

Week 4 Discussion

by Office user

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Week 4 Discussion: Care for a Client Diagnosed with a Substance Use Disorder

Etiology, Stressors, Problems of Addiction, Dependence, and Relapse in the United States

Substance use disorders (SUD) involves a multifaceted interaction of biological, psychological, environmental, and sociocultural factors. While heritability estimates for SUDs may vary, Deak and Jonson (2021) reported that genetic factors account for up to 50% of the risk. Growing in a family with parents or relatives who use substance, childhood disadvantage, and an early exposure to substances, childhood depression, and childhood conduct problems are crucial environmental predictors of SUDs (Barr et al., 2022). Low parental monitoring, heavy advertisement of some products, family conflict, and easy access to substances could also influence their occurrence (McLellan et al., 2019). In addition, research has established strong links between SUDs and psychiatric disorders (Milano et al., 2019). Stressful events could also trigger SUDs as individuals seek relief through substances. For example, financial strain, loss of relationship, interpersonal conflict, abandonment, abuse, exposure to disasters, and observing violent victimization are among identified stressors associated with SUDs (McMillan et al., 2022; Sinha, 2018). According to the National Center for Drug Abuse Statistics (NCDAS, 2021), more than 37 million (13.5%) Americans aged ≥ 12 were using an illegal drug as of 2020, with almost 21 million being addicted or dependent. While addiction and dependence are treatable, relapse rates in the US remain high, ranging between 40% and 60% (Hardey et al., 2019). The cycle of addiction, dependence, and relapse could lead to physical health issues, legal troubles, strained relationships, financial instability, constant withdrawal symptoms, and compulsive substance use.

Potential Physical and Mental Findings in a Client with a Substance Use Disorder

Physical findings could include dilated or constricted pupils, conjunctival injection, changes in weight and appetite, slurred speech, impaired coordination, poor hygiene, and needle or track marks. However, the findings may vary from one substance to another. Narcotics such as heroin and stimulants such as cocaine and methamphetamine lead to dilated pupils through excitatory effects on Edinger-Westphal nucleus of the oculomotor nucleus complex (Dhingra et al., 2019). Weight and appetite changes often occur as substances compete with food in activating reward pathways and increasing the availability of dopamine receptors that suppress appetite (Mahboub et al., 2021). Some overarching mental findings would include irritability, mood changes, depression, impaired judgment, memory and cognitive deficits, and hallucinations in severe cases (Pasha et al., 2020). Poor hygiene and malnutrition could be features of impaired judgment.

Possible Triggers to Compulsive Substance Use or Behavioral Addiction

External stimuli play a critical role in triggering compulsive substance use or behavioral addiction. Subjective personal factors trigger adverse perceptions of reality and activate drug-related memories (Asensio et al., 2020). In turn, this results in craving responses and reward anticipation from using a specific substance. For instance, stressful events or emotional distress could trigger substance use based on an individual's search for relief. In addition, environmental cues and social pressure could trigger the drug-related memories and trigger the craving responses.

Neurobiological Mechanisms of Addictive Behavior

Addictive behaviors involve the neurocircuitry of the brain reward systems. Neurotransmitters such as dopamine, glutamate, GABA, serotonin, and acetylcholine, cause neuroadaptations in different brain circuits, resulting in addiction (Koob & Volkow, 2018).

According to Volkow et al. (2019), the reinforcing effects of substance abuse primarily depend on dopamine signaling. Chronic exposure initiates neuroadaptations “in the dopamine striato-thalamo-cortical and limbic systems” through the mediation of glutamate, leading to addiction. In addicted individual, drug consumption attenuates dopamine increase in the reward regions, contributing to drug taking to compensate for the difference between the reward expectations and actual experience. Collectively, the effects enhance drug-seeking behavior and impaired self-regulation that induce compulsive substance use.

Medication-Assisted Treatments (MATs) and Psychotherapeutic Interventions

Timely and optimal treatment of addiction, withdrawal symptoms, and SUDs can significantly prevent morbidity, disability, and mortality from drug use. Currently, several MATs and psychotherapeutic intervention apply to the treatment and monitoring for alcohol and opioid abuse. For example, medications such as naltrexone, disulfiram, and acamprosate have been found effective in reducing cravings, relapse rates, and maintaining abstinence (Arms et al., 2022). For opioid use, MAT could involve buprenorphine, methadone, or buprenorphine-naloxone combination (Maglione et al., 2020). According to Brown and Ray (2022), clinicians should have adequate knowledge on these MATs, including their mechanisms of action and side effects to optimize treatment outcomes. While their availability has increased, clinicians remain reluctant in including MAT in routine practices because of limited awareness and low confidence in managing SUDs. Training programs could significantly improve clinician’s readiness and confidence in using MATs (Iheanacho et al., 2020). Besides, psychotherapeutic techniques such as cognitive-behavioral therapy (CBT) could be used in altering response to substance-related cues and reducing intake. In addition, third-wave techniques such as Acceptance and Commitment Therapy (ACT) have shown promise in addressing addiction (Feingold & Bitan,

2022). However, Stubbs and Merrill (2019) emphasize the importance of relying on evidence when selecting a modality and continuously monitoring patients for worsening of symptoms. Notably, this is important because some interventions, for example, psychodynamic therapy, have been linked to worsening of symptoms during the early stages of treatment.

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