

The care of addicts during the abstinence syndrome – suggestions for consultation liaison services

Ljiljana De Lai, Dalibor Karlović

Department of Psychiatry, University Hospital Center »Sestre milosrdnice«, Zagreb, Croatia

Abstract – The basic principles of the health care process in the psychiatric practice are: the holistic approach, the uniqueness of the human being, privacy, dignity, therapeutic communication, absolute acceptance of the patients, their inclusion, and help during an efficient adjustment. The holistic approach implies the patient as a unique being in the social and cultural environment. Every individual has his or her own needs and their fulfilling during the illness is reduced or completely denied. Therapeutic communication should be professional and directed towards the fulfilling of the patient's needs. In this article is discussing about health care of opiate addicts and are given algorithms for consultation services based on clinical practice.

Key words: opiate addiction; consultation psychiatry; abstinence syndrome

INTRODUCTION

Eleven patients were simultaneously hospitalized in the detoxification program at the Addictions Ward, at the Department of Psychiatry of the University hospital »Sestre milosrdnice«. Their stay at the ward lasted around a month. Nurses' role with patients is of great importance since they are in interaction with them 24 hours a day.

Nurses' basic attitude towards drug addicts is characterized by a complete openness towards the patients' position; there are no subjective prejudices, or needless

Correspondence to: **Ljiljana De Lai**, Department of Psychiatry, University Hospital Center »Sestre milosrdnice«, Vinogradska c. 29, 10000 Zagreb, Croatia, e-mail: lj.delai@gmail.com

noralizing. The goal is to achieve a positive transfer and succeed in further treatment. Since the nurses are in constant interaction with patients, they are the participators as well as witnesses of all mental and physical conditions the addicts pass through the treatment.

The nurse's role begins with the patients' admission. Firstly, the patient and his or her family (if present) are interviewed. While interviewing, the nurse acquires general information on family relations, motivation for the treatment, readiness for the detoxification program, and physical health (hepatitis B and C, HIV-infection, etc.). During the interview certain patients' problems can come up; they can be defined as nursing diagnoses and based on them, goals and interventions can be set.

The basic principles of the health care process in the psychiatric practice are: the holistic approach, the uniqueness of the human being, privacy, dignity, therapeutic communication, absolute acceptance of the patients, their inclusion, and help during an efficient adjustment.

The holistic approach implies the patient as a unique being in the social and cultural environment. Every individual has his or her own needs and their fulfilling during the illness is reduced or completely denied. Besides physiological needs, the need for security, love, self-respect and self-actualization should be mentioned and united too. The uniqueness of the human being implies the acceptance of the patients as they really are, with all their differences and peculiarities. Therapeutic communication should be professional and directed towards the fulfilling of the patient's needs. Sometimes a patient needs opinion, advice, assurance or simply a social contact. The absolute acceptance of patients means acceptance no matter their social affiliation, religion or race.

Including the patient means helping the patient to gain independence while solving a problem as soon as possible or facing the new situation in the best way. It must be based on the reliance on the patient's potentials, i.e. strength.¹

Detoxification program is the initial phase in the treatment of addicts. It is characterized by physical cleaning of the organism from addiction substances. It is the precondition for the patient to be »clean-headed« so that the abstinence strategy, which includes the behavior change, could be planned. The hospitalization lasts around four weeks and is divided into three phases of the treatment: detoxification with methadone, the abstinence syndrome and facing oneself.

Detoxification with methadone is the first phase in the detoxification program for the treatment of addicts. In order for the addict to be admitted to that kind of program, preparation through the out-patient program is required.

The preparation encompasses the detoxification with methadone (up to 5 tablets) as well as the psychological preparation for accepting the rules and program.

The program starts with admitting the patient followed by interviews with both the nurse and the doctor. The patient is then introduced to the rules and signs the therapeutic contract, together with a special education teacher.

Detoxification with methadone lasts from 5 to 10 days depending on the patient's condition and the possibility of the rapidity of the detoxification itself. This is the phase when the patient shows least resistance since the opioid quantity in the organism is still enough to cover the majority of symptoms of the abstinence syndrome. As the patient goes toward a complete interruption of taking the methadone, mild symptoms of the abstinence syndrome start to develop.

