Diagnosis and Treatment of Substance Use Disorders in Primary Care

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Learning objectives

- Understand the scope of the substance abuse problem
- Understand American Society of Addiction Medicine’s definition of Addiction
- Understand the changes from DSMIV to DSM V in diagnosing SUDs
- Understand the levels of care available to treat SUDs and how to access them
Scope of the Problem

- Tobacco Deaths: ~440,000
- Alcohol Deaths: ~76,000
- Illicit Drug Deaths: ~21,000
- More deaths are caused annually in the U.S. by tobacco than HIV, alcohol use, drug use, motor vehicle injuries, suicides, and murders combined

CDC 2004; 2007; 2008
Scope of the problem

- Diabetes costs society $131.7 billion annually
- Cancer costs society $171.6 billion annually
- Substance Abuse Costs the US More than $484 billion per Year
ASAM Definition of Addiction

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.

- Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

- Characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response.

- Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.
Diagnosing SUDs: Changes from DSMIV to DSM V

- No longer differentiation between abuse and dependence
- Now a continuum with increasing severity
- Drug craving is added as a symptom
- Problems with law enforcement are eliminated from criteria
DSM V Substance-related disorders

- substance-related disorders are categorized into 10 classes based on use of the following substances:

1. Alcohol
2. Caffeine
3. Cannabis
4. Hallucinogens
5. Inhalants
6. Opioids
7. Sedatives hypnotics, anxiolytics
8. stimulants
9. tobacco
10. other (or unknown) substances
DSM V Substance-related disorders

There are two categories of substance-related disorders:

- (a) substance use disorders
- (b) substance-induced disorders.
A. Substance Use Disorders Criteria:

11 symptoms for each substance class (except for caffeine)

- Specify current severity based on the following guidelines:
  - Mild: 2 or 3 symptoms
  - Moderate: 4 or 5 symptoms
  - Severe: 6 or more symptoms
DSM V Substance-related disorders

A. Substance Use Disorders Criteria: Symptoms

1. **Impaired control**: (1) taking more or for longer than intended, (2) unsuccessful efforts to stop or cut down use, (3) spending a great deal of time obtaining, using, or recovering from use, (4) craving for substance.

2. **Social impairment**: (5) failure to fulfill major obligations due to use, (6) continued use despite problems caused or exacerbated by use, (7) important activities given up or reduced because of substance use.

3. **Risky use**: (8) recurrent use in hazardous situations, (9) continued use despite physical or psychological problems that are caused or exacerbated by substance use.

4. **Pharmacologic dependence**: (10) tolerance to effects of the substance, (11) withdrawal symptoms when not using or using less.
B. Substance-induced Disorders:
• *Intoxication*
• *Withdrawal*
• *Other substance/medication-induced disorders.*
  ▪ Psychotic disorders
  ▪ Obsessive-compulsive and related
  ▪ Sleep disorders
  ▪ Delirium
  ▪ Bipolar and related disorders
  ▪ Depressive disorders
  ▪ Anxiety disorders
  ▪ Sexual dysfunctions
  ▪ Neurocognitive disorders
Treatment Works

Principles of Treatment

• No single treatment is appropriate for all individuals
• Treatment needs to be readily available.
• Treatment must attend to multiple needs of the individual, not just drug use.
• Multiple courses of treatment may be required for success.
• Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
Medications Can Be Useful

Buprenorphine Works!
And naltrexone, varenicline, acamprosate, NRT too!
Similar to other Chronic Diseases

Addiction requires monitoring on a regular basis, early intervention, and proper referrals.
Levels of care for Treatment of Substance use Disorders

- Community supports such as AA and NA and substance abuse education
- Outpatient group or individual meeting once a week
- Intensive outpatient or partial hospital programs meeting multiple times a week for 3 or more hours
- Residential stay, groups and sober environment with medical support.
- Detox unit for people who may require medical assistance and supervision to withdraw from substances
- Intermediate care and sober houses
Recovery Never Stops. Neither Do We.

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