

Adult Patients with Substance Use Disorders

Clinical Practice Guideline Summary for Primary Care

DIAGNOSIS AND CLINICAL ASSESSMENT

Substance Use Disorders are characterized by a cluster of cognitive, behavioral and physiological symptoms and ongoing use of substances despite significant substance-related problems. Substances included in the abuse/dependence category are alcohol, illicit drugs, and/or prescription medication. Patients presenting with Substance Use Disorders generally exhibit a pattern of compulsive use, tolerance and potential withdrawal symptoms.

A comprehensive diagnostic evaluation requires careful attention to the patient's medical and substance use history and should include the following elements:

- Detailed substance use history including age of first and last use; types of substance used including alcohol, caffeine, nicotine, illicit drugs, prescription and over-the-counter medication
- Amount, frequency, duration and pattern of use
- Review of patient's prescription and over-the-counter medication
- Drug urinalysis
- History of substance use treatment including levels of care and response to treatment
- Periods of abstinence; triggers for relapse
- General medical history and physical examination to rule out co-morbid medical issues related to substance use
- Psychiatric history, including current and past treatments (i.e. behavioral health therapy and pharmacotherapy) and responses to treatment
- Family substance use history
- Personal history including psychological development, major life events, and response to life transitions
- Social and occupational history
- Readiness for change and motivation for treatment
- Family and sober supports

One way to improve diagnostic efficiency in detecting Substance Use Disorders is the use of the following screening instruments:

- SBIRT (Screening, Brief Intervention, and Referral to Treatment): a comprehensive, integrated, public health approach for early identification and intervention with patients who present with patterns of alcohol and/or drug use that may potentially put their health at risk.

- CAGE Screening Tool: 1) Have you felt the need to *cut* down on drinking; 2) Have you been *annoyed* by other people’s criticism of your drinking; 3) Have you felt *guilty* about your drinking; 4) Have you ever had an *eye-opener* drink first thing in the morning to steady your nerves or get rid of a hangover?
- AUDIT (Alcohol Use Disorders Identification Test): 10-item screening tool developed by the World Health Organization to assess alcohol consumption, drinking behaviors and alcohol-related problems
- DAST-10 (Drug Abuse Screening Test): 10 item screening tool to assess drug use, not including alcohol or tobacco use, over the past 12 months.

POTENTIAL WARNING SIGNS IN TREATING PATIENTS WITH SUBSTANCE USE DISORDERS

- Patients exhibiting signs and symptoms of alcohol withdrawal may require medical intervention and/or detoxification.
- Any significant or sudden change in a patient’s mental status, such as a new onset of impulsive, self-destructive or violent behaviors, warrant consultation with a behavioral health specialist and may require urgent or emergent treatment including hospitalization.

EFFECTIVE TREATMENT

Treatment options for Substance Use Disorders are generally determined by the patient’s clinical presentation and severity of symptoms. A multimodal approach is required, with a focus on helping the patient identify awareness regarding his/her substance use, consequences of use and motivation for change.

Comprehensive treatment plans should be developed and reviewed during all phases of treatment and include the following interventions:

- Collaboration with the patient to develop a treatment plan and help with decision making; attend to the patient’s preferences and concerns
- Establish the most appropriate treatment setting based on the severity of the patient’s substance use, potential withdrawal symptoms and safety concerns
- Ongoing assessment and monitoring of patient safety and thoughts of harm to self or others is essential
- Ongoing monitoring of patient’s substance use disorder and response to treatment
- Coordinate the patient’s care with other treating clinicians to ensure that relevant information is communicated to guide treatment decisions, and treatments are synchronized
- Assess potential barriers to treatment adherence including lack of motivation, logistical, economic or cultural barriers to treatment

- Provide education to patient/family regarding substance use disorders, relapse prevention and the importance of sober supports
- Promote healthy behaviors such as exercise, good sleep hygiene and nutrition

Treatment settings for patients presenting with Substance Use Disorders include:

- Hospitalization/Inpatient Detox
- Outpatient Detox/Medication Assisted Treatment
- Residential Treatment
- Partial Hospitalization Program
- Intensive Outpatient Services
- Outpatient Therapy

Medication

Pharmacological treatments for Substance Use Disorders are recommended for the following purposes:

- To treat intoxication states
- To decrease or eliminate withdrawal symptoms (i.e. methadone or buprenorphine for opioids and benzodiazepines for alcohol)
- To promote abstinence and prevent relapse (i.e. acamprosate, buprenorphine, disulfiram, naltrexone, and naltrexone for extended release injectable)

Therapy

Psychosocial treatments are an essential component for patients with Substance Use Disorders and include the following:

- Cognitive Behavioral Therapy (CBT)
- Motivational Enhancement Therapy
- Behavioral Therapies
- Psychodynamic and Interpersonal Therapies
- Group Therapy
- Family Therapy
- Self-Help and 12-Step-Oriented Programs

***The National Committee for Quality Assurance HEDIS® Measure Recommendation
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)***

- ***Initiation of AOD Treatment:*** patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization should have a subsequent visit within 14 days of the AOD diagnosis.
- ***Engagement of AOD Treatment:*** patients who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization should have three subsequent visits within 30 days of the AOD diagnosis.

Special Considerations

Patients over age 65 are at especially high risk for Substance Use Disorders. This population may be prescribed multiple medications and may not be assessed for a potential alcohol or substance use problem. Signs and symptoms of alcohol or drug use may be attributed to other medical issues or simply overlooked. Many older adults “self-medicate” with alcohol to help relieve problems with sleep or depressive symptoms. Therefore it is critical to assess older adults for potential onset of a Substance Use Disorder.

RESOURCES

For further information you may access the complete version of the American Psychiatric Association’s Practice Guidelines for the Treatment of Patients with Substance Use Disorders, Second Edition available at <http://psychiatryonline.org/guidelines>.

OPTUM CONTACT INFORMATION

- Optum Physician Consultation Service (800) 292-2922 to discuss treatment concerns with an Optum psychiatrist.
- Optum Customer Service (888) 777-4742 if you would like to make a referral to a behavioral health professional.
- Optum 24/7 Substance Use Disorder Helpline (855) 780-5955 for education regarding substance use, treatment options and available community support services.