The most common nursing diagnoses in this phase of the treatment are:

1. The anxiety because of the treatment characterized by agitation and fear from rejection. The goal is to make the patient join the ward with minimal anxiety. The patient is admitted to the ward with cordiality. He or she is introduced to the rules, to the arrangement of rooms and the already hospitalized patients.
2. High risk of bringing forbidden substances at the ward. The goal is to enable the patient to bring forbidden substances at the ward. It is explained to patient that bringing forbidden substances results with discharge. The nurse checks the patient and his or her things in their presence and they agree to leave any forbidden substance to the personnel.
3. Constipation due to taking opiates. The goal is to make the patient have stools every second day. The nurse will encourage the patient to drink 1.5 liters of liquid per day. The food should be enriched with greater quantity of fiber. A spoonful of Portalak syrup should be given every day.

The second phase of the addicts' treatment in the detoxification program is the hardest. It is marked by extremely strong symptoms of physical and mental crisis. The duration as well as the intensity of symptoms depends on various factors: first of all, the patient's personality, then motivation for abstinence, tolerance to pain, preparation, the organism's physical or mental damage as a result of taking substances, the patient's maturity. The most common nursing diagnoses are:

1. Pain due to abstinence syndrome. The objective is to reduce the pain to the lowest level possible. The patient should be explained that there are no substances that can completely eliminate the pain (except for opiates). The nurse gives analgesics according to doctors' prescription. The nurse also suggests more frequent showering with hot-cold water.

2. Diarrhea due to abstinence syndrome. The patient should not have more than three stools per day. The patient should be given anti-diarrheal diet. Anti-diarrheal medicines are also given according to doctors' prescription. 5% Glucose and 0.9% NaCl infusion is given intravenously per month per os according to doctors' prescription. Skin and mucous membranes' moisture must be checked.
3. Insomnia caused by abstinence syndrome. The goal is to make the patient sleep most of the night. The nurse should ensure adequate conditions for easier sleeping: good micro-climate conditions, silence at the ward and turning off the light. The nurse gives the therapy according to doctors' prescriptions. Black coffee should not be allowed after 5 o'clock p.m.
4. Aggressiveness due to abstinence syndrome. The goal is to make the patient control his or her behavior. The patient is encouraged to express his or her dissatisfaction but is also warned that any breaking of the rules results with discharge. The nurse should motivate the patient to deal with misunderstandings with the therapeutic team as well as with a group of patients through group work. Tranquilizers should be given according to doctors' prescription.
5. Craving for large quantities of medicines. The objective is to make the patient take only the prescribed medicines. The nurse will resist the pressure to give additional therapy. She will control the taking of the prescribed therapy by allowing the entrance of only one patient in her room. She should try to resolve the problem of asking for additional therapy by discussing it with the patient.

The treatment phase called confrontation with oneself is the final stage of the detoxification program. Patients are most productive for work in this phase and they are ready for certain changes. The changes refer to the control of their behavior, changing the system of values, strengthening the positive characteristics and the relationship with members of the family, planning a strategy for abstinence until the first control with their therapist. This phase of treatment carries more weight since patients have to face themselves and their past, attitudes and actions that caused suffering for them and their families as well. The patients are faced with the impairment of their physical and mental health and the situation is more serious if they have problems with the court or the police outside. In order for that period not to pass in self-accusation and depressive mood, the treatment is based on the solution of current conditions and problems, not looking back at the past ones. Patients finish the last phase of the treatment in the detoxification program with a short plan for maintaining the abstinence.

Nurses' diagnoses include:

1. Depression caused by the previous way of life. The objective is to make patients feel non-depressed. The nurse advises patients not to think about events from

the past, motivates them to take part in the program regularly and gives them antidepressants if prescribed.

2. Overestimating oneself and one's capabilities for being abstinent. The goal is to make patients have a realistic image of themselves and their abstinence capabilities. The nurse advises them to plan their activities day per day after finishing the treatment, to avoid, at least in the beginning, places and people that might negatively affect their stability. Every day they take Nemexin under one of the family members' supervision. Nemexin is an opioid antagonist. The nurse advises regular attendance of the outpatient program.

Research showed significant problems in the expansion of drug addiction with serious consequences for the individual (drug addict), the family and the society in general.

Since nurses are continuously in interaction with addicts in the detoxification program, they witness all the mental and physical conditions the addicts pass through during the treatment.

