

Seminar two:

Flash Cards.



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Publication Data

Name: Rossi, John, 1978-, author.

Title: Flashcards.

Clarity Education Systems, 2023. | Includes bibliographical references and index.

Subjects: | MESH: Psychiatric Nursing--methods | Education, Nursing, Continuing

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Pruning

- Extra neurons and synaptic connections are eliminated in order to increase the efficiency of neuronal transmissions
- Occurs in puberty



When taking Xanax and a patient starts erythromycin, what needs to happen?

Need to decrease the dose of Xanax, because erythromycin is an inhibitor



A patient that is taking Tegretol and clarithromycin should...

Decrease the amount of Tegretol. This is because clarithromycin is an inhibitor and is stronger than the inducing effects of Tegretol. So, tegretol levels will increase, and the PMHNP should adjust dosage to compensate



Citalopram can cause...

- QT prolongation
- Do not give adults more than 40 mg a day or geriatric patients more than 20 mg a day



Which medication has the highest risk for weight gain and metabolic syndrome?

olanzapine (Zyprexa)



Which insomnia medication is appropriate for patients with liver disease?

temazepam (Restoril)



Which herbal supplement is used for anxiety, stress, and insomnia?

Kava kava



A major side effect of kava kava is...

Liver damage



Do not take kava kava with...

- alprazolam (Xanax) - both cause drowsiness
- Sedating medications d/t increased drowsiness (clonazepam, lorazepam, phenobarbital, zolpidem)



Signs of liver toxicity caused by kava kava...

- RUQ ABD pain
- reddish/brown urine
- jaundice
- fatigue
- CHECK = LFTs (ALT and AST)



Dehydration can cause _____ serum lithium levels?

Increased



Remember: Inhibitors

Inhibitors are stronger than inducers. If taking both an inhibitor and an inducer, the inhibitor will increase the inducing drug. This can lead to toxicity. So, the provider must decrease the inducer dose



A patient that presents with an inflated **self-esteem** should be considered for...

Mania or Bipolar



A patient with borderline personality disorder that presents with irritability, anger, and self-harming can be given...

lithium



A borderline personality disorder patient with depressed mood, emotional lability, interpersonal problems, rejection sensitivity, and aggression can be given...

Depakote



Stimulant medications have been known to cause...

- Tics
- May need to switch to clonidine or guanfacine



What medication can treat Tourette's syndrome?

- Atypical antipsychotics: haloperidol, pimozide, aripiprazole
- clonidine or guanfacine



Guanfacine is _____ sedating than clonidine.

Less



Treatments for ADHD include...

- amphetamines (age 3 and up)
- methylphenidate (6 and up)
- guanfacine (6-17)
- Clonidine (6 and up)
- Strattera (6 and up)



How does smoking affect olanzapine and aripiprazole in the body?

- olanzapine = decreased serum levels
- aripiprazole = nothing, not affected



What is a common non-psychoactive supplement used to treat depression, osteoarthritis, and liver disease?

SAM-e



Which antipsychotic poses the greatest risk for prolactin elevation?

risperidone



Withdrawaling from a medication can cause...

Kindling or increased risk for seizures



Signs of stimulant abuse include:

- Insomnia
- Tremors
- Elevated BP and HR
- Heart palpitations

- DC the offending agent



Hyponatremia can cause increased...

lithium levels



The recommended "wash out" period
between medication is:

5 half-lives



Sumatriptan (Imitrex) is used for...

Migraine headaches



Triptans can cause...

Serotonin Syndrome so avoid taking with
SSRIs, SNRIs, TCAs, and MAOIs



Which non-antipsychotic medication can cause tardive dyskinesia?

- metoclopramide (Reglan)
- Should avoid giving Reglan with an antipsychotic



Long-term hyperprolactinemia can lead to...

Osteoporosis



Which medication is notorious for causing galactorrhea?

risperidone



Steroids can cause...

Psychosis



Pain after eating/bloating/fullness can be caused by delayed gastric emptying as seen in which condition?

Anorexia



Which medications can delay gastric emptying, causing pain/bloating/fullness?

- ranitidine, famotidine, and omeprazole
- *metoclopramide and erythromycin are effective in addressing symptoms caused by gastric emptying*



Which medication can decrease absorption of psychotropics?

- Antacids
- Proton pump inhibitors
- omeprazole
- Protonix



Protonix and omeprazole should be given _____ hours apart from psychotropics. Why?

