精神病患藥物濫用者的特徵及治療

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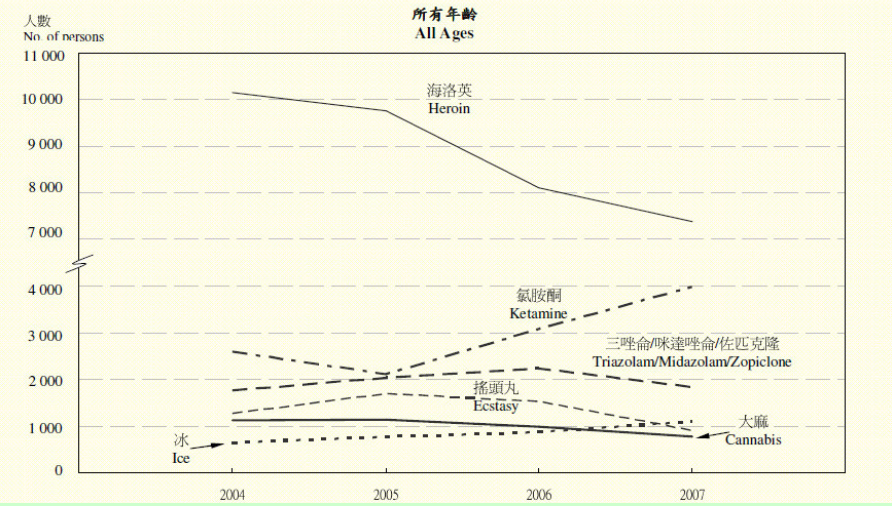
按年齡組別及常被吸食的毒品種類劃分的被呈報吸食毒品人士
Reported drug abusers by age group by common type of drugs abused



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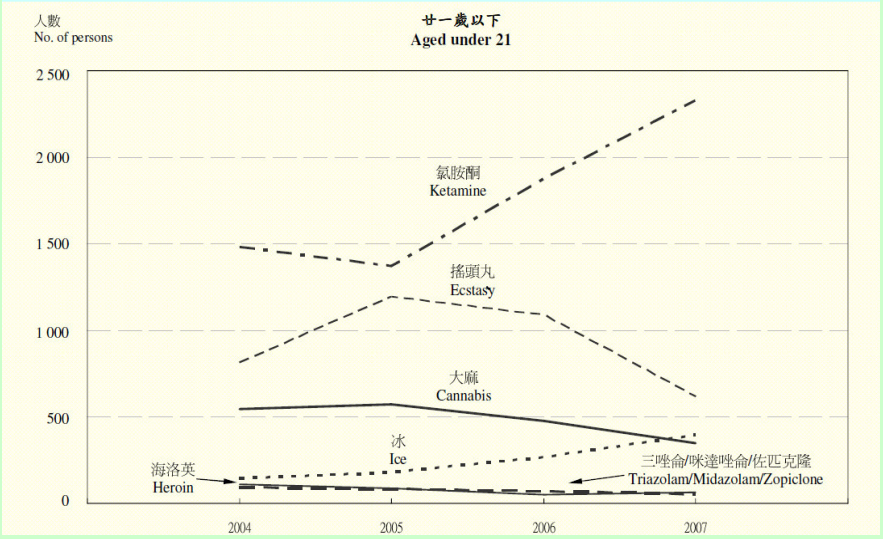


精神病VS濫藥

- 雞先?蛋先?
- 不同的精神病
- 不同藥物的作用

你懷疑他/她有濫用藥物嗎？

- 比以前孤獨，和家人、朋友疏遠及與其他人隔離
- 比較以前多和一些不同背景的朋友會面
- 不願透露自己去什麼地方和做什麼
- 逃學、更或常與一群朋友到處遊蕩，無所事事
- 學業成績顯著退步

你懷疑他/她有濫用藥物嗎？

- 常與家人或正常朋友發生爭執
- 經常感到煩悶和不安
- 對以往喜歡的活動都失去興趣
- 對事對物都抱著莫不關心的態度
- 改變了睡眠或進食習慣
- 有一些不明來歷的金錢
- 擅取家人財物

