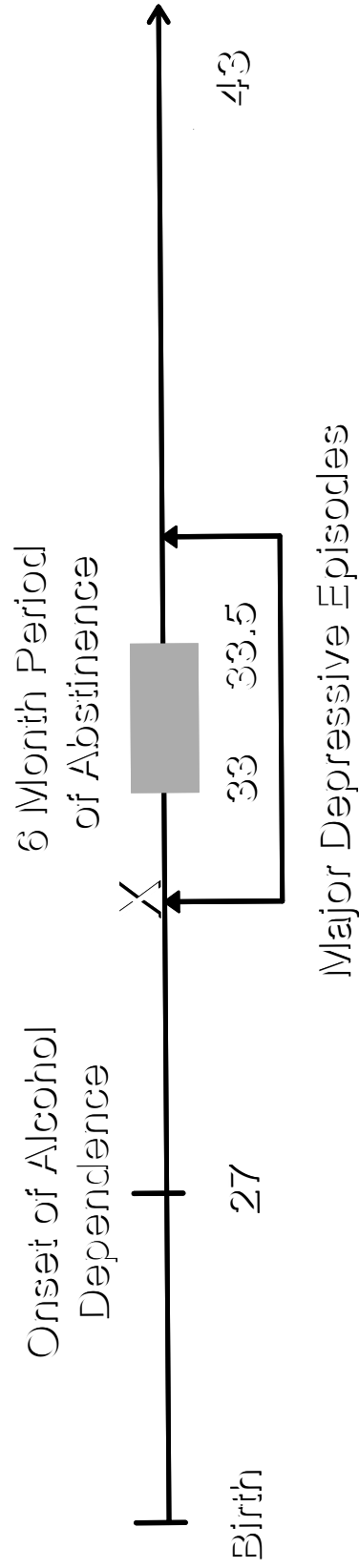
Symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

Evidence of recent intake can be gathered from patient history, physical exam (i.e. smell of alcohol on the breath), or toxicologic analysis of the body fluids (urine, blood).

Psychiatric disorders known to increase the risk for subsequent Substance Use Disorders (SUD)

- ♦ Anti-Social Personality Disorder (ASPD)
- ♦ Schizophrenia
- ♦ Mania (Manic episodes in Bi-Polar Disorder)

Time Line Example



Summary

Reliable criteria for dependence have been developed in the DSM-IV and ICD-10.

Diagnostic criteria for a substance-related syndrome that does not fulfill criteria for dependence (i.e., abuse) have been developed for DSM-IV.

These diagnoses will require further testing before their full clinical meaning is understood.

The possibility of a temporary (but potentially severe) substance-induced psychiatric syndrome must be part of the differential diagnosis of all major psychiatric disorders.

This is true especially for individuals who are abusing stimulants or depressants, and relates most closely to substance-induced conditions of mood, anxiety, psychosis, sleep, and sexual dysfunction.

Suggested Readings

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