Psychiatric NP Cheat Sheet: Substance Use Disorders

🧠 General Diagnostic Criteria (DSM-5)

🚩 Substance Use Disorder Criteria

A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least 2 of the following within a 12-month period:

1. Substance taken in larger amounts or over longer period than intended
2. Persistent desire or unsuccessful efforts to cut down or control use
3. Great deal of time spent obtaining, using, or recovering from substance
4. Craving or strong desire to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations
6. Continued use despite persistent social/interpersonal problems caused by use
7. Important activities given up or reduced because of use
8. Recurrent use in physically hazardous situations
9. Continued use despite knowledge of physical/psychological problems likely caused by substance
10. Tolerance (need for increased amounts or diminished effect)
11. Withdrawal (characteristic syndrome or substance taken to relieve withdrawal)

📊 Severity & Remission Specifiers

Severity Specifiers

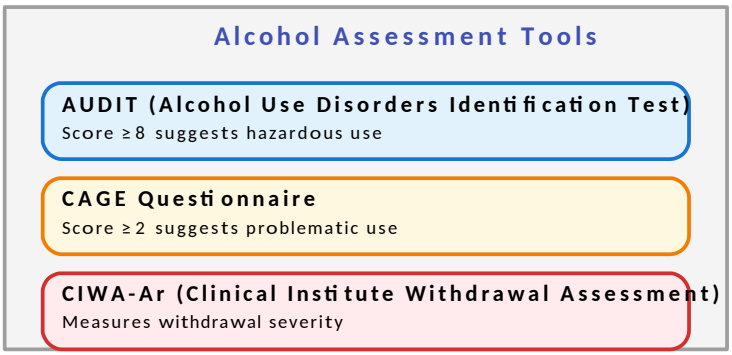
- **Mild:** 2-3 symptoms
- **Moderate:** 4-5 symptoms
- **Severe:** 6+ symptoms

Remission Specifiers

- **Early Remission:** 3-12 months without criteria (except craving)
- **Sustained Remission:** 12+ months without criteria (except craving)
- **In a Controlled Environment:** In setting with restricted access to substance

🍷 Alcohol Use Disorder

📋 Assessment Tools



🔬 Laboratory Markers

Biomarkers by Timeframe

- **Acute use:** Blood/breath alcohol level
- **Recent use:** EtG (ethyl glucuronide) - detects use up to 80 hours
- **Chronic use:**
  - GGT (gamma-glutamyl transferase)
  - MCV (mean corpuscular volume)

- AST:ALT ratio >2:1
- CDT (carbohydrate-deficient transferrin)
- PEth (phosphatidylethanol) - most specific marker

🚑 Withdrawal Management

Assessment

- **Onset:** 6-24 hours after last drink
- **Peak:** 24-72 hours
- **Duration:** 5-7 days (can be longer)
- **Symptoms:** Tremors, anxiety, agitation, diaphoresis, tachycardia, hypertension, insomnia, nausea/vomiting, headache, seizures, delirium tremens
- **Risk factors for severe withdrawal:** History of withdrawal seizures/DTs, older age, medical comorbidities, high BAC with minimal intoxication, concurrent benzodiazepine use

Treatment

- **Benzodiazepines:** First-line treatment
  - Diazepam (long-acting): 10-20 mg PO q1-4h PRN
  - Lorazepam (intermediate-acting): 2-4 mg PO/IV q1-4h PRN
  - Chlordiazepoxide (long-acting): 50-100 mg PO q4-6h PRN
- **Dosing approaches:**
  - Symptom-triggered: Based on CIWA-Ar scores (≥8-10)
  - Fixed-dose: Scheduled doses with additional PRN
  - Front-loading: Higher initial doses, then taper
- **Adjunctive treatments:**
  - Thiamine: 100 mg IV/IM daily for 3-5 days, then PO
  - Folate: 1 mg daily
  - Multivitamins
  - Fluids and electrolyte replacement

💊 Pharmacotherapy for Alcohol Use Disorder

FDA-Approved Medications

- **Naltrexone:**
  - Oral: 50-100 mg daily
  - Injectable (Vivitrol): 380 mg IM monthly
  - Mechanism: Opioid antagonist, reduces reward/craving
  - NNT: 7-12 for preventing return to heavy drinking
- **Acamprosate:**
  - 666 mg TID (dose adjust for renal impairment)
  - Mechanism: GABA/glutamate modulator
  - NNT: 7-8 for maintaining abstinence
- **Disulfiram:**
  - 250-500 mg daily
  - Mechanism: Acetaldehyde dehydrogenase inhibitor
  - Requires abstinence and high motivation