Ketamine K仔 氯胺酮

分離式麻醉(Dissociative anesthetic)

- 吸食後會產生分離感(sense of detachment)、感到身體飄浮、靈魂出竅、**幻視**、扭曲對環境及身體的感知、接近死亡感覺。
- 思想混亂、失憶、**精神錯亂**。
- 失去痛感、判斷力，容易受傷。
- 心悸、心律不正、血壓上升、急性中毒或大劑量、快速靜脈注射，還會造成昏迷的危險，甚至死亡。

Ketamine K仔

- 邊緣血管收縮 – 缺氧
- **精神病病癥** -被迫害妄想、精神分裂癥狀等。
- 回閃、**視覺幻象**、**錯覺**。
- 長期使用
  - -破壞認知、記憶和專注力，損害學習能力。
  - -上癮、強烈心理倚賴。

動物實驗-四日即令腦部受損。

興奮劑(Stimulants)

- 長期濫用
  - 體力透支
  - **情緒抑鬱**
  - 損害認知能力
  - **精神分裂**

*丸仔*的毒害

- 疲弱、茫茫然感覺
- 無胃口、作嘔
- 頭痛、肌肉痛
- 耳鳴
- 對觸覺、聲音、光度敏感
- **焦慮、緊張**、坐立不安
- 判斷力失準、定向障礙
- 協調缺失、說話含糊
- **妄想、懷疑心重**
- **抑鬱**

咳藥水

- 抗組織胺—抗敏感、減輕氣管不適及收鼻水。
- 可待因—鴉片制劑,用作止咳。如大量服用,引致呼吸抑制；中毒症狀(如視幻覺)和上癮。
- 麻黃碱—減輕氣管收縮和鼻粘膜充血。如大量服用，有神經興奮作用。

長期服用咳藥水的害處

- 生理及心理性十分依賴,斷癮症狀可維持數星期，如：失眠、疲乏、暴燥、**情緒低落**，強烈追尋並再度服用。
- 慢性引致**精神錯亂**，如：情緒不穩、衝動、暴力傾向、幻覺、極度懷疑心、妄想爲人所害、抑鬱、自殺傾向。

濫藥的因素

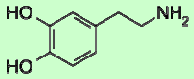
錯綜複雜和相互影響

- 社會因素
  - 供應
  - 風氣、潮流
- 個人因素
  - 性格特質、處事態度
  - 反社會行為、叛逆
  - 追求官能刺激(解悶)
  - 逃避現實(如壓力)
  - 易受影響
  - 情緒問題
- 家庭因素
  - 破碎家庭
  - 父母角色缺失
  - 伴侶濫藥
- 朋輩
  - 認同感
  - 教唆、相激
- 其他
  - 避免因沒有服用藥物而感到不適

精神病和濫藥的神經生物學

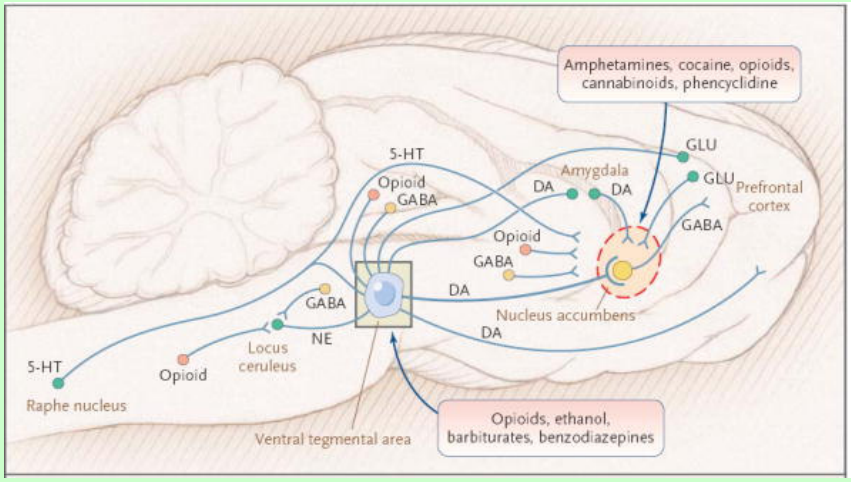
The Leading Role of the Dopamine Pathway

