

Screening, Assessment and Diagnosis of Addictive Disorders
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Disclosure of Commercial Support

No support from commercial sources

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Faculty/Presenter Disclosure

- No financial conflicts of interest
- Volunteer board of CSAM
- No direct interaction with Pharma so far in my career
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Learning Objectives


- List and describe the basics of SBIRT
- Be able to conduct a clinical assessment of substance use disorders
- Be able to diagnose SUD guided by DSM V criteria

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SBIRT for Addictive Disorders

Screening
Brief **I**ntervention
Referral to
Treatment


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SBIRT for Addictive Disorders

What do the words mean?

- Find patients at risk
- Have a conversation with them
- Ask them if they want help to change their behavior


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SBIRT for Addictive Disorders

Screening

- Validated Tool(s)
 - AUDIT Self-Report
- Quantity/Frequency/Consequences
- Very Brief – Single Question
 - When was the last time you had 6 or more drinks in one sitting (5 for women)?


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SBIRT for Addictive Disorders

Brief Intervention

- **F**eedback regarding consumption
- **R**esponsibility for change with the patient
- **A**dvice to make a change
- **M**enu of options
- **E**mpathic conversational style
- **S**elf-efficacy to make a change


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Clinical Assessment of Addictive Disorders

Purpose of Assessment

- Uncover **at risk** substance use
- Uncover substance use disorders
- Identify co-occurring disorders
- Come up with a plan
- Explore and enhance motivation to change behavior

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Clinical Assessment of Addictive Disorders

History

Patient and provider talking in a *space*

- Space
- Patient
 - Stage of change
 - Present condition
 - Impairment
 - Withdrawal
 - Underling emotions/cognition
- Provider
 - Stigma
 - Interviewing skills


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Clinical Assessment of Addictive Disorders

Interviewing Skills

- “Where do we start?”
- “Tell me about”?
- Speak less than they do, use silence
- Be open and honest, share and connect
- Discuss as though you are talking about diabetes
- Imagine this is a relative of a close friend who you don't know
- Moral judgment should not be part of practicing medicine
- There is no typical profile


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Clinical Assessment of Addictive Disorders

Substance Use History

- When did you try this for the **first time**?
- When did you start using this on a **regular basis**?
- When did you **lose control**?
- Go substance-by-substance
- Define amounts and frequency
- Last use
- How do you take it? What does it help with?


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Clinical Assessment of Addictive Disorders

Treatment History

- What have you done in the past to get help?
- How long was the treatment program?
- What helped you the most?


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Clinical Assessment of Addictive Disorders

Mental Health History

- Active Symptoms
 - Mood
 - Anxiety
 - Perceptual disturbance
 - Impulsiveness
 - Aggression
 - Self-harm
- Relation to substance use
 - Did you have this before you started using substances?
 - How does the substance affect this?
 - What happens to this when you stop using for a long time?


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Clinical Assessment of Addictive Disorders

Medical History

- Substance-specific
 - Alcohol - hepatic, cardiac toxicity, pancreatitis, neurotoxicity
 - Cocaine - cardiac and neurological events
- Mode of use
 - IV Drug Use:
 - Blood-borne pathogens - Viral hepatitis, HIV
 - Cellulitis/endocarditis
 - Inhalation injury (nicotine, crack)
- Non-substance use-related conditions


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Clinical Assessment of Addictive Disorders

Developmental and Family History

- “What was it like in your home growing up?”
 - ACE questionnaire
- “Tell me about your education.”
- “Do you have any special training or skills?”
- “Any family members have problems with substances or addictive behaviors?”


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Clinical Assessment of Addictive Disorders

Physical Examination


- Mental health physical examination
- Manual blood pressure
- Look in the nose
- Stigmata of liver disease
- Signs of endocarditis
- Injuries/scars

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Clinical Assessment of Addictive Disorders

- **Impairment:** Speech, Gait, Level of consciousness
- **Withdrawal:** Alcohol – CIWA, Opioids – COWS, Other drugs/polysubstance – ask an expert


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Clinical Assessment of Addictive Disorders

Patient Factors

- Current substance use
 - Timing of last use
 - Current impairment
 - Current withdrawal
 - First use/regular use/loss of control
- Insight
- Stage of change
- Goals


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Clinical Assessment of Addictive Disorders

Strengths-based Approach

- “What has helped you in the past?”
- “In your life, what have you had a passion for?”
- “If you could do anything at all in your life, what would you love to do?”

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Clinical Assessment of Addictive Disorders

Supports

- Relationship with partner, friends, family, co-workers
- Pets!

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**Diagnostic Criteria
Substance Use Disorder**

Substance use disorders are characterized by an array of mental, physical, and behavioral symptoms that may cause problems related to loss of control, strain to one's interpersonal life, hazardous use, tolerance, and withdrawal

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**Diagnostic Criteria
Substance Use Disorder**

- Do you use more of the substance than you intend to use?
- Have you tried to cut down or stop without succeeding?
- Is the substance use time-consuming?
- Do you crave the substance?
- Does the use interfere with your responsibilities?
- Has substance use caused problems in your relationships?

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**Diagnostic Criteria
Substance Use Disorder**

- Has substance use replaced important things in your life?
- Do you use in ways that are unsafe?
- Do you find you continue to use even though it has caused you physical or emotional problems?
- Does it seem to take more over time to have the same effect?
- Do you get sick when you stop or suddenly reduce?

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5 Things to Take Home

1. How you ask about substance use is more important than what you ask. Shame feeds these disorders. Make the space and your words safe. Don't judge.
2. We can't memorize everything. Have some tools close at hand and use them.
3. Different substances respond to different treatments. We don't treat all cancers the same way, this is no different.
4. Substance use disorders are chronic medical problems. Your approach should be the same as for asthma, diabetes, heart disease.
5. Be present. Silence is a therapeutic tool. Pretend you have all the time in the world ... even when you don't.

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