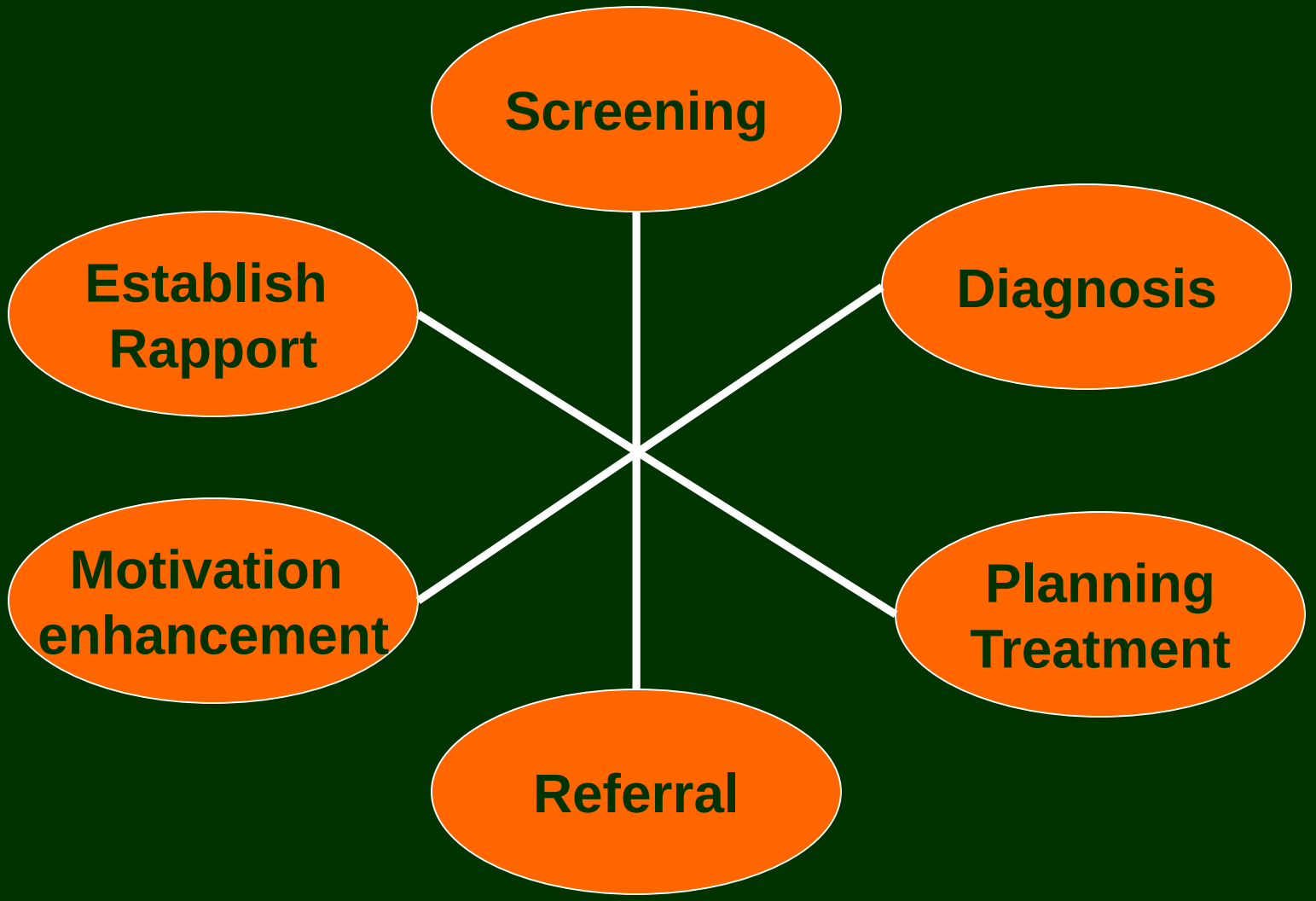
Assessment and Diagnosis

Assessment

Assessment forms the first point of contact for the clinical staff with the client