- 2 hours
- They can cause a decrease in absorption of psychotropic medications



What does it mean when a medication causes a paradoxical effect?

- The medication causes the opposite effect of what it was intended. For example, giving a benzodiazepine for anxiety, but it ends up causing more anxiety
- Providers should avoid prescribing the medication to the patient in the future



Ziprasidone (Geodon) can cause which arrhythmia?

Q-T prolongation



Tramadol, when taken with an SSRI, can cause...

Serotonin Syndrome



Take TCAs and Zantac or Prilosec _____ hours apart.

2



Which antipsychotic, when augmented by Depakote, has shown long-term efficacy with mixed features?

olanzapine (Zyprexa)



Atorvastatin (Lipitor) may cause...

Depression



A patient taking Depakote that presents with RUQ ABD pain, reddish-brown urine, jaundice, and fatigue needs to have what test performed?

Liver Function Test (LFT); probable hepatotoxicity



What is the therapeutic range for valproic acid (Depakote)?

- 50 - 125; **toxicity at > 150**
- S/s of toxicity = disorientation, lethargy, respiratory depression, nausea, and vomiting
- Need to d/c med, check LFTs and ammonia levels



Which mood stabilizer causes the LEAST weight gain?

lamotrigine (Lamictal)



What needs to be routinely checked with patients taking antipsychotics?

- BMI
- Waist-to-hip ratio
- Glucose
- Lipid panel



How do you manage antipsychotic-induced weight gain?

- First: non-pharm (nutritional counseling and exercise)
- Second: medication management; switch to a ZAL "skinny gal" med



Which antipsychotic is the only one to show reduction of risk of suicide in patients with schizophrenia?

Clozaril



Which labs should be drawn prior to starting lithium?

- HCG
- TSH
- Creatinine, BUN
- Urinalysis (check for evidence of protein)



Signs of lithium toxicity:

- Severe nausea, vomiting, and diarrhea
- Confusion, drowsiness, and muscle weakness
- Heart palpitations
- Coarse hand tremors
- Ataxia



The amygdala is responsible for:

- Mediating mood
- Emotional memories
- **Fear**
- **Anxiety**
- **Anger**
- **Aggression**
- Stress



What does the reticular formation regulate?

- Involuntary movement
- Muscle tone
- Blood pressure
- Respiratory rate

- "Brainstem"



Which system is especially important for survival needs (for example: feeding, reproduction, caring for the young, and fight or flight)

The Limbic System



A patient that has schizophrenia can become very aggressive, impulsive, and have abstract thinking problems, because of...

Abnormalities or changes/deficits in the prefrontal cortex, amygdala, basal ganglia, hippocampus, and limbic regions



What test can be done in one or two minutes to assess for neurological problems such as Alzheimer's and other dementias?

The Clock Drawing Test



The mental status exam of a 3 to 5 year old or preschooler is heavily...

- Dependent on clinical observation
- The provider must listen and observe cues



Treatment for MILD anxiety or depression?

Psychotherapy or continue to monitor



Treatment for MOD to SEVERE depression?

Medication / Psychotherapy AND also
assess for suicidal ideation!



What is the true determinant of thyroid
status?

The free portion of the thyroid hormones



Free thyroxine T4

FT4; normal values 0.8 to 2.8 ng/dl



FT4 test is commonly done to determine?

Thyroid status, to rule out hypo- and hyperthyroidism, and to evaluate thyroid therapy



If a patient is pregnant and presents with alcohol withdrawal symptoms, what is the PMHNP priority?

Ensure that the patient is not in an emergency medical situation and send a referral to residential treatment



When answering questions about CIWA and COWS...

Answers that also state the need to refer to residential therapy/treatment are usually correct



Thyroid-stimulating hormone

TSH; normal values 2–10 mU/l



Stimulation of the thyroid gland by TSH causes release and distribution of...

- Stored
- Thyroid hormones



When T4 and T3 are high...

- TSH secretion decreases
- **Hyperthyroidism**



When T4 and T3 are low...

- TSH secretion increases
- **Hypothyroidism**



If the pituitary gland fails...

TSH is not secreted and blood levels of TSH fall



Hypothyroidism (decreased T4, increased TSH) mimics symptoms of...

