

## *Why Reliable Diagnostic Criteria Are Essential*

- Improve communication
- Optimal assignment of treatment approaches
- Facilitate research on prevalence, natural history, and etiology

## *Substance Abuse* (DSM-IV)

- Failure to fulfill major role obligations
- Use in hazardous situations
- Legal problems
- Use despite problems

## *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")

## *Definition Simplification*

The essence of the DSM-IV criteria is evidence from at least three different areas that the person's substance use (with the same criteria used for alcohol and other drugs) is regularly and repeatedly interfering with his or her life functioning.

## *Why Screen for Substance Abuse in Women?*

- Alcohol and substance abuse are highly prevalent disorders
- Screening tests make substance abuse easy to detect
- Significant morbidity and mortality are associated with alcohol and substance abuse
- Identification of alcohol and substance abuse problems can lead to abstinence and avoidance of health consequences

## *Outcomes for Pregnant Substance-Abusing Women*

### Short-term outcomes

- higher rate of spontaneous abortions
- increase in preterm deliveries
- low birth weight (risk factor for Sudden Infant Death)
- fetal distress
- increased risk of breech delivery
- shortened labor
- severe neonatal withdrawal complications

## *Outcomes for Pregnant Substance-Abusing Women*

### Long-term outcomes

- child abuse and neglect
- increased risk of out-of-home placement
- disturbances in child's motor and cognitive development
- fetal alcohol syndrome
- risk of HIV transmission

## *The Current State of Detection*

- Marked underrecognition of substance abuse in women
- Women far less likely to be recognized as having alcohol or drug-related problem
- Failure to diagnose 50-90% of alcoholics and substance users
- Lack of understanding by health care providers

## *‘Telescoping’ Phenomenon*

- In comparison to men, women become addicted and begin to suffer the social and health consequences in less time
- Women have increased susceptibility to toxicity
- Women have higher blood alcohol levels after consuming the same amount of alcohol as men

## *Long-Term Health Consequences*

### Alcohol

- Female alcoholics have death rates 50-100% higher than male alcoholics
- Liver disease
- Breast cancer
- Osteoporosis
- Cardiomyopathy
- Gynecological consequences
- Obstetric complications
- Suicidality

## *Long-Term Health Consequences*

### Other Substances

- No clear evidence that long-term effects from opiates and cocaine differ for women and men
  
- Obstetric and gynecological consequences
  - low weight gain in pregnancy
  - spontaneous abortion
  - preterm labor
  - abruptio placentae
  - low birth weight
  - sudden infant death
  - pre-eclampsia
  - neonatal withdrawal syndromes

## *Long-Term Health Consequences*

### Other Substances

- Suicidality
- HIV and AIDS
  - IV drug use is implicated in 71% of AIDS cases among women
- Injection drug use also predisposes one to endocarditis, bacteremia, skin abscesses, and renal disease in women and men
- Consequences of cocaine use
  - cardiac arrhythmias
  - neurologic events
  - wheezing, pulmonary hypersensitivity reactions, pneumothorax, and nasal perforation

## *Risk Factors for Substance Abuse*

- Family history
  - having one or more alcoholic or substance-abusing parent
  
- Psychosocial history
  - childhood sexual abuse
  - frequent heavy drinking during college years
  - younger age of first intoxication and early smoking
  - domestic violence
  - substance-abusing spouse or partner

## *Psychiatric Comorbidity*

- All psychiatric diagnoses are more prevalent in female alcoholics than in female nonalcoholics.
- Rates of depression are 19% in women alcoholics versus 7% in nonalcoholic women.
- Alcohol-abusing women were more likely than alcohol-abusing men to have secondary diagnoses of:
  - mania
  - somatization
  - major depression
  - phobic disorder
  - panic disorder
  - other drug abuse or dependence

## *Psychiatric Comorbidity*

### Dual Diagnoses

Refers to primary psychopathology (occurring first) and secondary chemical dependence (occurring later), although chemical dependence can certainly result in secondary psychopathology.