The main goal of this work was to examine the intensity of different symptoms in heroin addicts during the abstinence syndrome. The first goal was to examine the socio-demographic characteristics of the heroin addicts: age, sex, education, and employment. The second goal was to assess the drug experience in heroin addicts, which includes: the age of the first heroin experience, the appearance of heroin addiction, the period of heroin intake before entering the treatment, the way and frequency of heroin intake, the first drug ever taken as well as the age of the first drug taken. The third goal was to examine the intensity of the strongest symptoms of the abstinence syndrome in heroin addicts, the appearance of the abstinence syndrome from the moment of stopping taking the heroin and what kind of substance for alleviating the abstinence syndrome, if any, was taken.

SUBJECTS AND METHODS

Subjects

Fifty heroin addicts took part in the research. They were chosen according to the following criteria: they could be male or female, aged between 21 and 30 yrs ($M=25.9$, $\sigma=2.6$), with the diagnosis of heroin addiction (i.e. opioid addicts). To be more precise, the diagnosis for those subjects, treated in the University hospital »Sestre milosrdnice«, is F11.2 according to the Diagnostic and statistical manual of mental disorders² with codes from the International classification of disease

(ICD-10). There were 40 male and 10 female subjects, which is consistent with the proportion of male and female addicts in Croatia. There are four times more male heroin addicts than female.³

Questionnaire

A questionnaire was used as a method to obtain data for the goals set. The questionnaire we used is in the Appendix. It consisted of questions on socio-demographic characteristic of the subjects (sex, age, the maximum degree of education, employment), experience with heroin and other drugs (the subjects' age of first heroin experienced, the age of developing heroin addiction, the period of regular (daily) heroin intake before entering the treatment for the first time. Furthermore, it had questions dealing with the way and frequency of heroin intake before entering the treatment, the age of the first taking of any drugs and the name of the drug, the intensity of the abstinence syndrome (dysphoric mood, nausea, vomiting, muscle aches, lacrimation, rhinorrhea, pupillary dilatation, piloerection, sweating, diarrhea, yawning, fever, insomnia). The subjects responded to a scale from 1 to 4, with 1 meaning »the symptom is not expressed at all«, and 4 »the symptom is much expressed«.

Procedure

The research was done from January to April 2004 at the Addiction Ward of the Department of Psychiatry, University Hospital »Sestre milosrdnice«. The examiner asked the subjects to answer the questions honestly; the questionnaire was anonymous and the results were used exclusively for the purpose of research. The examination was individual and it lasted around 10 minutes per subject. The descriptive results were shown in tables and graphs. We used the commercial program SPSS.

RESULTS

Socio-demographic characteristics of the heroin addicts

Before asking the question about experience with drugs and symptoms of the abstinence syndrome, the subjects had to answer the questions about their socio-demographic characteristics. We examined gender, age, level of education and employment.

As we already stated, there were 50 subjects (40 male and 10 female), which is equivalent to the Croatian proportion of heroin addicts according to gender. Subjects' mean age was 25.9 yrs, and the age range was from 21 to 30 yrs.

Table 1. The highest level of education of heroin addicts

The highest level of education	N	%
No education	1	2
Elementary school	7	14
Secondary school	35	70
College	4	8
University	3	6
Total	50	100

As we can see from Table 1, the greatest number of subjects had secondary education (70%), 14% had primary education, 8% a college degree, 6% a university degree, and only 1 (2%) did not finish the elementary school.

Table 2. Employment of heroin addicts

Employment	N	%
Permanently employed	11	22
Unemployed	14	28
Temporary/part-time employment	19	38
Student	3	6
Self-employed	1	2
No answer	2	4
Total	50	100

The biggest number of heroin addicts had a temporary or part-time job (38%), 28% were unemployed, 6% were students, and 2% were self-employed.

Drug experience in heroin addicts

The subjects were asked to answer questions about their experience with heroin and other drugs. We examined the age of their first heroin intake, the period of the occurrence of heroin addiction, the duration of regular (daily) heroin intake before entering the treatment, the way and frequency of heroin intake before the treatment, the age and the name of the first drug taken.

Table 3. Heroin addicts' age at first heroin use

Age at first heroin use	N	%
11	1	2
13	2	4
14	3	6
15	5	10
16	6	12
17	10	20
18	9	18
19	2	4
20	7	14
21	2	4
22	1	2
24	1	2
25	1	2
Total	50	100

As we can see from Table 3, the subjects from our sample took heroin for the first time at the age between 11 and 25, on the average when they were 17.4 years old ($M=17.46$, $\sigma=2.71$).