(多巴胺) C6H3(OH)2-CH2-CH2-NH2



- 主要負責大腦的情緒, 情慾, 感覺, 將興奮及開心的信息傳遞.
- 與上癮有關.
- natural rewards - habituation
- response to addictive drugs not influenced by habituation
- During withdrawal - decrease in dopamine levels in the nucleus

Neural Reward Circuits Important in the Reinforcing Effects of Drugs of Abuse



Dopamine and different substances

opioids	decreases activity of GABA-inhibitory interneurons in the ventral tegmental area.
cannabinoids	CB(1) receptors in glutamatergic and GABA-ergic neurons associated with nucleus accumbens and ventral tegmental area
ethanol	Activate GABA, inhibit NMDA in VTA
Cocaine & amphetamines	Inhibit dopamine transporter

Addiction

Physiological state	Psychological / Cognitive state	Behavioral manifestation
•Withdrawal symptoms	•Shame	•Isolation/withdrawn
•Physical discomfort (drug dependency)	•Guilt	•Manipulation
•Complication – psychiatric, medical	•Insecurity	•Inability to delay gratification
	•Loneliness	•Low motivation
	•Lack of confidence	•Antisocial
	•Poor impulse control	•Prevalence of negative attitudes
	•Psychological conflicts	•Morally bankrupt

Assessment

- Reasons for seeking treatment.
  - Physical and psychological problems;
  - Social situation (e.g. pressure from an imminent court case, pressure from a partner);
  - Other factors that draws attention to the costs of continued drug use.
- Identify the stages of change (Prochaska et al, 1992)
  - Pre-contemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance

Assessment (2)

- Detail drug history
- Identify the substance-related disorders:

  a) Substance use disorders
  - Substance abuse: type, severity
  - Substance dependence

  b) Substance induced disorders
  - Intoxication and Withdrawal
  - Physical complications
  - Drug induced psychosis or mood disorder
- Assess any comorbid psychiatric conditions
- Assess social situation

Physical examination & laboratory tests

- Mainly guided by patient's complaints
- Screening for complications of drug addiction

Substance abuse and mental illness

- USA ECA study data (Regiere et al. 1990):
  - Rate of SA (including alcohol) in schizophrenia: 47%
  - Rate of SA (including alcohol) in antisocial personality disorder: 87%
- UK studies (Menezes et al 1996)
  - Psychosis with alcohol misuse: 31 %
  - Psychosis with SA (not alcohol): 15.8%

Dual diagnosis and violence

- ECAS, Swanson *et al.* (1990)
  - 2% of normals had perpetrated an episode of violence in the preceding year, among people with schizophrenia, who were not substance abusers, this figure was 8.3%.
  - Among people with schizophrenia who also had a history of substance abuse, the figure rose to an alarming 30.3%

Dual diagnosis and violence

- Newhill *et al.* (1995) *,a* study carried out in Pittsburg
  - Much of the violence took place in the patients' homes
  - vast majority of victims were family members or acquaintances.
  - Alcohol or drugs were implicated in 46% of acts perpetrated by men and 35% of acts perpetrated by women.

Dual diagnosis and personality disorder

- Ghodse (1995) drew attention to the high prevalence of substance abuse in populations with personality disorder.
- up to 70% of substance abuse in personality disorder populations.