Off-Label Medications

- **Topiramate:**
  - Start 25-50 mg daily, target 200-300 mg daily
  - Mechanism: GABA enhancement, glutamate antagonism
- **Gabapentin:**
  - 300-600 mg TID
  - Mechanism: GABA analog
  - Useful for sleep, anxiety, mild withdrawal
- **Baclofen:**
  - 5-10 mg TID, up to 30 mg TID
  - Mechanism: GABA-B agonist
  - May be useful in liver disease
- **Ondansetron:**
  - 4 µg/kg BID
  - Mechanism: 5-HT3 antagonist
  - May be more effective in early-onset AUD

💊 Opioid Use Disorder

📋 Assessment Tools

- **COWS (Clinical Opiate Withdrawal Scale):** Measures withdrawal severity
- **OOWS (Objective Opiate Withdrawal Scale):** Observer-rated withdrawal
- **SOWS (Subjective Opiate Withdrawal Scale):** Self-reported withdrawal

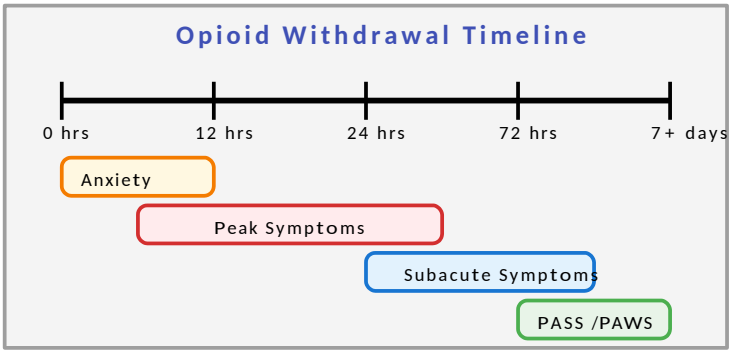
- **ORT (Opioid Risk Tool):** Assesses risk for aberrant behaviors
- **COMM (Current Opioid Misuse Measure):** Identifies misuse in pain patients

🔬 Laboratory Testing

Detection Windows

- **Heroin:** 1-2 days in urine (morphine/6-MAM)
- **Morphine:** 2-3 days in urine
- **Codeine:** 1-3 days in urine
- **Oxycodone:** 2-4 days in urine
- **Methadone:** 3-7 days in urine
- **Buprenorphine:** 3-7 days in urine
- **Fentanyl:** 1-2 days in urine (specialized test needed)

🚑 Withdrawal Management



Symptoms

- **Early:** Anxiety, agitation, muscle aches, lacrimation, rhinorrhea, diaphoresis, yawning
- **Peak:** Nausea/vomiting, diarrhea, abdominal cramps, dilated pupils, piloerection, tremor, tachycardia, hypertension, insomnia
- **Protracted:** Dysphoria, craving, insomnia, fatigue

Treatment

- **Alpha-2 agonists:**
  - Clonidine: 0.1-0.2 mg PO q4-6h PRN (max 1.2 mg/day)
  - Lofexidine: 0.18 mg PO QID for up to 14 days
- **Symptom management:**
  - Loperamide: 4 mg initially, then 2 mg after each loose stool
  - Ondansetron: 4-8 mg PO/IV q4-8h PRN for nausea
  - NSAIDs/acetaminophen: For pain/myalgias
  - Trazodone/hydroxyzine: For insomnia/anxiety
- **Buprenorphine induction:**
  - COWS score ≥8-12 (moderate withdrawal)
  - Initial dose: 2-4 mg, additional 2-4 mg after 1-2 hours if needed
  - Day 1 total: 8-12 mg
  - Target dose: 16-24 mg daily

💊 Pharmacotherapy for Opioid Use Disorder

Buprenorphine

- **Formulations:**
  - Sublingual tablets/films: 2-24 mg daily
  - Subdermal implant (Probuphine): 80 mg x 4 implants q6mo
  - Extended-release injection (Sublocade): 100-300 mg monthly
- **Mechanism:** Partial mu-opioid agonist, kappa antagonist
- **Advantages:** Office-based, ceiling effect on respiratory depression, less stigma
- **Disadvantages:** Precipitated withdrawal risk, diversion potential, limited efficacy in high-tolerance patients

Methadone

- **Dosing:**
  - Initial: 20-30 mg daily
  - Maintenance: 80-120 mg daily
- **Mechanism:** Full mu-opioid agonist
- **Advantages:** Effective for high-tolerance patients, once-daily dosing, pregnancy safety
- **Disadvantages:** OTP setting only, QTc prolongation, multiple drug interactions, stigma

