



ICD 10 (F19.20) POLYSUBSTANCE USE DISORDER: CASE STUDY

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ABSTRACT

Drug addiction, a self-inflicted and compulsively self-perpetuated disease, has assumed almost epidemic proportion and become a major public and social health problem impeding the progress of the affected individual, his family and the society at large. The menace of drug abuse is worse in Punjab than the rest of the country. The affected individuals lose control over their affliction and cannot get rid of it without the help of specially trained personnel.

Keywords: Heroin, bhukki, Nicotine, Drug Addiction

1. INTRODUCTION

Polysubstance use is consuming more than one drug at once. Individuals will engage in polysubstance abuse to accomplish a more significant feeling from the effects of taking multiple substances. Usually the users will have a preferred drug, and they will combine that with other drugs to enhance the primary drugs effects. Individuals were diagnosed with Polysubstance abuse or addicted to the feelings of being high regardless of what drugs they are using. Usually they won't even have a preference for a particular drug of choice.¹

Polysubstance dependence refers to a type of substance use disorder in which an individual uses at least three different classes of substances indiscriminately and does not have a favorite substance that qualifies for dependence on its own. Although any combination of three substances can be used, studies have shown that alcohol is commonly used with another substance. This is supported by one study on Polysubstance use that separated participants who used multiple substances into groups based on their preferred substance. The effect of Polysubstance dependence on learning ability is one area of interest to researchers.²

Polydrug use involves the consumption of more than one drug at once. Although Polysubstance abuse often refers to abuse of multiple illicit drugs, it's also inclusive of prescription medications used in non medical circumstances. In some instances those on prescription medication may unintentionally combine substance substance. They may have a few glasses of wine without realizing that their prescription medication should not be mixed with alcohol, or they may be on multiple prescriptions from different doctors, not realizing that these medications interact negatively with one another. As a result, individuals should always inform every doctor of every medication they are taking and confirm that medications don't interact negatively with each other or alcohol prior to beginning a new prescription.³

Polysubstance abuse occurs when an individuals develops an habit of using multiple substances and becomes dependent on them. The person may have a primary substance of abuse like alcohol, but they are mainly addicted to taking any drugs that they may combine with the primary substances like cocaine, xanax, herion or adderall.⁴

CASE PRESENTATION

A 33 years old male, admitted in Akal De-addiction centre Cheema Sahib Punjab, with the chief complaints of substance abuse, disturbed sleep, exhaustion and anxiety. He was brought by his wife.

PRESENT HISTORY OF SUBSTANCE ABUSE:

Substance	Amount	Frequency	Duration
Heroin	0.5 mg	2-3 times	6 months
Nicotine	5 gm	5 times	6 years
Bhukki	30 gm	2 times	6 years

PAST HISTORY OF SUBSTANCE ABUSE: No significant history of any substance use in patient.

GENERAL EXAMINATION:

Weight-54kg.

Height- 178cm

BMI-17.04

BACKGROUND INFORMATION:

Family History: Patient is having joint family. No significant history any medical illness is present in family. Significant history of substance use is present in father (opioid dependence) and brother (alcohol, opioid, and nicotine dependence).

Educational History: Patient is educated upto higher secondary with average marks.

Occupational History: Patient is farmer and hold his own land (4 killas).

Sexual History: Patient denies any pre marital sex and reports satisfactory sexual relationship with his wife.

Special Investigation:

HB- 10.0gm/dl

RBS- 90mg/dl

S. Cholesterol-199 MG/DL.

VLDL Cholesterol-36.2

S. Billirubin (Conj.)- 0.57 mg/dl

Urine drug screen test- MOP- COT Reactive

TREATMENT:

Patient is undergoing both pharmacological and psychological interventions.

Pharmacological Treatment:

Tab. Denock N- 2.5mg SL , 1-1-0

Tab. Clonazepam – 0.5 mg PO, 1-0-2

Tab. Zoline -50mg, PO, 1-0-0

Tab. Neurobion forte PO , 1-1-1

Psychotherapy:

Group therapy

Individual therapy

Motivational enhancement therapy

Family therapy

CARE PLAN:

The priority nursing diagnosis for this patient.....

1. Altered health maintenance related to inability to manage to maintain health as evidenced by various physical symptoms, sleep disturbance, exhaustion.
2. Ineffective individual coping related to impairment of adaptive behavior and problem solving abilities, evidenced by use of substances as coping mechanisms.
3. Altered family processes related to substance abuse as evidenced by anxiety and disturbed family dynamics.

INTERVENTIONS:

1. Convey attitude of acceptance, separating individual from unacceptable behavior.
2. Provide information about addictive use versus experimental, occasional use; biochemical or genetic disorder [theory](#) (genetic predisposition; use activated by environment; compulsive desire.)
3. Discuss current life situation and impact of substance use.
4. Provide information regarding effects of addiction on mood and personality.
5. Involve family members in patient care.

OUTCOME:

Patient has shown improvement in physical symptoms. he is also motivated to take substance no more. Patient have developed true emotional insight and his judgement is also improved.

DISCUSSION:

Conclusion can be made that though substance abuse is a serious issue, difficult to treat but patients can be benefited through proper treatment compliance and regular follow up. Patient got discharge on 23-04-2022. During discharge the prognosis of the patient is good and have insight to quit the substance. Now he is going on follow-up treatment.

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