- It is estimated that 10 to 15% of women with alcoholism have a primary affective disorder that predated their chemical dependence.
- Situations of dual diagnosis in conjunction with alcoholism, often go unrecognized

## *Psychiatric Comorbidity*

### Eating Disorders

- Comorbid rates of eating disorders among alcoholic women range from 15% to 32%
- Unclear causal relationship between eating disorders and addiction
  - several studies note that eating disorders usually precede the onset of alcohol or other drug use
  - patients with eating disorders more likely to have family histories of alcohol and drug use

## *Drugs of Abuse*

Alcohol

Cocaine

Marijuana

Opiates

Hallucinogens

## *Prescription Drugs*

- Historically, women are more likely to use socially acceptable drugs and to perceive their use as a form of coping.
- Women still receive more psychoactive drug prescriptions than men.
- At equivalent levels of anxiety, women are more likely than men to be given a benzodiazepine rather than a non-pharmacologic therapy
- Apparent anxiety disorders may be caused by abuse of or withdrawal from alcohol, cocaine, or benzodiazepines.
- Prevention is of critical importance

## *Prescription Drugs*

"Red flags" which suggest dependence or abuse:

- uses the drug chronically
- asks for dosage increases
- loses prescriptions or medications, asks for frequent refills, or acquires them from several sources
- cancels appointments, but phones in for refills
- reports withdrawal symptoms
- experiences worsening problems with family, work, social life, or finance
- remember that denial of a problem can be powerful in these patients

## *Polysubstance Abuse*

- Women who abuse alcohol are more likely to use and abuse other drugs, either sequentially or simultaneously
- According to a 1991 survey, 40% of women in treatment programs were being treated for concomitant alcohol and drug abuse
- Multiple drug abuse is a problem especially among women under 35 who have a higher prevalence of marijuana, cocaine, and other drug abuse than do older women

## *Presentation to Health Care Provider*

- Gastric distress
- Altered bowel function
- Anxiety/depression
- Reproductive problems
- Low energy level
- Sexual dysfunction
- Insomnia or disrupted sleep patterns
- Falls, especially among the elderly

## *History-Taking*

- Often no obvious clues to a substance abuse problem
- Everyone should be screened on initial visit and regularly on subsequent visits
- Substance use history should be a routine part of the entire history
- Begin history with more common, less stigmatized substances

## *History-Taking*

- Assess quantity, quality, duration, expense, how use was supported, physical effects, tolerance, withdrawal, history of any prior treatments, and any drug-related complications
- Elicit patient's view of her alcohol and drug use
- Women with children may be reluctant to share a drug history
- Many will minimize the importance of their abuse of a secondary drug that is not their drug of choice

## *Screening Tools for Alcohol*

### CAGE

- Have you felt you ought to Cut down on your alcohol and drug use?
- Have people Annoyed you by criticizing your drinking or drug use?
- Have you ever felt bad or Guilty about your drinking or drug use?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eye-opener)?

## *Screening Tools for Alcohol*

### T-ACE

- How many drinks does it take to make you feel high? (Tolerance)
- Have people Annoyed you by criticizing your drinking?
- Have you ever felt you ought to Cut down on your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eye-opener)?

## *Screening Tools for Alcohol*

### TWEAK

- How many drinks does it take to make you feel high? (Tolerance)
- Does your spouse (or parents) ever Worry or complain about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eye-opener)?
- Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening before? (Amnnesia or blackouts)
- Have you ever felt you ought to Cut down on your drinking?

## *Screening Tools for Other Substances*

- Drug Abuse/Dependence Screener
- Drug Abuse Screening Test (DAST)
- CAGE-AID
- SMAST

## *Physical Examination*

### Possible Clues

- alcohol on the breath
- weight loss
- hypertension
- bruises, scratches
- indications of poor hygiene
- cocaine use: epistaxis, chronic rhinitis, sinusitis, bronchospasm
- IVDU: track marks, skin abscesses, scars
- tachycardia or bradycardia
- difficulty concentrating
- irritability or agitation
- tremors
- slurred speech
- dilated or pinpoint pupils

## *Laboratory Data Suggestive of Alcohol Abuse*

- Elevated gamma-glutamyl transpeptidase (GGT) level
- Increased MCV
- Macrocytic anemia
- Elevated liver enzymes
- Serum potassium may be low
- Possible elevation in fasting triglycerides

## *Components of Successful Brief Intervention*

- F** Provide Feedback on drinking behavior
- R** Reinforce patient's Responsibility for changing behavior
- A** State your Advise about changing behavior
- M** Discuss a Menu of options to change behavior
- E** Express Empathy for patient
- S** Support patient's Self-efficacy