## **Signs and Symptoms**

- 1. CNS depressant
- 2. Slurred speech
- 3. Unsteady gait
- 4. Confusion
- 5. Behavioral changes
- 6. Chronic Abusers swollen nose spidery veins thickened/red palms

## **Complications**

suicide psychotic issues (delusions/hallucinations)

**Dietary Deficiencies** 

- lack Vitamin B1 (thiamine)
- Vitamin B12 (folic acid)

## Thiamine deficiency

Wernicke-Korsafkoff syndrome neurological problem – dementia ataxia double vision somnolence

horizontal nystagmus

#### Alcoholism

Must assess and Monitor for W/D

## **Antabuse (disulfiram) = aversion therapy**

- Don't give within 12 hours of drinking ETOH
- Contraindicated in pregnancy/nursing moms
- Monitor liver, CBC and electrolytes
- Physical/Psychological exam done 1st
- Must avoid all alcohol cough syrup, cooking sauces, etc. – otherwise = flushing, throbbing HA BP problems (hypo); N/V, tremors, diaphoresis, weakness, confusion
- Adverse effects = impotence, decreased libido, fatigue, unpleasant taste = usually disappear in a few weeks
- Report problems- liver or other
- · Wear medic alert bracelet

Used in those with alcohol cravings where other Therapies have failed

#### **Alcohol Tolerance**

cross tolerant to other depressants Carbonation increases absorption ASA, Tagamet and Zantac increase absorption

## **Alcohol Withdrawal:** 3 stages

Autonomic hypersensitivity

(occurs within 12-18 from last drink

Elevated VS

nervousness/agitation

shakes/tremors

Neuronal Excitation

(occurs within 24-36 hours)

Severe tremors

increasing agitation

auditory hallucinations (high risk suicide)

Sensory Perceptual Disturbances

(occurs within 3-4 days)

Visual hallucinations

Seizures

Delirium Tremens – all hallucinations

High fever, Tachycardia, diarrhea,

Death

## Codependent/Enabler

one who someone else's behavior affect him/her

tries to keep family together

often the one the alcoholic blames

Must stop the co-dependence – only then the alcholic seeks help

Family programs – Al-Anon, Al-A-Teen, etc.

Cirrhosis of the Liver – bleeding tendancies; esophgeal varicies Hepatitis
Ulcers

# **HEROIN** PHYSIOLOGICAL EFFECTS 1. Addictive 2. Warm flushing 3. Dry mouth 4. Alternately wakeful and drowsy **Psychological Effects** 1. Euphoria 2. Heavy feeling in the extremities Route/Appearance 1. Injected 2. Smoked 3. Inhaled 4. White to dark brown powder

Antidote: Narcan

# **Amphetamines**

Prescription meds designed for use in the treatment Of obesity, narcolepsy, attention deficit disorder

Examples: **Ritalin**, Dexedrine

Schedule II drugs

## What you see in Abuse:

Some take to stay awake

Athletes use to improve performance

Some seeking **euphoric excitement** 

Some who want to counter depressants

Anorexia

Excitement

Insomnia tachycardia

**Dilated pupils** chills

Talkativeness fatigue

nervousness fever

palpitations

# Anxiety Disorder

#### **Panic Attacks**

- 1. Characterized by intense fear and anxiety
- 2. No known cause
- 3. Symptoms:
  - shaking
  - diaphoresis
  - a smothering or choking feeling
  - Nausea
  - chest pain (May think they are having
  - tachycardia

a heart attack)

- dizziness

#### **Phobias**

- 1. A persistent, excessive, unreasonable, severe fear of a particular thing or event
- 2. The object of the fear can be anything
- 3. The person knows the fear is unreasonable but can't control it
- 4. Types
- A. **Agoraphobia** = fear of open spaces or of being in a place from which escape may be difficult or embarrassing.
- B. **Social phobias** = fear of embarrassment or humiliation (public speaking, eating in public, etc.)
- C. Obsessive-Compulsive Disorders = marked by obsessions and compulsions
   Obsession = recurrent, persistent, intrusive thoughts or belief that they can't ignore
   Compulsion = a repetitive behavior that the person feels driven to perform, sometimes constantly

# **Electroconvulsive Therapy (ECT)**

Causes seizures by sending a small amount of electricity through the brain

The shock affects the brain's level of neurotransmitters Which radically improves the person's mood

So used most commonly to treat depression

# Disadvantages/ side effects:

- 1. Person very anxious before
- 2. Short term memory loss

## **Nursing Care:**

- 1. Consent
- 2. Wt in Kg
- 3. In gown without jewelry, dentures, etc.
- 4. ID and allergy band
- 5. Void before treatment
- 6. Need a mental status exam several hours before
- 7. Explain what will happen
- 8. Transported in a wheelchair
- 9. IV
- 10. A tourniquet on one limb (helps you see the sz)
- 11. Can have sore throat afterwards
- 12. Protect from injury
- 13. VS until client stable
- 14. Allow sleep
- 15. May need ibuprofen or muscle relaxant or anitmigraine med
- 16. Clients often complain of dry mouth afterwards