



Drug Abuse in Your Patients

The Application of Common Clinical Visual Tests in Identifying Possible Drug Abuse

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Keywords

- Drug abuse • Law enforcement • Pupil • Physical examination • Eye movements
- Convergence • Public safety

Key points

- Prescription drug and substance abuse represents a major public health problem in the United States and worldwide.
- Identification of possible drug abuse is seldom recognized on physical examination.
- Patients can be identified with possible drug and substance abuse in clinical practice with the use of versatile screening tools, especially with an efficient method using examination of the eyes and visual functions.
- Select measures of specific eye signs involving impaired eye movements (delayed pursuit gain and nystagmus), ocular convergence, and pupillary size and responses have been shown to be reliable indicators of drug influence and are rapid and easy to administer.
- Early identification, management, and treatment of patients with drug and/or substance abuse in a coordinated effort with mental health, other primary care physicians, public safety, and law enforcement would be a positive public health outcome.

INTRODUCTION

In the United States, drug use in 2015 was higher than in every year from 2002 through 2013. Of note, the illicit drug use estimate for 2014 continues to be determined primarily by marijuana use and the nonmedical use of prescription pain relievers.

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In the United States, at least 10% of people aged 12 or older were current illicit drug users. Drug abuse not only affects the people who take them but also the people around them, including families, and children of all ages. Drug abuse not only affects the user's health and job but also poses great risks and potential harm to the public from activities like impaired driving [1].

Prescription drug abuse was such a major concern in the United States that, in 2013, the US Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC) classified it as a new epidemic [2]. The impact and cost related to crime, lost work productivity, and health care of alcohol and illicit drug use in the United States is more than \$200 billion annually.

Abuse of drugs is an increasing reason for outpatient visits within our society, despite efforts to eliminate them from distribution and use. More people died of drug overdoses in the United States in 2014 than during any previous year on record, according to the CDC. From 2002 to 2015, there was a 2.2-fold increase in the total number of deaths [2,3]. Illicit substance use has experienced a significant increase in the abuse of prescription medications, along with opioids and marijuana from 2004 to 2009.

In 2009, more than one million visits occurred in hospital emergency departments involving an illicit drug, either alone or in combination with other types of drugs [4]. The drug categories involved in these visits was extensive. The most common were cases of overdose and/or intoxication from the use of marijuana, cocaine, heroin, and stimulants, including amphetamines and methamphetamine. In fact, there was a marked increase of 29% in the number of drug-related hospital emergency departments visits between 2009 and 2011 [4].

How do clinicians screen and identify patients at risk of abusing drugs?

The scope of substance abuse-related responsibilities of health care practitioners varies with each profession's training, procedures, patient population, and community. Different professions are attempting to address this need, including medicine, pharmacy, mental health workers, and dentists [5,6]. With the use of appropriate procedures and methods necessary to conduct screenings, the administration of brief intervention and/or treatment referral for patients who may have or be at risk of developing a substance abuse disorder can be addressed.

Methods and procedures exist that are used and applied in a structured approach to identify and manage drug-seeking and drug-abusing patients. These methods are classified into several categories and are quite often used in conjunction with each other to form screenings and clinical decision making relative to suspected substance abuse.

The first category applies to the use of screening questionnaires and interviews

The National Institute on Drug Abuse (NIDA) prepared a *Resource Guide* intended to provide clinicians serving adult populations in general medical settings with the screening tools and procedures necessary to conduct screening, brief intervention, and/or treatment referral for patients who may have or be at

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