Naltrexone

- **Formulations:**
  - Oral: 50 mg daily
  - Extended-release injection (Vivitrol): 380 mg IM monthly
- **Mechanism:** Mu-opioid antagonist
- **Advantages:** No abuse potential, no physical dependence, no special prescribing requirements
- **Disadvantages:** Requires 7-10 day opioid-free period, poor adherence with oral formulation, blocks pain management

🌿 Cannabis Use Disorder

📋 Assessment

- **Detection window:** 3-30 days in urine (depends on frequency of use)
- **Screening tools:**
  - CUDIT (Cannabis Use Disorder Identification Test)
  - CAST (Cannabis Abuse Screening Test)
- **Withdrawal onset:** 1-2 days after cessation
- **Withdrawal duration:** 1-2 weeks (can be longer)
- **Withdrawal symptoms:** Irritability, anxiety, sleep disturbance, decreased appetite, restlessness, depressed mood, physical symptoms (headache, sweating, chills, stomach pain)

💊 Treatment Approaches

Psychosocial Interventions

- **Cognitive-Behavioral Therapy (CBT)**
- **Motivational Enhancement Therapy (MET)**
- **Contingency Management**
- **Mindfulness-Based Relapse Prevention**

Pharmacotherapy (Off-Label)

- **Withdrawal management:**
  - Gabapentin: 300-600 mg TID
  - Dronabinol: 5-10 mg TID (for severe withdrawal)
  - Nabiximols (not available in US)
- **Relapse prevention (limited evidence):**
  - N-acetylcysteine: 1200 mg BID

- Gabapentin: 300-600 mg TID
- Topiramate: 200 mg daily

💊 Stimulant Use Disorders

📋 Assessment

Detection Windows

- **Cocaine:** 2-4 days in urine
- **Amphetamine/methamphetamine:** 2-5 days in urine
- **MDMA:** 2-4 days in urine

Withdrawal Pattern

- **Crash phase:** Fatigue, increased appetite, depression, anxiety, agitation, intense craving
- **Withdrawal phase:** Anhedonia, amotivation, anxiety, irritability, sleep disturbance
- **Extinction phase:** Gradual normalization, episodic cravings

💊 Treatment Approaches

Psychosocial Interventions

- **Contingency Management:** Most effective approach
- **Community Reinforcement Approach (CRA)**
- **Cognitive-Behavioral Therapy (CBT)**
- **Matrix Model:** Integrates multiple approaches

Pharmacotherapy (Off-Label)

- **Withdrawal management:**
  - Modafinil: 200 mg daily
  - Bupropion: 150-300 mg daily
  - Mirtazapine: 15-30 mg at bedtime
- **Relapse prevention (limited evidence):**
  - Bupropion: 300 mg daily (for methamphetamine)
  - Topiramate: 200 mg daily
  - Naltrexone: 50-100 mg daily or 380 mg IM monthly
  - Disulfiram: 250 mg daily (for cocaine)

🔄 Comorbidities and Special Populations

🧠 Co-occurring Psychiatric Disorders

Common Comorbidities

- **Mood disorders:** 30-50%
- **Anxiety disorders:** 20-40%
- **PTSD:** 15-40%
- **ADHD:** 10-25%
- **Personality disorders:** 35-65%
- **Psychotic disorders:** 5-15%

Treatment Implications

- Integrated treatment approach
- Address both disorders concurrently
- Higher relapse rates if untreated
- Medication interactions
- Longer treatment duration
- Higher intensity of services

🤰 Pregnancy/Postpartum

Substance-Specific Considerations

- **Alcohol:** Abstinence recommended; FASD risk
- **Opioids:** Maintenance with methadone or buprenorphine; avoid withdrawal
- **Benzodiazepines:** Gradual taper if possible; risk of neonatal withdrawal
- **Stimulants:** No FDA-approved medications; psychosocial interventions
- **Cannabis:** Abstinence recommended; potential neurodevelopmental effects

👴 Elderly

Special Considerations

- Altered drug metabolism and elimination
- Increased sensitivity to CNS effects
- Medication interactions
- Comorbid medical conditions
- Cognitive impairment may affect treatment
- Under-recognition of substance use problems
- Different presentation (falls, confusion, sleep problems)

🔄 Treatment Settings and Levels of Care

Levels of Care Continuum

🔄 ASAM Criteria Dimensions

1. **Acute Intoxication and/or Withdrawal Potential**
2. **Biomedical Conditions and Complications**

3. **Emotional, Behavioral, or Cognitive Conditions**
4. **Readiness to Change**
5. **Relapse, Continued Use, or Continued Problem Potential**
6. **Recovery Environment**

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