

Recognizing and Caring for the Intoxicated Patient in an Outpatient Clinic



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KEYWORDS

- Intoxication • Withdrawal • Substance use disorder • Outpatient • Opioid • Alcohol • Marijuana • Sedative

KEY POINTS

- Intoxication or withdrawal from addictive substances is included in the differential diagnosis of patients presenting with altered mental status.
- In the treatment of intoxicated patients, outpatient practitioners should address the original reason for the clinic visit, triage appropriately to home or a higher level of care, and consider treatment of substance withdrawal.
- One of the most important aspects of management of the intoxicated patient is the follow-up assessment for substance use disorders, with initiation of treatment when indicated.
- Physicians should be familiar with the medico-legal aspects of caring for an intoxicated patient, including issues related to privacy, informed consent, and patient/public safety.

INTRODUCTION

The diagnosis of substance-related intoxication or withdrawal should be considered in patients presenting to an outpatient practice with altered mental status (AMS). Despite the potentially time-consuming and disruptive nature of these visits, outpatient practitioners (OP) have important advantages when caring for intoxicated patients. First, OPs may have a preexisting relationship with the patient and therefore may be more apt to note mild or moderate intoxication. Second, OPs can ensure appropriate follow-up care with the intoxicated patient and perform the critically important assessment for unhealthy substance use and facilitate treatment.

This article reviews the presenting features and management of intoxicated patients, discusses physician responsibilities toward providing care to these patients

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including medico-legal aspects, and highlights the importance of ensuring a follow-up assessment for underlying substance use disorders (SUD).

SYMPTOMS

Recognizing the Intoxicated Patient

Alcohol, opioid, marijuana, and prescription sedative use is common and the most likely intoxicating substances to present to a primary care clinic.¹ The diagnosis of substance intoxication, according to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM V), has 4 criteria²:

1. Recent ingestion of the substance
2. Clinically significant problematic behaviors or psychological changes that develop during or shortly after use of the substance
3. Evident substance-specific intoxication syndromes (see below)
4. Symptoms that are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication with another substance

Intoxication Syndromes

Intoxication syndromes (Table 1) can range in symptom severity from mild alterations in behavior and mental status to life-threatening overdose. Additionally, polysubstance use is common, and patients may present under the influence of 2 or more substances. Other acute medical conditions can also present similarly to intoxication from drugs and alcohol; thus, a broad differential diagnosis must be entertained for anyone presenting to clinic with AMS.

Alcohol

Ethyl alcohol, or ethanol, primarily acts as a central nervous system depressant. Early symptoms and signs of intoxication include disinhibition and behavioral arousal followed by the sedative effects as the blood alcohol level increases.³ The literature suggests that observers are inaccurate when attempting to assess degree of alcohol

	Alcohol/Sedatives	Opioids	Marijuana
Symptoms	Disinhibition Behavioral arousal Impaired concentration Impaired memory Mood lability	Euphoria Dysphoria Apathy Psychomotor agitation Psychomotor retardation Drowsiness Impaired attention Impaired memory	Impaired concentration Impaired attention Decreased reaction time Euphoria Relaxation Paranoia Anxiety Increased appetite Nausea
Signs	Sedation Conjunctival injection Odor alcoholic beverage Slurred speech Impaired gait/balance Nystagmus	Sedation Miotic pupils Decreased respiratory rate Track marks	Odor of marijuana Tachycardia Orthostatic hypotension Dry mouth Conjunctival injection

Adapted from American Psychiatric Association. Diagnostic and statistical manual of mental disorder. 5th edition. Arlington (VA): American Psychiatric Association; 2013.

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