Unipolar mood disorders

- Confusion
- Decreased libido
- Memory loss
- Lethargy
- Slowed speech and thinking
- Sensory disturbances
- Cerebellar ataxia (sudden, uncoordinated muscle movement)



Hyperthyroidism (increased T4, decreased TSH) mimics symptoms of...

Bipolar affective disorders

- Motor restlessness
- Emotional lability
- Short attention span
- Erratic movements
- Insomnia
- Sexual dysfunction
- Weight loss
- Eyelid motor dysfunction
- Tachycardia, dysrhythmias, flushing, sweating



Calcium

Ca; normal values 8.8–10.5 mg/dl



Ca balance is controlled by interactions among three hormones:

Parathyroid hormone, vitamin D, and calcitonin



Systemic effects of hypocalcemia
(Ca <8.8 mg/dl):

- Increased, neuromuscular excited ability
- Confusion
- Muscle spasms in hands and feet
- Hyperreflexia
- Prolonged QT interval



Systemic effects of hypercalcemia
(Ca >10.5 mg/dl):

- Fatigue/weakness
- Lethargy
- Anorexia
- Behavior changes
- Shortened QT interval, depressed T-waves



Sodium

- Na; normal values 135–148 mEq/l
- Regulates acid – base balance
- Maintains systemic blood pressure



Systemic effects of hyponatremia
(Na <135 mEq/l):

- Lethargy
- Confusion
- Apprehension
- Weight gain



Systemic effects of hypernatremia
(Na >148 mEq/l):

- Convulsions
- Thirst
- Fever
- Restlessness
- Tachycardia



Magnesium

- Mg; normal values 1.3–2.1 mEq/l
- Mg can cause neuromuscular excitability



Systemic effects of hypomagnesemia
(Mg <1.3 mEq/l):

- Depression
- Confusion
- Irritability
- Increased reflexes
- Muscle weakness
- Ataxia
- Nystagmus (involuntary rhythmic motion of eyes)
- Tetany (muscular spasms)
- Convulsions



Systemic effects of hypermagnesemia
(Mg >2.1 mEq/L):

- Nausea and vomiting
- Muscle weakness
- Hypotension
- Bradycardia
- Respiratory depression
- Depressed skeletal muscle contraction and nerve function



Potassium

- K⁺; normal values 3.5–5.1 mEq/l
- K⁺ is the major intracellular electrolyte
- Regulates intracellular fluid osmolality
- Balances intracellular electrical neutrality



Systemic effects of hyperkalemia (K⁺ >5.1 mEq/l):

- Muscle weakness
- Paralysis
- Tingling of lips and fingers
- Restlessness
- Intestinal cramping
- Diarrhea
- ECG changes: narrow and taller T-waves



Systemic effects of hypokalemia (K⁺ <3.5 mEq/l):

- Impaired carbohydrate metabolism
- Impaired renal function
- Polyuria
- Polydipsia
- Skeletal muscle weakness
- Smooth muscle atony
- Cardiac dysrhythmias
- Paralysis and respiratory arrest



Liver function tests (LFT)

Used to monitor liver disease or damage
caused by hepatotoxic drugs



Aspartate aminotransferase

- AST; normal values 5–40 U/l
- AST rises when there is cellular damage to the tissues



Alanine aminotransferase

- ALT; normal values 5–35 U/l
- With liver damage, ALT can rise as much as 50 times



Annual influenza vaccination

- Children 6 months to 8 years of age require two doses of influenza vaccine
- Ask about egg allergy
- Immunocompromised persons should not receive live vaccination
- Live vaccine or inactivated vaccine = healthy/non-pregnant adults younger than 50 w/no high-risk conditions
- All others should receive the inactivated vaccine only



HPV

- Girls = 11 or 12 years with catch-up vaccination
- at 13 - 26 years to prevent papillomavirus infection/cervical cancer and genital warts
- Males = 9 - 26 years to prevent genital warts



Measles, mumps, rubella (MMR; live vaccine)

Not for pregnant women or those with cancer, weakened immune systems, HIV/AIDS with T-cell below 200 or being treated with high-dose steroids or who have received a blood transfusion within 2 weeks



Diphtheria, tetanus, acellular pertussis (Td/DTap)

Td (tetanus, diphtheria) = every 10 years beginning at age 11, with Tdap (tetanus, diphtheria, acellular pertussis) substituted once for Td but no less than 5 years after the last DTaP dose was given. DTaP should not be given to anyone 7 years of age or older



Shingles (herpes zoster)