The mean age of the heroin addiction occurrence in subjects from our sample was 19.5 yrs ($M=19.5$, $\sigma=2.8$), ranging from 13 to 26 yrs (Table 4).

Table 5 illustrates the subjects who took heroin on a regular basis (every day), between 3 and 120 months ($M=37.82$, $\sigma=29.84$), up to the moment of entering the treatment.

Although addicts take heroin most often intravenously, we examined the possible combinations of taking it. In the majority of cases (44%), the subjects took heroin intravenously as well as by smoking it or sniffing it (Table 6).

Table 7 shows that, before coming to the treatment, in the majority of cases, subjects took heroin on a daily basis (94%), 4% two or three days per week and 2% 4–6 days per week.

The abstinence syndrome developed between 4 and 76 hours after the last heroin intake, on average around 21 hours ($M=21.24$, $\sigma=17.1$).

When asked if they took some substance to alleviate the abstinence syndrome, 49 of 50 subjects (98%) said yes. The majority took Heptanon (66%), then Lumidol

Table 4. Addicts' age when heroin addiction occurred

Age of the occurrence of heroin addiction	N	%
11	1	2
13	2	4
14	3	6
15	5	10
16	6	12
17	10	20
18	9	18
19	2	4
20	7	14
21	2	4
22	1	2
24	1	2
25	1	2
Total	50	100

Table 5. Duration of regular heroin use (in months) in heroin addicts before entering the treatment

Duration of regular heroin use	N	%
3	1	2
6	3	6
7	2	4
12	5	10
14	1	2
18	3	6
24	8	16
30	1	2
36	9	18
42	2	4
48	6	12
54	1	2
60	1	2
72	2	4
96	2	4
120	3	6
Total	50	100

Table 6. The way of taking heroin in heroin addicts

The way of taking heroin	N	%
Intravenously	10	20
Smoking	2	4
Sniffing	2	4
Intravenously and sniffing	13	26
Smoking and sniffing	1	2
Intravenously, smoking and sniffing	22	44
Total	50	100

(22%), three subjects used Xanax, Praxiten and Normabel respectively, 4% did not remember what they had taken, and only one addict did not take any substance for alleviating the syndrome.

Table 7. Frequency of heroin use in heroin addicts before entering the treatment

Frequency of heroin use	N	%
Every day	47	94
4–6 days per week	1	2
2–3 days per week	2	4
Total	50	100

Table 8. Data on first drug use considering the age

Age of first heroin use	N	%
9	1	2
10	1	2
12	3	6
13	9	18
14	11	22
15	13	26
16	6	12
17	5	10
18	1	2
Total	50	100

The subjects took their first drug when aged 9–18 yrs ($M=14.4$, $\sigma=1.76$).

Table 9. Data on drug use considering the type of drug

First drug type	N	%
Marijuana	38	76
Hashish	2	4
Glue	3	6
LSD	2	4
Heroin	5	10
Total	50	100

The majority of the subjects said marijuana was their first drug (76%), 10% heroin, 6% glue, 4% hashish and 4% LSD.

Symptoms of the abstinence syndrome in heroin addicts

We collected data on the intensity of symptoms of the abstinence syndrome (dysphoric mood, nausea, vomiting, muscles ache, lacrimation, rhinorrhea, pupillary dilatation, piloerection, sweating, diarrhea, yawning, fever, insomnia). The subjects answered on a scale from 1 to 4 where 1 meant »the symptom is not expressed at all« and 4 »the symptom is much expressed«. Data are shown in Table 8.

