Substance Misuse, Aggression & Violence

- Alcohol & Drug Hx
  - Current use
    - Alcohol
      - Amount in units
      - What drinks
      - How much and how often
    - Drugs
      - Which drugs
      - Frequency and pattern of use
      - Route of use
      - Any risky behaviours
    - Alcohol & Drugs
      - What effect is the patient seeking
      - Typical day of use / circumstance of use
      - Withdrawal symptoms
      - How is the alcohol / drug use financed
  - Social history; Complications of use; Treatment history
- Consequences
  - Medical
    - Alcohol
      - Liver (fatty liver > hepatitis, cirrhosis), CNS (poor memory, cognition, fits and falls, neuropathy), Gut (D&V, ulcers, pancreatitis), Heart (arrhythmias, raised BP), Osteoporosis, Infertility, Malignancies
      - Violent crime and suicide
      - Homelessness is common
    - Complications of the route (abscesses, DVT, septicaemia, overdose)
  - Psychiatric
  - Financial
  - Forensic
  - Social
- Screening
  - Are there any other tablets or medicines that you take, other than what you get from your doctor?
  - CAGE
    - felt the need to Cut down; Annoyed by criticism of drinking; ever felt Guilty by drinking; ever had a morning Eye opener
  - AUDIT
    - Alcohol Use Disorders Identification Test
    - More sensitive than CAGE questions
  - TWEAK
    - Tolerance; Worry about drinking; Eye opener drinks; Amnesia; attempts to Kut down
- Management
  - Alcohol
    - Acute management
    - Treatment of coexisting depression; Self Help Groups (AA)
    - Acamprosate
      - Can potentially treble abstinence rates
      - Contraindications: pregnancy, severe liver failure
      - SE: D&V, changed libido
    - Disulfiram (Antabuse)
      - Produces unpleasant reaction if alcohol is taken
      - Blocks the enzyme acetaldehyde dehydrogenase
      - Causes a build up of acetaldehyde producing a hangover minutes after ingesting alcohol
  - Opiate Detoxification & Maintenance
    - Acute management
      - Naloxone - clears opioid receptors (although produces acute withdrawal symptoms)
    - Methadone maintenance
      - Typically daily observed methadone dosing
      - Reducing by 20% every 2 days
      - No reliable formula for comparison with heroin
    - Buprenorphine is a partial agonist / antagonist at opioid receptors
    - Naltrexone
      - Opioid antagonist - blocks euphoria
      - Useful in former addicts to prevent relpase after opioid free period
- Motivational interviewing
  - Engaging intrinsic motivation to change behaviour by developing discrepancy and exploring and resolving ambivalence
- Risk
  - Risk Assessment
    - History
    - Circumstance
    - Mental State
    - Subjective Impression
    - Formulation of risk
- Clinical Presentation
  - Causes
    - Individual factors (age, gender, personality, background)
    - Interact with external factors (culture, price, availability, setting)
  - Presentation
    - Arrests, odd behaviour, nasal discharge (coccaine)
    - Results of injections: marked veins, abscesses, hepatitis
    - Repeated requests for opiate analgesia
  - At risk groups
  - Features of dependency
    - Dependence syndrome - 3 or more
      - Strong desire or sense of compulsion
      - Difficulty in controlling substance use
      - Physiological withdrawal state
      - Tolerance
      - Progressive neglect of interests
      - Persistent use despite consequeces
  - Features of withdrawal
    - Alcohol withdrawal
      - Delirium Tremens
      - Raised pulse, low BP, tremor, fits
      - Visual or tactile hallucinations
  - Acute Intoxication
    - Following alcohol or psychoactive substance
    - Disturbances in levels of conciousness, cognition, perception, affect or behaviour