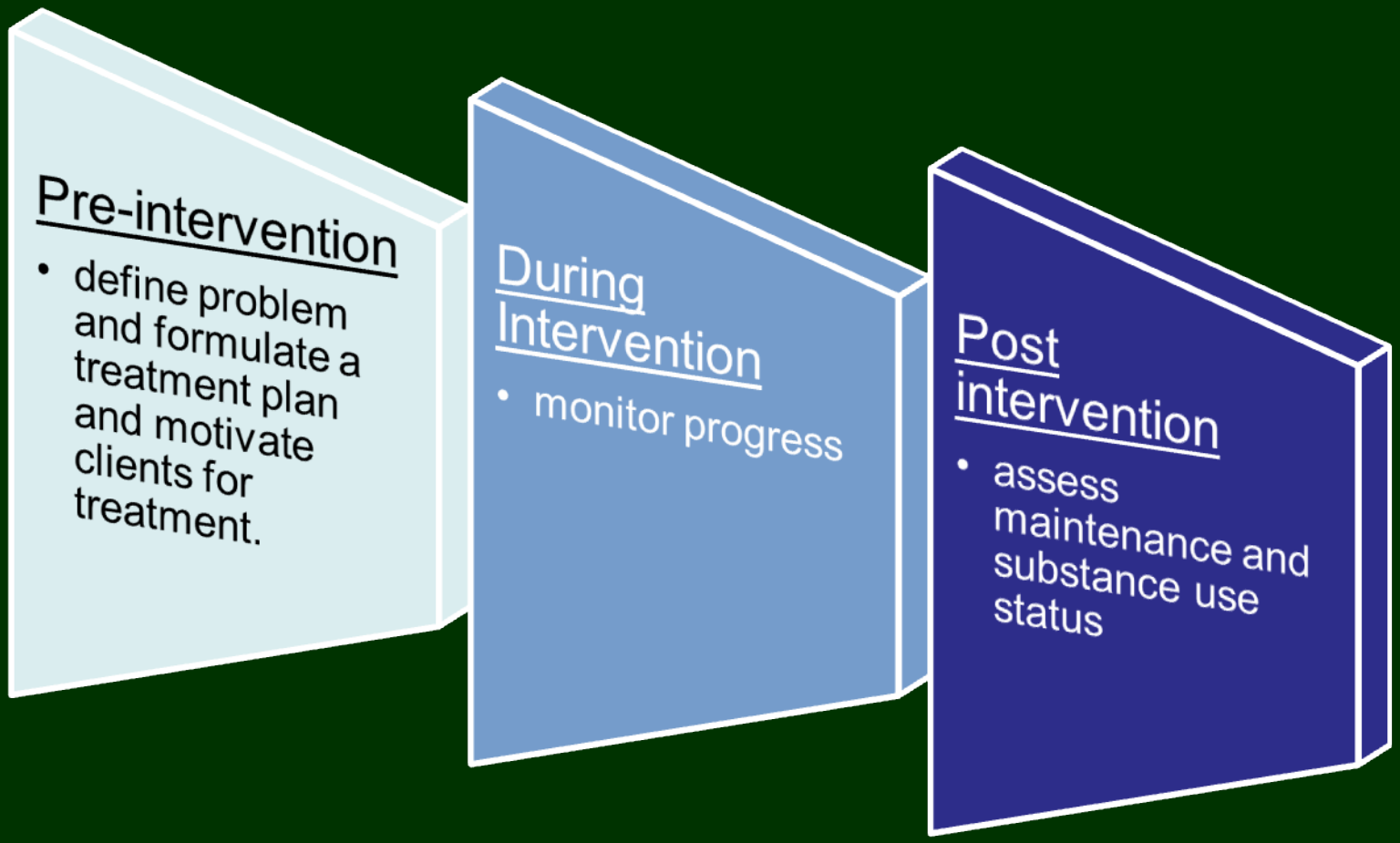
Why Assessment?

Assessment: Benefits



Stages of assessment

- Assessment is not a one-time phenomenon



Assessment – tools

- Clinical
- Investigations
- Instruments

Clinical assessment

- Means of clinical assessment
  - Interaction with patient / client
  - Interaction with family member / companion
  - Examination
  - Previous treatment records

Clinical Assessment – History

- Socio-demographic profile
  - Name
  - Age
  - Sex
  - Marital status
  - Qualification
  - Occupation
  - Type of family
  - Place of residence
  - Identification mark

Clinical Assessment – History

- Details of drug use – chronological order of drug use
  - Age of initiation
  - Frequency of drugs used
  - The quantity of drug taken usually (usual dose)
  - The time lag since the dose last used
  - Tolerance
  - Effect of the use of a particular drug and signs and symptoms of intoxication
  - Withdrawals
  - Craving

Clinical Assessment – History

- Complications associated with drug use
  - Physical
  - Psychological
  - Financial
  - Occupational
  - Familial
  - Legal

Clinical Assessment – History

- High risk behaviors (in case of injecting drug users):
  - Needle use practices:
    - Sharing of needles
    - Sharing of syringes, cotton, vials, or other paraphernalia
    - Cleaning practices
    - Sites of injection use iv/im; any dangerous sites of use
    - Reuse of needles and syringes
    - Places where injections are taken
    - Needle site complications
  - Unsafe sexual practices: multiple partners, sex with FSW; Anal sex; barrier methods
- Knowledge of HIV/AIDS

Clinical Assessment – History

- Past treatment attempts:
  - Number of attempts made
  - Duration of each attempt
  - Reason for abstinence
  - Whether treatment/harm reduction services sought
  - Nature of services sought: pharmacological, psychological or combined
  - Reason for relapse