- Recommended for anyone age 60 or older who has had chickenpox
- Do not give = persons with weakened immune systems or HIV/AIDS with T-cell below 200, or being treated with high-dose steroids



Varicella (chickenpox)

Not for pregnant women or those with weakened immune systems, HIV/AIDS with T-cell below 200, patients with cancer, being treated with high-dose steroids or received a blood transfusion within 2 weeks



The Mental Status Exam (MSE)

- Used to assess a patient's behavioral and cognitive functioning
- General component of all medical and psychological assessments
- 7 components = mnemonic **ASEPTIC**



ASEPTIC

- **A**pppearance/behavior
- **S**peech
- **E**motion (mood/affect)
- **P**erception (auditory/visual)
- **T**hought content/process
- **I**nsight & judgement
- **C**ognition



SI/HI is a part of...

Thought content



Perception may also include...

Depersonalization or derealization – not in their own body or are detached from self or looking at themselves from the outside in



Delusions

- Fixed, false belief that is held even when there is evidence to counter the thought
- Thought Content



Ideas of reference

- False belief that irrelevant occurrences relate directly to oneself (e.g., thinking the newspaper or TV is sending messages or hints directly to the patient)
- Thought Content



Auditory hallucinations

- Disturbances in perception – hearing thoughts spoken out loud, hearing voices referring to oneself made in the third person or in the form of a commentary. This is an external occurrence
- Thought Content



Thought withdrawal/insertion/interruption

- Thoughts are under the control of another entity or can be removed/inserted by others (e.g., "...my thoughts are perfect, except when the aliens change them!")
- Thought Content



Thought broadcasting

- Belief that others can hear or are aware of the patient's personal thoughts
- Thought Content



Suicidal ideation

- Thoughts about deliberately considering or planning one's own death
- Thought Content



Homicidal ideation

- Thoughts about self-harming (cutting, punching, burning...)
- Thought Content



Linear/goal-directed

- Ideas that are strung together in a linear fashion and comprehensible way.
Normal thought process
- Thought Process



Circumstantial

- Trivial or irrelevant details that are unnecessary to the point of the conversation, however, the patient eventually gets back to the original topic or question that was asked
- Thought Process



Tangential

- When a patient moves from one thought to the other and never answers the question
- Thought Process



Incoherent

- Mumbling, loose association, tangential, or overly disorganized. Not able to be understood
- Thought Process



Flight of ideas

- Rapidly jumping from one topic to the other, without completing any train-of-thought. Often seen during manic episodes
- Thought Process



Thought blocking

- Talking and suddenly stops for no clear reason and is unable to return to the topic
- Thought Process



Preservation

- Persistent and inappropriate repetition of the same thought (e.g., saying, "I'm flying. I'm flying. I'm flying.")
- Thought Process



Neologisms

- Creating a word that does not actually have any meaning to someone else (e.g., "...that's because the *hulmpoffers* are trying to get me!")
- Thought Process



Loose associations (derailment)

- Lack of connection between ideas. A complete breakdown in connection between words or ideas and linear thought processing (i.e., the words the patient is using makes sense, but the sentence itself does not)
- Thought Process



Clang associations

- Type of loose association where words that sound alike are lumped or clumped together (e.g., “I need to plead the deed and bleed the seed.”)
- Thought Process



Word salad

- Confusing and unintelligible mixture of random words or phrases
- Thought Process



The Folstein Mini Mental Status Exam (MMSE)

- 11-item assessment
- Adults and elderly
- **Monitors cognitive deterioration over time**
- Can be biased against those with poor education or visually impaired



MMSE: Concentration/attention/calculation:

- **Serial 7s** (counts down from one hundred by sevens...100, 93, 86, 79, 72, 65, 58, 51, 44...)
- Spell a word backwards: W – O – R – L – D vs. D – L – R – O – W



MMSE:
Orientation:

- Year, season, date, day of the week, month
- Location – state, city, hospital floor



MMSE:
Registration/ability to learn new information

- Recall = name three objects; say – – – learn – – – repeat
- Funds of knowledge = who is the president...



