**Week 8: Assessing and Diagnosing Patients with Substance-Related and Addictive Disorders**

Student Name

College of Nursing-PMHNP, Walden University

NRNP 6635: Psychopathology and Diagnostic Reasoning

Faculty Name

Assignment Due Date

**Subjective:**

**CC** (chief complaint): "I don't want to be what people say I am because if I say it and I am not going to say it because it isn't going to change… I am not....an addict."

**HPI**: Lisa Tremblay is a 33-year-old female in a Naples, FL detox facility thinking about long-term rehabilitation due to a history of substance abuse. She admits abusing opiates ($100 daily), cannabis (1-2 times daily), and a half gallon of vodka daily. She has had a past drug paraphernalia arrest and reports sexual abuse as a child, perpetrated by her father who went to prison for drug charges and abuse. Lisa's mother has a history of agoraphobia and benzodiazepine abuse. Her brother has a history of opioid abuse. The patient reports appetite since she prefers getting high instead of eating. Finally, admits reduction in sleeping patterns (5-6 hours).

**Past Psychiatric History**:

* **G**eneral Statement: Denies any past psychiatric diagnosis or treatment
* **C**aregivers (if applicable): Lisa lives with her husband Jeremy. However, no information on Jeremy's role as a caregiver.
* **H**ospitalizations: no reported past hospitalizations. She fears that going to rehab will limit her opportunities for getting a job.
* **M**edication trials: No reported past medical trials
* **P**sychotherapy or **P**revious Psychiatric Diagnosis: Lisa denies any previous psychotherapy or psychiatric diagnosis. She reports sexual abuse as a child.

**Substance Current Use and History:** Lisa admits to abusing opiates, approximately $100 daily, cannabis 1-2 times weekly, and a half gallon of vodka daily**.**

**Family Psychiatric/Substance Use History:** Lisa's father went to prison for drug charges and sexual abuse. Her mother has a history of agoraphobia and benzodiazepine abuse. Lisa's older brother has a history of opioid use.

**Psychosocial History:** Lisa lives with her boyfriend Jeremy who moved in with her after an incident of infidelity. She caught him cheating with another lady (Alisa). However, he apologized and moved in with Lisa again in her new apartment. The patient reports her first sexual contact through child abuse of which her father was the perpetrator. Following the incident of sexual abuse, her father went to prison for the abuse and drug charges. Jeremy has since introduced her to crack cocaine as a strategy for "calming them down." However, the subsequent addiction to crack cocaine resulted in $80000 in losses. Lisa reports abusing opiates, cannabis, and a half-gallon of vodka daily. However, she denies addiction to crack cocaine.

**Medical History:**

* **Current Medications**: no current medications
* **Allergies**:Azithromycin
* **Reproductive Hx**:Lisa has a daughter, Sarah who is not related to Jeremy

**ROS**:

* **GENERAL**: denies fever, chills, weakness, or fatigue. Reports occasional headaches that prompt her to take crack cocaine.
* **HEENT**: No vision loss or blurred vision, denies ear pain, drainage, or hearing loss. Denies throat pain or trouble swallowing.
* **SKIN**: No reported itching or rashes
* CARDIOVASCULAR: No history of angina, problems with circulation, blood clots, or easy bleeding or bruising.
* **RESPIRATORY**: Denies shortness of breath, wheezing, or cough.
* **GASTROINTESTINAL**: Denies nausea, vomiting, or diarrhea. No reported incidences of hematochezia or melena.
* **GENITOURINARY**: denies urgency, odor, or urgency in urination. No reported incidences of incontinence.
* **NEUROLOGICAL**: Denies dizziness, numbness, or tingling in extremities. Reports occasional headaches.
* **MUSCULOSKELETAL**: No muscle, back, or joint pain. Denies muscle stiffness
* **HEMATOLOGIC**: No reported history of anemia or bleeding. Denies any hematologic disorder.
* **LYMPHATICS**: No reported history of splenectomy or enlarged nodes.
* **ENDOCRINOLOGIC**: The patient denies heat or cold intolerance.

**Objective:**

**Physical exam:** if applicable

**Vital signs**: T-100.0, P-108, R, 20, 180/110, Ht 5'6, Wt 146lbs

**HEENT**: reactive eyes, ears, and pupils, intact peripheral vision, no yellow sclera or jaundice, no hearing loss, no sneezing, congestion, or rosy nose. No sore throat or bleeding gums.