Clinical Assessment – History

- Psychiatric illness history
- Family history of drug use, psychiatric illness
- Current living arrangements
- Social support
- Reason for seeking treatment currently

Clinical Assessment – Examination

- Evidence of drug use with respect to
  - Intoxication
  - Withdrawals
  - Route of drug use
- Evidence of physical damage due to drug use
  - Systemic examination

Clinical Assessment – Diagnosis

- Diagnosis should include the following:
  - Primary drug status
  - Secondary drug status
  - Physical co-morbidity
  - Psychological morbidity
  - Psychosocial issues

Assessment - Investigations

- Two types
  - To assess the degree of physical damage
    - Hemogram, Liver function test, Renal function test, HIV, Hep B & C
  - To confirm the presence / absence of drugs in the body
    - Screening of body fluids, most commonly urine

Assessment – Instruments

- Structured set of questions to assess an individual
- Act to validate assessment across time, place and person
- Examples
  - Addiction Severity Index
  - Clinical Opiate withdrawal scale
  - CAGE

DIAGNOSIS

Syndromes with Opioid Dependence

- Opioid dependence
- Opioid intoxication

Diagnosis of opioid dependence

- Tolerance
- Physiological withdrawal state
- Loss of control
- Preoccupation with substance use
- Continued use in spite of clear evidence of harmful consequences
- Strong desire to use substance (craving)

Opioid Withdrawal

- 3 stages
  - Anticipatory
    - Fear of withdrawl
    - Anxiety, restlessness
    - Drug seeking behaviour

Opioid Withdrawal

- Early symptoms
  - Anxiety
  - Restlessness
  - Yawning
  - Nausea
  - Sweating
  - Rhinorrhea
  - Lacrimation
  - Dilated pupils
  - Abdominal cramps

- Delayed symptoms
  - Severe Anxiety
  - Restlessness
  - Diarrhea
  - Vomiting
  - Piloerection
  - Muscular spasm, pain
  - Chills
  - Increased heart rate, blood pressure
  - Increased temperature

Opioid intoxication

Mental/Behavioural effects

- Drowsiness
- Initial euphoria
- Apathy or dysphoria
- Impaired judgement
- Impaired performance
- Psychomotor agitation or retardation
- Impaired attention
- and memory
- Illusions or Hallucinations
  - with insight

Physical

- Pupillary constriction
- Slurred speech
- Slow respiration
- Slow pulse
- Stupor/coma
- Pupillary dilation (anoxic)

Syndromes with Alcohol & benzodiazepine dependence

- Dependence
- Intoxication

Diagnosis of alcohol / benzodiazepine dependence

- Tolerance
- Physiological withdrawal state
- Loss of control
- Preoccupation with substance use
- Continued use in spite of clear evidence of harmful consequences
- Strong desire to use substance (craving)

Alcohol / benzodiazepine withdrawal

- Anxiety
- Restlessness
- Increased heart rate
- Increased respiratory rate
- Tremors
  - Fine tremors in early stage
  - Gross tremors in late stage
- Sweating
- Sleeplessness
- Inability to concentrate
- Delirium tremens
  - Confusion; disorientation to time, place and person; visual hallucinations; illusions; delusions
- Seizures / fits

Alcohol intoxication

Mental/Behavioural effects

- Drowsiness
- Impaired attention
- Impaired memory
- Impaired judgement
- Impulsive behaviour
- Inappropriate sexual behaviour
- Aggression
- Impaired performance
- Mood lability
- Stupor / coma

Physical

- Flushed face
- Headache
- Rapid pulse
- Sweating
- Slurred speech
- Motor incoordination
- Unsteady gait
- Respiratory depression

Skills in assessment

HOW to assess

is as important as

WHAT to assess

Working with drug users

- Often, the family, society or the treating doctor may think that they know what outcomes should be aimed for treatment process
- The client, or drug user, is seldom consulted
- It is important that the clients (drug users) are ‘consulted’ and ‘engaged’ at every step
- Focus on patient’s perceptions about drug use and his goals for self; enhance motivation gradually
- Treatment is a long term process

Working with drug users

- Build trust and rapport
- Maintain confidentiality
- Take time to build a relationship, where the substance user feels comfortable to discuss issues freely
- Create a relaxed atmosphere
- Be respectful and professional

Working with drug users

- Begin with explaining purpose of interview:

  "*I wish to understand your experiences with drugs so far*"
- Be ' neutral' , non-judgemental' and do not pass any moralistic or critical comments
- Express warmth and concern

  " I can understand how difficult things have been for you"
- Be patient; make the substance user feel understood.

Working with drug users

Express Empathy

Remember:

Empathy does not mean ‘sympathy’

Working with drug users

- Active Listening; do not engage in pre-mature advice
- Be attentive
- Give adequate time
- Assist the drug users in identifying and addressing their own problems
- Appreciate any (small) positive change in the drug user

Working with drug users

Evaluating our own attitudes towards Substance users

Role play .....