MMSE Level of Impairment Scores

- 0 - 9 = Severe impairment
- 10 - 20 = Moderate impairment
- 21 - 24 = Mild impairment
- 25 - 30 = Normal, none



St. Louis University Mental Status Exam
(SLUMS)

- 11-items (orientation, short-term memory, calculations, naming of animals, The Clock Drawing Test, and recognition of geometric figures)
- Better at identifying MILDER cognitive problems



SLUMS Dementia Scores

- 0 - 20 = Indicates dementia
- 21 - 26 = Mild neurocognitive disorder
- 27 - 30 = Normal, none



The Clock Drawing Test



Figure 1. CDT test. Adapted from Chen, S., Stromer, D., Alabdalahim, H. A., Schwab, S., Weih, M., & Maier, A. (2020). Automatic dementia screening and scoring by applying deep learning on clock-drawing tests. *Scientific Reports*, 10(1). <https://doi.org/10.1038/s41598-020-74710-9>

- Assesses executive function (ability to continue with independent self-care, essential life-managing coordination skills, and cognitive functioning)
- The patient is asked to draw a clock, place numbers around the circle and to draw the hands on the clock to indicate, “10 minutes past eleven o’clock”



Difficulties performing The Clock Drawing Test indicate problems in the...

Right parietal lobe (right hemisphere) of the brain.



Vanderbilt ADHD Diagnostic Parent and Teacher Rating Scales (VADRS)

- Used by parents/teachers of children 6 to 12 to measure the severity of ADHD
- The parent evaluates 55 areas involving symptoms and performance at both home and school
- The teacher evaluates 43 problems in school related to symptoms, academic performance, and classroom behavior
- Screens for symptoms that meet criteria for both inattentive and hyperactive ADHD



Conners' Parent Rating Scale – Revised (CPRS-R:L) and the Conners' Teacher Rating Scale – Revised (CTRS-R:L)

- Used to measure childhood behavior problems
- The parent rating scale lists 80 problems identified at home and the teacher rating scale identifies 59 problems that children have in school
- The data is analyzed by a mental health professional and should be discussed during interdisciplinary conferencing



Generalized Anxiety Disorder 7-item (GAD-7)

- Self-administered 7-item screener for GAD
- Quick and effective screening tool in both the mental health and primary care settings
- Diagnosing is not based on screening results alone; should consider the patient interview, assessment, and history before finalizing a diagnosis
- Assesses feelings of nervousness, anxiety, worry, trouble relaxing, restlessness, irritability, and feelings of doom over the last two weeks



GAD-7 Scoring

- A score of 8 or greater is an identified cut-off point for probable cases of GAD
- 0 - 4 = Minimal anxiety
- 5 - 9 = Mild anxiety
- **10 - 14 = Moderate anxiety**
- > 15 = Severe anxiety



The Hamilton Anxiety Scale (HAM-A)

- Assesses for anxiety; clinician-rated consisting of 14 items
- The scale measures both mental and somatic anxiety symptoms



HAM-A Scoring

- < 17 = Mild anxiety
- **18 - 24 = Moderate anxiety**
- 25 - 30 = Severe anxiety



Patient Health Questionnaire – 9 (PHQ-9)

- Brief, self-administered depression screener
- Diagnosing not based on screener alone; should consider the patient interview, assessment, and history
- Assesses feelings of little interest or pleasure in doing things, feeling depressed or hopeless, trouble falling or staying asleep or sleeping too much, feeling tired, having a poor appetite or overeating, having low self-esteem, trouble concentrating, moving or talking too quickly (or the opposite), and having thoughts of being better off dead



PHQ-9 Scoring

- 0 - 4 = None
- 5 - 9 = Mild depression
- **10 - 14 = Moderate depression**
- 15 - 19 = Moderately severe depression
- 20 - 27 = Severe depression



The Hamilton Depression Scale (HAM-D)

- Assesses for depression; clinician-rated
- Consisting of 17 items, the scale measures both mental and somatic anxiety symptoms



HAM-D Scoring

- 0 - 7 = None
- 8 - 13 = Mild depression
- **14 - 18 = Moderate depression**
- 19 - 22 = Severe depression
- > 23 = Very severe depression



Beck's Depression Inventory (BDI)

- The BDI is a 21-item self-reporting inventory used to measure symptoms associated with depression
- Patients score questions on a scale of 0 to 3
- Questions range from asking about feelings of sadness, failure, and disappointment to changes in sex drive and suicidality



BDI Scoring

- 0 - 10 = Normal "ups and downs"
- 10 - 18 = Mild depression
- **19 - 29 = Moderate depression**
- 30 - 63 = Severe depression