Table 10. The intensity of the abstinence symptoms in heroin addicts

Symptoms	Not present		Weak		Strong		Extremely strong		No answer	
	N	%	N	%	N	%	N	%	N	%
Dysphoric mood	0	0	10	20	21	42	19	38	0	0
Nausea	6	12	20	40	18	36	6	12	0	0
Vomiting	12	24	21	42	12	24	5	10	0	0
Muscle ache	1	2	6	12	24	48	19	38	0	0
Lacrimation	6	12	12	24	19	38	12	24	1	2
Rhinorrhea	3	6	11	22	20	40	16	32	0	0
Pupillary dilatation	0	0	8	16	14	28	27	54	1	2
Piloerection	0	0	6	12	14	28	30	60	0	0
Sweating	0	0	8	16	20	40	22	44	0	0
Diarrhea	8	16	15	30	17	34	10	20	0	0
Yawning	2	4	8	16	24	48	16	32	0	0
Fever	6	12	10	20	18	36	16	32	0	0
Insomnia	0	0	1	2	6	12	43	86	0	0

The majority of subjects (42%) said dysphoric mood was a strong symptom of the abstinence syndrome, 38% said it was extremely strong and 10% that it was weak. None of the subjects said there was no dysphoric mood in the abstinence syndrome.

For 40% of the subjects nausea was a weak symptom, for 36% it was strong, 12% said it was an extremely strong symptom while 12% did not state nausea as a symptom at all.

Vomiting was a weak symptom of the abstinence syndrome for 42% of the subjects, a strong symptom for 24%, and extremely strong for 10%. 24% had the abstinence syndrome without vomiting.

The majority (48%) stated muscle ache was a strong symptom of abstinence syndrome, 38% considered it extremely strong, 12% weak, while only 2% of the addicts did not have muscle ache during the abstinence syndrome.

38% of the addicts said pupillary dilatation was a strong symptom of abstinence syndrome, 24% considered it extremely strong, 24% weak, while 12% of the subjects did not have that symptom at all.

According to the majority of the subjects (40%), rhinorrhea was a strong symptom of abstinence syndrome, 38% said it was extremely strong, 24% considered it weak, while 12% did not mention rhinorrhea as a symptom.

54% of the subjects said pupillary dilatation was a very strong symptom of abstinence syndrome, 28% thought it was strong, and 16% that it was weak. None of the subjects stated there was no pupillary dilatation in the abstinence syndrome.

According to the majority (60%), piloerection was an extremely strong symptom, 28% said it was strong, while 12% said it was weak. None of the subjects said there was no piloerection during the abstinence syndrome.

The greatest number of the subjects (44%) said sweating was an extremely strong symptom, 40% considered it strong and 16% weak. None of the subjects said there was no sweating in the abstinence syndrome.

Table 11. Mean and standard deviation of the examined symptoms of abstinence

	N	Minimum	Maximum	Mean (M)	Standard deviation (σ)
Dysphoric mood	50	2	4	3.18	0.75
Nausea	50	1	4	2.48	0.86
Vomiting	50	1	4	2.20	0.93
Muscle ache	50	1	4	3.22	0.74
Lacrimation	49	1	4	2.76	0.97
Rhinorrhea	50	1	4	2.98	0.89
Pupillary dilatation	49	2	4	3.39	0.76
Piloerection	50	2	4	3.48	0.71
Sweating	50	2	4	3.28	0.73
Diarrhea	50	1	4	2.58	0.99
Yawning	50	1	4	3.08	0.80
Fever	50	1	4	2.88	1.00
Insomnia	50	2	4	3.84	0.42

For 34% of the subjects, diarrhea was a strong symptom, 30% considered it weak while according to 20% of the subjects it was extremely strong. 16% did not have diarrhea as a symptom of abstinence syndrome.

Yawning was a strong symptom for 48% of the addicts, extremely strong for 32%, weak for 16%, while it was not present as a symptom in 4% of the subjects.

The greatest number of addicts (36%) mentioned fever as a strong symptom, 32% said it was extremely strong, 20% considered it weak, while 12% did not have fever as a symptom.

Insomnia was an extremely strong symptom for the majority of addicts (86%). 12% said it was strong and only 2% considered it weak. None of the subjects said insomnia was not present as a symptom.

We can see from Table 9 that heroin addicts consider insomnia the most expressed symptom of the abstinence syndrome ($M=3.84$, $\sigma=0.42$). The second strongest symptom is piloerection ($M=3.48$, $\sigma=0.71$), the third is pupillary dilatation ($M=3.39$, $\sigma=0.76$). Sweating is the fourth symptom ($M=3.28$, $\sigma=0.73$), the fifth is muscle ache ($M=3.22$, $\sigma=0.74$), dysphoric mood is the sixth ($M=3.18$, $\sigma=0.75$). Yawning is the seventh symptom ($M=3.08$, $\sigma=0.80$), rhinorrhea is the eighth ($M=2.98$, $\sigma=0.89$), fever is the ninth ($M=2.88$, $\sigma=1.00$), and lacrimation is the tenth symptom ($M=2.76$, $\sigma=0.97$). When it comes to intensity the three weakest symptoms according to addicts are diarrhea ($M=2.58$, $\sigma=0.99$) as the eleventh symptom, nausea ($M=2.48$, $\sigma=0.86$) as the twelfth, and vomiting ($M=2.20$, $\sigma=0.93$) as the last, weakest symptom of the abstinence syndrome.

