

II M Sc. Counselling Psychology

Psychopathology Unit V- Addictions

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What causes people to AA & Drugs

Following variables

Availability of drugs

Onset of action of the drug (alcohol & benzodiazepines)

Development of tolerance and physical dependence (withdrawal)

Genetic background

Alcoholism is four times more in alcoholic fathers

Childhood environment (mechanism of identification – handed down)

Culture – Moslem , - Prohibition

Italians, Jews

What causes people to AA & Drugs

- Socio economic status
- Mental Illness- (Depression, anxiety and psychosis.
- Disorders that coexist with drug abuse – Mood disorders, anxiety disorders, somatoform , personality disorders- borderline, narcissistic , and antisocial personality
- Alcoholic persons identified as passive, dependent and dependent
- Poly drug abusers – sociopathic

Substance related disorders/Eating Disorders

Treatment of Alcohol dependence

Detoxification- Outpatient

Detoxing Drinks and Foods

Complications of Alcohol withdrawal

Worsening early symptoms

Seizures

Alcohol hallucinosis

Delirium tremens

Early manifestations of Al Withdrawal

Physical status

Alcohol withdrawal

Signs	Symptoms
Tachycardia (increasing pulse rate)	Irritability
Elevation of systolic blood pressure	Agitation
Sweating	Difficulty concentrating
Fever	Insomnia
Hyperventilation	Abdominal pain
Hyperreflexia	Nausea and vomiting
Diarrhea	Tremulousness (Shakes)

Pharmacotherapy

- Librium (chlordiazepoxide) – Alleviate symptoms
- 25- 100 mg
- 2. Diasepam (Valium)- patients with the history of seizures
- 3. Thiamine- 100 mg (Psychiatric and neurological symptoms)

Wernicke's Encephalopathy

- Encephalopathy (Alcohol induced amnestic disorder)
- Life threatening
- Clouding of consciousness
- Ophthalmoplegia - Weakness of eye muscles
- Ataxia- Inability to stand
- Brain stem hemorrhages

Korsakoff's syndrome

- Delirium tremens
- Inadequate diet
- Memory impairment
- Neuropathy- weakness of the nerves
- Ataxia
- Oculomotor – eye ball movement
- Paresis/paralysis
- Confabulations- Fabricating answers to questions / they do not recall

Long term treatment

- Disease than a moral falling
- Alcoholic anonymous (AA)
- Psychotherapy
- Disulfiram (antabuse) 125/250 mg a day (Blocks the normal oxidation of alcohol so that acetaldehyde accumulates in the blood stream that causes tachycardia and vomiting)
- A deterrent
- Conjunction with AA / Psychotherapy
- Behaviour modification (Hypnosis, relaxation training, aversion therapy (ECT, nausea
- Adjunctive services : Half way houses, vocational rehabilitation programmes and supportive services

Opioid abuse

- It is an ancient drug
- Synthetic derivatives such as morphine, codeine , heroin
- They are sedatives but strong painkillers
- Narcotics – live in the slums- across all lines
- Complications of opioid addictions include infection, suicide and homicide
- HIV – Shared needles has made heroin for contacting the virus
- Overdose- stupor/coma/BP/Respiratory Rate

Symptoms of opioid withdrawal

Early (12- 36 hours after first dose)	Late (48-72 hours after last dose)
Yawning	Abdominal cramps
Sweating	Diarrea
Gooseflesh (piloerection)	Vomiting
Insomnia	Elevated blood pressure
Muscle cramps	Increased heart rate
Tremor	Fever

Treatment

Methadone	Narcotics (10 mg 4-6 hours)
Clonidine	Alleviating symptoms of opioids
Maintenance therapy	Reduce the cravings/Group therapy/ supportive services
Naltrexone	Drug seeking behaviour
Psychosocial treatments	Narcotics Anonymous like AA
Cocaine – Recreational drug	12 step programme, Cocaine Anonymous
	Antidepressants (Norpramin, Tofranil)
Amphetamines	Stay awake for study purpose
	Haldol (haloperidol- agitation, Psychosis)
CNSS Depressant Abuse	Benzodiazepines, Barbiturates
	Pentobarbital – 200 mg
Hallucinogen abuse/Phencyclidine	Diazepam
Cannabinoid Abuse (marijuana, hashish)	Panic/psychosis/ depression