Psychodynamic Theory

- Abusive behaviors are rooted in the oral stage (Freud) and a person will seek gratification through oral behaviors
- Regressive and maladaptive behaviors can be associated with dysfunctional family patterns



Biological Theory

- Individuals with a strong genetic predisposition to addiction may have "reward center" dysfunction in the brain that can produce an overreactive positive reward feature, resulting in substance abuse tendencies/desires
- May be related to specific gender and ethnic differences
- Person may have a dysfunctional negative rewards system, making it harder to stop the abuse



Substance Use Disorder (SUD) risk factors:

- F/h of drugs or alcohol use
- History of mental illness
- Child abuse
- Living in high poverty/violent areas w/poor resources
- Peer associated pressures
- Younger males
- Chronic pain history
- Untreated anxiety



PMHNP SUD assessment points:

- Detailed H&P, including timeframe, progression, and associated symptoms
- Social history
- Medication use
- Initial and periodic functional history (activities of daily living [toileting, feeding, dressing, grooming, bathing...] and instrumental activities of daily living [meal planning, housekeeping, laundry, driving, financial management, telephone use...])
- Validate history with a family member
- Identify the category of drug abused by the client



Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- A comprehensive, integrated public health approach to early intervention and treatment/screening for individuals with substance use disorders or may be at risk for developing a disorder
- Early screening
- Brief intervention



SBIRT components:

- Feedback
- Responsibility
- Advice
- Menu
- Empathetic interviewing
- Self-efficacy



Feedback

Tell the patient about the risks associated with current and continued use



Responsibility

Understanding that the decision to continue or not continue use or to change behavior lies completely with the user



Advice

Offer simple and direct advice on how to change



Menu

Offer a "menu" of options to change the behavior



Empathetic interviewing

Understand and consider the patient viewpoint; do not be judgmental



Self-efficacy

Encourage the patient to believe they can change in order to change



Symptoms of alcohol withdrawal:

- Nausea/vomiting
- **Tremors**
- **Paroxysmal (comes and goes) sweating**
- **Tactile disturbances** (sensations of touch without any physical stimulus; bugs, crawling on the skin, itching, or burning sensations)
- **Auditory disturbances**
- **Visual disturbances**
- Headaches
- Increased anxiety



The Clinical Institute Withdrawal Assessment Alcohol Scale – Revised (CIWA-AR)

- Used to assess and diagnose the severity of alcohol withdrawal and to determine when to administer medications
- Measures 10 alcohol withdrawal symptoms



CIWA Scoring:

- 0 - 9 = Absent or minimal
- 10 - 19 = Mild to moderate
- > 20 = Severe withdrawal

- 16 - 20 = give scheduled + PRN meds
- 8 or higher = PRN



CIWA Medications

- **diazepam (Valium;** benzodiazepine – long-acting)
- **lorazepam (Ativan;** benzodiazepine. *Primary option for a patient with a compromised or diseased liver – intermediate acting*)
- **chlordiazepoxide (Librium;** benzodiazepine)



Medications approved by the FDA for alcoholism:

- **acamprosate (Camprol;** GABA Analog)
- **disulfiram (Antabuse;** alcohol antagonist)
- **naltrexone (Revia;** opioid antagonist)



Disulfiram (Antabuse)

- Used for aversion therapy
- Should not be taken for **at least 12 hours after drinking alcohol**
- **Abstain from drinking anything that contains alcohol** (e.g., vinegar, aftershave, certain lotions, perfumes, mouthwash, cough medications), **while taking Antabuse and up to two weeks after discontinuing**



Clinical note: Antabuse can increase

Liver function tests (AST/ALT), so the nurse practitioner must monitor levels



Camprol and Vivitrol

Helpful in reducing alcohol consumption by decreasing alcohol cravings and alleviating symptoms. Medications are linked to increased abstinence rates



Symptoms of opioid withdrawal

- **Yawning**
- Anxiety/irritability
- **Pupillary dilation**
- **Piloerection**
- Myalgia
- **Lacrimation**
- Rhinorrhea
- Sweating
- Insomnia
- Nausea/vomiting
- Diarrhea



Opioid withdrawal from using short-acting opioids (e.g., heroin):

Usually starts 8 to 24 hours after last use, and the symptoms described above will last between 4 to 10 days



Opioid withdrawal from using long-acting opioids (e.g., methadone):

Usually starts within 12 to 48 hours after the last use and will last for approximately 10 to 20 days