DISCUSSION

The study was carried out in order to investigate the intensity of different symptoms of the abstinence syndrome in heroin addicts. Of the total number of subjects ($N=50$), 40 were male and 10 female, which is equivalent to the Croatian proportion of men and women who are heroin addicts. The results show that the addicts are young people, aged 21–30 years, with mostly secondary education. When it comes to employment, the majority had a temporary or part-time job (38%), 28% were unemployed, 22% had a permanent job. This is to be expected if we take into consideration their age and style of life.

When we compare our results with the 2000 statistical data^{4,5} which reported that 25.7% of addicts were permanently employed, 43.2% were unemployed, and 8.3% were temporarily employed, we can see a difference in our subjects. There are more

subjects with temporary or part-time jobs and a significantly smaller number of unemployed. This can be explained by the fact that our subjects were aged 21–30 years, which excludes younger population that was present in the aforementioned data.

Our subjects had their first heroin experience at the age between 11 and 25 years, but a smaller number of addicts (12%) took heroin at the age 11–15 yrs. The biggest number of addicts had heroin experience when they were 15–20 years old (74%). The lowest percentage of addicts (10%) tried heroin when they were 20–25 years old.

In 2000 the Department for monitoring and analyzing the addiction treatment of the Croatian National Institute of Public Health reported the age from 15 to 17 to be the riskiest period for the beginning of experimenting, which can lead to addiction. Although experimenting can occur later, their data suggest that 77.2% of the addicts had already started taking drugs by their twenties. Our data correspond with their data.

Mean age of heroin occurrence in our subjects' lives was 19.6 years.

Data on patients' regular heroin use before entering the treatment show that a greater number of addicts had been using heroin from several months to several years before treatment. A smaller number entered the treatment within one year from the beginning of heroin use (11 out of 50 subjects). The largest number of subjects entered the treatment 14 to 48 months after the beginning (30 out of 50 subjects), while those who entered the treatment 54 and 120 months after beginning with heroin were the least represented (9 out of 50 subjects).

We used the median as an indicator of the opioid abuse duration from the moment of the first use until entering the treatment in the Addiction Centre in 2000; and it amounts to 4 years.⁵

Taking into consideration the physical and mental impairments caused by drugs and the style of life of addicts, it would be desirable to motivate and win over to treatment people who had been addicts for shorter periods of time. They could be included into the treatment process very soon and this would prevent the primary and secondary difficulties that drug addiction brings with itself.

The greatest number of addicts (44%) took heroin in three ways: intravenously, by smoking and by sniffing. Exclusively intravenous use comes immediately after with 20%, which is a great risk for being infected by an infectious disease or to transmit it from one addict to another. Healthy population is also at risk since hepatitis B and C and AIDS as well are transmitted by blood or sexually. The addicts run a great risk of being infected because of frequent use of somebody else's kit to inject heroin but also because of the uncontrolled sexual life.

Statistical data on opioid use for patients resident in Zagreb, who joined the treatment first in 2000, show that 78.4% of the addicts took the opiates intravenously, which is slightly above the percentage we obtained in the research.

The first illicit substance our subjects took was at the age 9–18, and 88% took it when they were between 13 and 18 years old. As far as the first substance taken, they mention most often marijuana (78%), white hashish, glue, LSD and heroin.

Statistical data for 2000 show that the mean age for the first drug use was 15.9, marijuana being the first drug (78.1%).^{6,7} Our research obtained the approximate data.

When asked about the frequency of taking heroin before entering the treatment, the biggest number of subjects (94%) said it was every day.

In the last part of the questionnaire we examined the symptoms of the abstinence syndrome according to the diagnostic criterion of restraining from opiates from DSM-IV (F11.3). It has nine symptoms of the abstinence syndrome. In order to obtain more accurate results we examined nausea and vomiting separately (although they are considered to be one single symptom in DSM.IV), as well as pupillary dilatation, piloerection and sweating.

