

Nurses Need to Play an Active Role in Managing Designer Drug Use

Written by Mary Beth Nierengarten

With the increased use of designer drugs among adolescents, nurses need to take an active role in educating and treating patients as well as in changing health care practice and policy for banning new substances.

Katharine Frances Drobile-Landis, RN, BSN, Community College of Philadelphia, Philadelphia, Pennsylvania, USA, provided a summary of the current evidence on designer drug use among adolescents to help educate psychiatric nurses on the high incidence and dangers of these substances and what signs and symptoms to be aware of for suspected use, as well as the role they should play in changing health care policies.

Based on a systematic review of emerging drugs of abuse (Nelson ME et al. *Emerg Med Clin North Am.* 2014), Ms Drobile-Landis first provided a brief description and accompanying signs and symptoms of 2 commonly used designer drugs among adolescents: synthetic cannabinoids and synthetic cathinoids (bath salts).

First approved in 1985 for the treatment of nausea, synthetic cannabinoids are commonly known as spice, K2, spice gold, or fake weed. Signs and symptoms include anxiety, agitation, confusion, insomnia, hypertension, short-term memory loss, seizure and convulsions, shortness of breath, and psychosis and paranoia.

Existing in a natural form in the leaves of the Khat plant, synthetic cathinones are commonly known as bath salts, vanilla sky, ivory wave, meow meow, and cloud 9. Signs and symptoms include hyperthermia, blurry vision, tachycardia, psychosis, hypertension, agitation, seizure and convulsions, and acute renal failure.

Along with recognizing the signs and symptoms of these substances and providing supportive treatment, Ms Drobile-Landis emphasized the need for nurses to educate adolescents about the dangers of these substances, and the need for abstinence and breaking with maladaptive patterns that lead to their use.

US poison control centers received 2251 calls in 2012 related to bath salts through September 10 [Gershman JA, Fass AD. *P T.* 2012]. Ms Drobile-Landis highlighted efforts over the past several years to ban or regulate these substances in the United Kingdom and the United States. A UK study showed about 1800 queries relating to cathinones over 1 year leading up to the UK ban [James D et al. *Emerg Med J.* 2011], but a survey showed mephedrone was still in demand following the ban [Winstock A et al. *Lancet.* 2010].

Emphasizing the active role that nurses need to take in educating patients about these substances as well as

helping to change policy on their use, Ms Drobile-Landis encouraged nurses to report suspected use of these substances to their local poison control center to help identify the extent of the problem and receive guidance on how to manage the problem. She also highlighted that in patients suspected of severe substance use, outside laboratory tests using liquid chromatography and mass spectrometry should be considered.

CIT Reduces Anxiety in Inpatients With Relationship Problems

Written by Rita Buckley

Troubled relationships put psychiatric patients at high risk of relapse, even when they are fully compliant with medication regimens. However, cognitive interpersonal therapy (CIT) can reduce anxiety and possibly improve social skills. Tamra Rasberry, PhD, MSN, RN, Liberty University, Lynchburg, Virginia, USA, presented results of a pilot study to assess the efficacy of intensive cognitive interpersonal therapy (ICIT) in an inpatient setting.

CIT is specifically designed to address relationship conflicts and to help individuals learn how to deal with the negative emotions generated by relationship distress. Key components of CIT include assessing the client's motivation for change and addressing emotion regulation by teaching strategies to develop empathy, assertiveness, and respect. By providing motivated individuals with tools and insights to improve relationships, it reduces interpersonal anxiety and fosters self-regulation of negative emotion—an essential skill to achieve and maintain emotional health. Evidence suggests that ICIT has the potential to accrue similar benefits for inpatients.

The pseudo-experimental, pre- to posttest, non-blinded trial used a short-term ICIT approach with relationship conflict (a largely overlooked area of research) as its sole focus. Targeting known contributors to relapse (ie, criticism, hostility, and emotional overinvolvement), its primary aim was to examine whether a brief ICIT intervention could improve patients' ability to handle close relationships, increase their satisfaction with them, and decrease emotion dysregulation and destructive thought processes. A secondary aim was to provide preliminary evidence for a brief intervention for psychiatric inpatients.

Inclusion criteria included hospitalization with a psychiatric diagnosis, in-hospital availability on Saturday and Sunday, willingness to participate in ICIT or treatment as usual (TAU) groups, and agreement to be contacted after discharge for follow-up. Patients also had to