Clinical Opiate Withdrawal Scale (COWS)

- Quantifies the degree of opiate withdrawal
- Need to obtain a baseline vital signs assessment along with first COWS recording and then reassess every 4 hours or sooner based on nursing observation
- Symptoms rated on a scale of 0 to 4 points



COWS assessment areas:

- Resting pulse rate
- Sweating
- Restlessness
- **Pupil size**
- Bone or joint aches
- Runny nose or tearing
- G.I. upset (over the last half hour)
- Tremor
- **Yawning**
- Anxiety or irritability
- **“Gooseflesh” skin (piloerection)**



COWS Scoring

- 5 - 12 = Mild
 - **13 - 24 = Moderate**
 - 25 - 36 = Moderately severe
 - > 36 = Severe withdrawal
-
- 13 - 24 = buprenorphine/naloxone (Suboxone)



buprenorphine/naloxone (Suboxone)

- Assess for previous adverse reaction/allergy
- Hold for BP \leq 80/50, HR $<$ 60, RR $<$ 12 or sedation
- Avoid acidic beverages and rinse mouth out with water prior to SL administration
- Do not swallow and confirm that it has fully dissolved



Opioid withdrawal and pregnancy:

- Pregnancy is not a contraindication for treatment; however, the PMHNP should consult with maternal and child health.
- Pregnant patients should not be tapered from opioids, but placed on a stabilizing dose until birth (can cause preterm labor, fetal distress or miscarriage)



Cut down, Annoyed, Guilty, and Eye Substance Abuse Tool (CAGE)

- A simple tool for evaluating the signs of substance abuse or dependency by using four questions
- Responses are given a 0 for "no" and 1 for "yes" answers
- A total score of 2 or greater is considered clinically significant



What does CAGE stand for?

- **C** – Cut Down; “Have you ever felt you should cut down on your drinking?”
- **A** – Annoyed; “Have people annoyed, you buy criticizing your drinking?”
- **G** – Guilty; “Have you ever felt bad or guilty about your drinking?”
- **E** – Eye-opener; “Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?”



Suicide risk screening involves:

- Asking direct and purposeful questions about an individual's behavior and feelings regarding death and the taking of their own life
- “Are you planning to kill yourself?”



Suicide risk factors:

- **Previous attempt (most significant risk factor)**
- Aged 45 or older (for males)
- Aged 55 or older (for females)
- Divorced, single, separated
- Caucasian
- Living alone
- < 24 years old taking an anti-depressant
- Family history of mental disorder, substance abuse, violence, and/or suicide
- Access to firearms or other deadly devices



Remember, when being asked about highest risk:

- If the question is about a single person and his or her risk for suicide, previous attempts are always the most significant
- If asking to compare four different patients for highest risk, count the total risks listed for each person, and choose the answer with the **MOST** risks listed



Healthy People 2020

- Live longer and higher quality lives free of preventable disease, disability, injury, and premature death
- Health equality, eradicate disparity, and improve the health of all populations
- Established social and physical environments to promote good health, quality of life, and positive healthy behaviors for all populations and across the lifespan



PMHNPs should always...

- Work to eliminate stigma
- Help patients locate and obtain resources



Primary Prevention

- **Decrease the incidents (prevent from ever happening and prevent new cases from occurring)**
- Assist patients in avoiding stressors and how to cope effectively
- Example: Immunizations are a form of primary prevention



Secondary Prevention

- **Early disease detection.** Can involve **acute intervention for healthy-appearing individuals with subclinical forms of a disease.** Secondary prevention is often accomplished via **screenings**
- Example: Testicular exam of the groin to diagnosis testicular cancer during its subclinical status and before it can progress



Tertiary Prevention

- **Decrease the complications** associated with symptoms/disability in patients **who have already developed the disease. Stop and/or postpone complications via treatment/interventions**
- Example: Establishing a frequent exercise program to prevent heart and blood vessel disease for a diabetic patient



Public Health Risk Factor: Biological

- Family history of mental illness
- Poor nutrition
- Over-all poor health



Public Health Risk Factor: Psychological

- Low self-esteem (self-concept)
- Perceived incompetence
- Negative view of life or circumstances
- Ineffective or poor ego defenses (unconscious processes used to cope with stressful internal or external environments)



Public Health Risk Factor: Social

- Poor job satisfaction or high stress work environment
- Poor socioeconomic status
- Poor participation in a variety of social relationships