The obtained results suggest that the majority of subjects had almost all symptoms of the abstinence syndrome, but of different intensity. Heroin addicts stated insomnia, piloerection and pupillary dilatation as the three most expressed symptoms of the abstinence syndrome. The three weakest symptoms, according to the addicts, are diarrhea, nausea and vomiting. The literature suggests almost the opposite. In the description of the abstinence syndrome diarrhea, vomiting and nausea are described as the most common symptoms. DSM-IV states that piloerection and fever are connected to severe restraining and they are not considered as a routine in the practice. Considering that the questions about the abstinence syndrome in this research referred to the strongest period of the syndrome' symptoms, our subjects stated them as very expressed. Piloerection was extremely strong in 60% of the subjects, and very strong in 28%. Fever was very much expressed in 36% of the subjects.

By doing this research, we found that the biggest problem heroin addicts are faced with during the abstinence syndrome is insomnia. So, a nurse should adapt her work to this.

Based on our personal experience and literature, it can be seen that opiate addicts experience the abstinence syndrome in different ways. Proceeding from this, research was conducted on the sample of 50 heroin addicts, both genders, who were treated during the first four months in 2004 at the Addiction ward of the University Hospital »Sestre milosrdnice«. The first part of the questionnaire was taken from the so called »Pompidou« questionnaire of the European Council which is applied to all addicts in

treatment. It contains general data on addicts and drug use. The second part of the questionnaire was based on criteria for the abstinence syndrome stated in DSM-IV.

Based on the results we obtained from research, it can be seen that heroin addicts represent a younger population, passing through a difficult period in life because of a long-term drug abuse and restraint. They need understanding and support while trying to achieve stability so that they could begin with a healthier way of life with different rules and a changed system of values. In order to achieve that, they have to pass through the difficult and painful period of abstinence syndrome. Each of the addicts has his own individual way of experiencing it, which can be seen also in this study. The strongest abstinence symptoms in our subjects are insomnia, piloerection and pupillary dilatation, and the weakest diarrhea, nausea and vomiting.

When trying to go through the abstinence syndrome, heroin addicts need help and knowledge of a well educated nurse sensitive to their problems.

NJEGA OVISNIČKOG APSTINENCIJSKOG SINDROMA – SUGESTIJE ZA KONZULTATIVNU PSIHIJATRIJU

Sažetak – Bazični principi u procesu psihijatrijske zdravstvene njege su: holistički pristup, jedinstvenost ljudske osobe, dignitet, terapijska komunikacija, apsolutno prihvaćanje bolesnika i pomoć u njihovoj prilagodbi na bolest. Holistički pristup implicira da je bolesnik jedinstveno biće u njegovom socijalnom i kulturnom okruženju. Svaka individual ima svoje vlastite potrebe koje mogu biti za vrijeme bolesti onemogućene. Terapijska komunikacija mora biti profesionalna i usmjerena na ispunjavanje bolesnikovih potreba. U ovom članku se diskutira o zdravstvenim potrebama opijatskih ovisnika i pruženi su algoritmi, za konzultativne servise, bazirani na kliničkoj praksi.

Ključne riječi: opijatska ovisnost; konzultacijska psihijatrija; apstinencijske smetnje

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III Questionnaire on the abstinence syndrome:

Questions about the strongest abstinence symptoms due to cessation of heroin intake

- 1) How much time after heroin cessation did the abstinence syndrome occurs (in hours)? _____
- 2) Did you take any substance to alleviate the abstinence syndrome? No Yes
If yes, which one? _____
- 3) Symptoms that appeared:

	Not present	Weak	Strong	Extremely strong
1) Dysphoric mood	1	2	3	4
2) Nausea	1	2	3	4
3) Vomiting	1	2	3	4
4) Muscle ache	1	2	3	4
5) Lacrimation	1	2	3	4
6) Rhinorrhea	1	2	3	4
7) Pupillary dilatation	1	2	3	4
8) Piloerection	1	2	3	4
9) Sweating	1	2	3	4
10) Diarrhea	1	2	3	4
11) Yawning	1	2	3	4
12) Fever	1	2	3	4
13) Insomnia	1	2	3	4