



# AlcoholismAnswers.net

Date: August 5, 2008

Volume 1, Number 3

## In This Issue

- Physician H&P
- Treatment models change
- Diagnosis as the basis of treatment
- 

[www.alcoholismanswers.net](http://www.alcoholismanswers.net)  
<http://livinglifeboomerstyle.net/>  
<http://mayoclinic.com/health/alcoholism>  
<http://www.sassi.com>

[www.Alcoholismanswers.net](http://www.Alcoholismanswers.net)  
[ernieh@sbcglobal.net](mailto:ernieh@sbcglobal.net)

## DANGEROUS BELIEFS

A cocaine addict doesn't need to stop drinking alcohol if they drink moderately...

Addiction to one drug makes using any other drug dangerous. One follow-up on relapse with cocaine addicts showed that 50% of them first used alcohol and often in small amounts. One former patient said it best:



In the thirty plus years I worked in addiction treatment I observed numerous changes in the treatment field. Attitudes about treating addiction changed several times, and gradually a model developed that worked better for both patient and staff. Part of the shift was taking psychiatrists out of the medical director position and replacing them with a regular physician with addiction knowledge.

Ernest Hooker, NCAC II



If you have friends who are interested in addiction treatment please forward this newsletter to them. If you have suggestions for a topic contact me and if possible I will include the information in a newsletter.

## Diagnosis of Alcoholism

In this third newsletter I want to discuss diagnosis of alcoholism and how in depth diagnosis is the key to successful treatment. To start with you can get information on diagnosis by using the Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR which you can buy at many bookstores including:

<http://www.amazon.com/exec/obidos/ASIN/0890420254/interactiveda481-20>

“I don’t relapse on cocaine every time I drink alcohol but every time I relapsed I had been drinking first.”

Isn’t stress what makes alcoholics relapse or continue to drink?

There are a number of problems with this concept. Stress is a very generic term and if you ask ten people exactly what do you mean you will get ten different answers. In general, there is little more stressful than the physical and psychological punishment an alcoholic gets from the severely toxic effects of drinking, it is off the chart. In the eighties a large oil company started screening their employees for alcohol and other drugs. In the treatment center where I worked we assessed several that were long term employees and found they were late stage alcoholics. Many had two options: go to treatment for alcoholism or take an enhanced retirement package, called the golden parachute. Most of them and their families believed their drinking was due to job stress and if their job

It is quite expensive and you can get the information by going to the library or on the internet such as the Mayo Clinic at:

<http://www.mayoclinic.com/health/alcoholism/DS00340/DSECTION=tests-and-diagnosis>

When looking at a history and physical performed by a physician for a patient the basic diagnosis will be one of two choices: alcohol abuse or alcohol dependence. Alcohol abuse simply means that the person has ongoing problems as a result of their use of alcohol use. Dependence means that there is physical dependence on alcohol. Physical dependence is demonstrated by the patient having withdrawal symptoms, frequently very dangerous symptoms. A few physicians document alcohol abuse regardless of what the real diagnosis happens to be. There are several problems with diagnosing abuse when the reality is dependence. One is that with abuse there are no withdrawal symptoms. If the person is in-patient and treated for withdrawal a representative from the insurance company has every right to deny paying for a problem that has not been identified. When a patient is seeking help for their alcoholism most the time the correct diagnosis will be alcohol dependence.

Sometimes you will hear addiction treatment staff use the word “hangover” as being synonymous with withdrawal symptoms. That absolutely is not true. Having withdrawal symptoms has a very different set of physical problems compared to a simple hangover. Calling it a hangover also undermines treatment because it is easier for the patient to believe that they are an ordinary drinker that just drank too much, and so it discourages them from accepting that they have a dangerous medical condition.

A regular physician with a willingness to be candid about the patient’s condition is one of the most important team members in the treatment team. For many years treatment of alcoholism was primarily considered to be some form of psychological counseling and the medical part was minimized. When it was discovered that alcoholism is first physical and later the psychological deteriorations sets in treatment improved dramatically. It then was appropriate to have a regular physician as medical director of treatment. Patients improved faster and were also much more accepting of treatment. Many recovering alcoholics have found that their physician has been the most helpful person in their recovery.

There are various tools for a healthcare professional completing a diagnosis and making recommendations for treatment. One of the essential tools is the ASI or Addiction Severity Index. This can be found at

stress was removed the drinking would return to normal, so they took retirement. In three to six months most of them showed up in the medical/surgical unit of the hospital with life threatening secondary problems due to their drinking. Most of them drank around the clock and it hastened their deterioration. One family member said the job was the only thing holding him together. So much for reducing the stress in their life.

Next issue: The skills needed to do a diagnostic interview

<http://www.tresearch.org/ASI.htm>. In certain cases the ASI is a legal requirement. Another resource is the SASSI and can be found at <http://www.sassi.com/sassi/index.shtml>. SASSI stands for The Substance Abuse Subtle Screening Inventory, and is a psychological screening measure that helps identify a substance use disorder.

In putting this together, an H&P is needed, the information from an ASI or similar interview, employer information when available, information from family and friends, and any other assessments from healthcare professionals.

Now, what are you looking for? First, is the person addicted and, if so, to what drug or drugs? Next, what is the stage of the addiction? Do they need immediate medical attention? What resources do they have for medical coverage? At this point you are assessing their immediate concerns about their health and any emergency that may exist. They also need to be assessed for suicide risk.


If you go to my site at: <http://alcoholismanswers.net/Forms.aspx> you can download and print a chart that will help you assess the progression of their disease.

It is important to develop a priority list of problems. Severe medical and/or mental health issues would be first on the list. Next would be the level of treatment. That will be the subject of a later newsletter.

Determining the timing of treatment and the best treatment approach is essential to a good outcome. Timing refers to is the patient ready for groups and counseling sessions, or is their condition such that they are not capable of benefiting from psychological treatment for a few days, or, in some cases, for a few weeks.

The treatment approach can be different based on many issues such as what personality disorders are present, are the withdrawal symptoms a problem, is the patient suffering from temporary paranoia, does the patient have temporary dementia and many other issues. Not making the necessary assessments on these many issues is often when the staff makes the judgment of a "bad patient". In other words, most of the time the "bad patient" syndrome is based on inadequate diagnostic skills.

One of the important treatment functions lost over the years because of severely reduced funding for treatment and *inadequately trained staff* is the physical separation of detox and treatment. When detox and treatment are located together and use the same staff it confuses two separate functions.



Several years ago detox and treatment were separate physical units and treatment did not begin until detox was completed. Detox needs a high level of care and low expectations for patients due to their medical limitations. Treatment needs to be very different and when the two are combined treatment suffers and ends up being forced into an enabling mode.

More next time.

Ernie