Basis of substance abuse and schizophrenia

- Possibility of triggering onset of psychosis
- Self-medication hypothesis (yet studies failed to confirm this)
- Neurobiological hypothesis: SA transiently lessen dopamine reward circuit deficit but worsened the course of schizophrenia

Substance abuse and Schizophrenia

- Increase symptoms
- Increase relapses
- Decrease adherence to treatment
- Increase violence and level of suicidality
- Increase homelessness

Treatment approaches of substance abuse and schizophrenia

- Psychosocial: group counseling with cognitive –behavioral and motivational component; long-term resident program
- Medication: use of second generation antipsychotics may be helpful, more consistent evidence from use of clozapine

- Good rapport
  - Non-judgmental
  - Manage counter-transference
- Firm but gentle on approach
  - Always allow certain flexibility
- Be realistic and practical in drafting the management plan
- Needs of dependent others

Brief medical treatment for different types of substance abuse

Alcohol Dependence

- Detoxification
  - Inpatient by long acting benzodiazepines e.g. Chlordiazepoxide or Diazepam
  - or outpatient by gradually cut down the amount of drinking
  - Thiamine supplement
- Abstinence maintenance
  - Psychological (CBT, relapse prevention)
  - Disulfirum or Naltrexone

Opiate dependence

- Inpatient detoxification
  - Physeptone or Buprenorphine (脒底丸)
  - Symptomatic treatment on withdrawal symptoms (e.g. anxiolytics, anti-motility drugs, analgesics)
- Abstinence maintenance
  - Psychological
  - Naltrexone (排毒藥)

Stimulant abuse / dependence

- No detoxification regimen
- Close monitoring and supportive treatment
- Treat complications

Ketamine dependence

- Acute symptomatic patients:
  - standard supportive care
  - keeping the patient in a quiet environment, with a minimum of external stimuli, may prevent excessive agitation.
  - benzodiazepines for sedation in agitated patients
  - Iv fluids should be given to agitated patients at a generous rate until laboratory testing has ruled out rhabdomyolysis
- Treat complications

Benzodiazepine dependence

- Inpatient detoxification
  - By long acting benzodiazepines
  - Symptomatic relieve on withdrawal symptoms
  - Selective use of anticonvulsant, e.g. Valproate
- Outpatient detoxification
  - By gradual reduction on the amount of consumption
  - Symptomatic relieve on withdrawal symptoms

Cough mixture dependence

- Detoxification
  - Symptomatic relieve on withdrawal symptoms (similar to opiate withdrawal)
- Abstinence maintenance
  - Psychological
  - Naltrexone

Motivational Interviewing

Motivation

- The probability of entering into continuing and complying with a change strategy.
- A psychological state fluctuates depending on both environmental & personal variables.
- Not personality traits.

Major components of Motivation

- Willingness
- Ability
- Readiness

- Willing: importance of change
  - The extent to which the person wants, desires or will change
  - To *develop* discrepancy: to enhance the perceived importance of change
  - Yet each person has a dozens of hierarchy of core values

- Able: confidence for change
  - Feel willing but not able to change
  - "I wish I could" statement capture the high importance and low confidence
  - Instead of changing behaviors, people reduce their discomfort by shifting their thought process and perceptions, e.g. denial, rationalization, projection.

- Ready: A matter of Priorities
  - One can be willing and able to change, but not ready to do so.
  - " I want to, but not now"
  - low readiness is sometimes viewed as pathological "I will quit tomorrow"

Motivational Interviewing

- Help clients to shift ambivalence and encourage attendance
- Create a perceived discrepancy between the client about behaviour and their goals :
  - Decrease perceived desirableness of problematic behaviour.
  - Using available external influence.
  - Drawing feedback on current situation.
- Create a feeling of self-efficacy.
  - Removing practical barriers – admission.
  - Providing choices - options and alternatives of change strategies.
  - Assuming responsibilities to clients.
- Facilitate cost-benefit exercise - weigh positive and negative aspects of drug use.
- Effective in engaging drug users in treatment.

Relapse Prevention - Definition

- It is a cognitive-behavioral treatment that combines behavioral skill training procedures with cognitive intervention techniques to assist individuals in maintaining desired behavioral changes (Kendall & Hollon, 1979)

Relapse Prevention

Central Assumption:

- Psychoeducational self-management approach.
- Identification of High Risk Situation.
- Behavioral skill training + cognitive intervention techniques.
- Maintaining desirable behavioral changes .

Relapse Prevention: Specific Intervention Strategies

(Marlatt, Barrett & Daley 2000, p.361)