**Neck**: Normal motions

**Chest/Lungs:** lung sounds present in all quadrants, lung clear to auscultation.

**Heart/peripheral vascular**: no rubs, gallops, or murmurs

**Abdomen**: soft and nontender to palpation

**Genital/Rectal:** intact external genitalia

**Musculoskeletal:** no muscle stiffness, normal range of motion

**Skin**: warm and dry skin with no turgor, discoloration, or lesion.

**Diagnostic results**:

* Blood alcohol level and urine drug screen if the patient demonstrates agitation, sedation, or cognitive impairment.
* Urine pregnancy tests
* Complete blood count (CBC) to diagnose anemia or infection
* Pancreatic enzyme's serum level to unearth pancreatic issues emanating from binge drinking and nicotine use.
* Liver function test and hepatitis panel to reveal any effects on liver from chronic alcohol use or other substances.

**Assessment:**

**Mental Status Examination:**

Substance-related and addictive disorders manifest through different signs and symptoms. According to Aas et al. (2021), psychological distress and mental disorders are major symptoms of substance-related and addictive disorders. Clinicians need to assess these symptoms to develop comprehensive care plans. As a result, a mental status examination is profound in unearthing variations in appearance, behavior, speech, mood, affect, perceptions, thought content, and judgment.

During the psychiatric evaluation through mental status examination, Lisa demonstrated fear of people's opinions on her life. Her speech was coherent, goal-directed, and clear. She was well-groomed, attentive, and cooperative. Lisa's memory was intact and could effectively reflect on different life incidents. She used appropriate language and portrayed a relatively labile affect. She constantly had negative perceptions of rehabilitation and feared that she might not get a job when people find out she has been in rehab.

**Differential Diagnoses:**

1. **Substance use disorder (SUD)**

Based on the patient's symptoms, a diagnosis of substance use disorder is the most likely. According to Jahan & Burgess (2022), substance use disorder emanates from the subsequent mental and physical dependence after long-term exposure to substances. Cannabis, sedatives, hypnotics, opioids, and stimulants are illicit substances that can lead to substance use disorders. Addiction is a profound indicator of substance use disorders. Kalin (2020) associates addiction with various risk factors, including reinforcement and rewards, tolerance, withdrawal, craving, and stress sensitization. Lisa reports a tendency of abusing crack cocaine and indicates negative feelings when she does not take it.

1. **Substance-induced anxiety disorder**

Substance-induced disorders emanate from intoxication or withdrawal and manifest through insomnia, feeling of guilt, sad mood, hopelessness, irritability, and sexual promiscuity. Other symptoms of substance-induced anxiety disorder are muscle tension, poor concentration, paranoia, and anorexia (Revadigar & Gupta, 2022). These symptoms should persist for about six months to confirm a diagnosis of substance-induced anxiety disorder. Lisa demonstrates positive symptoms of substance-induced anxiety disorders, including unexplained fear, panic, and anxiety.

1. **Persistent depressive disorder**

Persistent depressive disorder is a newly-established term that encompasses dysthymia and chronic major depression. The major symptoms of this condition include poor appetite, overeating, Insomnia, low energy/fatigue, poor concentration, the feeling of hopelessness, and poor decision-making (Patel & Rose, 2022). Underlying mental illness, trauma, life stressors, and high anxiety states can exacerbate the persistent depressive disorder. Lisa reports that she caught her boyfriend cheating with another lady (Alisa). Also, she reports that they lost 80000 dollars on the family business. These events can result in persistent depressive disorder.

**Reflections**:

Lisa's case scenario underscores the need to develop comprehensive care for patients with substance-related and addictive disorders. As a clinician, I would incorporate all elements of ethical and legal provisions when working with Lisa. For example, I would request to communicate and interact with her boyfriend, Jeremy to comprehend his perspective on substance abuse and the plausibility of rehabilitation. Secondly, I would comply with bioethical principles of nursing by allowing Lisa to make informed decisions, ensuring that care interventions promote the patient's health and prevent harm, and educating the patient on lifestyle modification to address addiction. patient education should focus on deconstructing the patient's negative perceptions of rehabilitative care and improving individual awareness of self-management approaches, including self-driven drug cessation programs.

**References**

Aas, C. F., Vold, J. H., Gjestad, R., Skurtveit, S., Lim, A. G., Gjerde, K. V., Løberg, E.-M., Johansson, K. A., & Fadnes, L. T. (2021). Substance use and symptoms of mental health disorders: A prospective cohort of patients with severe substance use disorders in Norway. *Substance Abuse Treatment, Prevention, and Policy*, *16*(1). <https://doi.org/10.1186/s13011-021-00354-1>

Jahan, A. R., & Burgess, D. M. (2022, May 5). *Substance use disorder*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK570642/>

Kalin, N. H. (2020). Substance use disorders and addiction: Mechanisms, trends, and treatment implications. *American Journal of Psychiatry*, *177*(11), 1015–1018. <https://doi.org/10.1176/appi.ajp.2020.20091382>

Patel, R. K., & Rose, G. M. (2022). *Persistent depressive disorder (dysthymia)*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK541052/>

Revadigar, N., & Gupta, V. (2022). *Substance-induced mood disorders*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK555887/>