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Mini Review

Treatment and the Current Concept of Relapse, in Substance Use Disorder

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Abstract

The "Substance Use Disorder" (SUD) is characterized by an inability, consistent withdrawal, loss of inhibitory control of the desire for Substance Abuse (SA), causing impairment in behavior, decreased ability to recognize significant problems, due to pathological behavior itself, deficits in interpersonal relationships, and dysfunctional emotional responses.

The objective of this work is to assist in the effective construction of a complex, multidisciplinary treatment of SUD, with new concepts based on scientific evidence, knowledge of the Relapse process, which presents means of identifying the warning signs themselves, and has a plan of conscious action, not to allow this process to evolve into suffering and SA. In Material and Metods, a collection of articles and research strategy, publications of this study for SUD, involved a search of several articles in Pubmed.

The DUS etiopathogenesis, and its Relapse Stage, are multifactorial, encompassing biological, genetic, psychological, family, social and environmental factors, all associated, with variations in intensity, frequency and time. They start in a shared way and are mediated by different molecules, which last a certain time, with a specific time of action, producing cyclic and different processes, by epigenetic mechanisms, gene expression, and neuroadaptations

Relapse is defined as a transition to regression, or a progression in the recovery process, motivated by a return to previous SA behavior despite the intention to remain abstinent.These are neurological processes, with their own signatures, of the brain reward system. It's a strategic moment of change, in which the therapist extracts the traumatic focus, easily, due to the state of emotional lability. If the patient takes action, the change process continues.

According to scientific studies, the treatment personalized plan, with a greater focus on the psychological factor, associated with multiple behavioral-cognitive therapies, in a specific therapeutic community <6 months, applying psychoeducation to family members, and continuous outpatient follow -up.

Keywords: Substance Abuse; Substance Use Disorder; Relapse; Plain Prevention

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Currently, "Substance Use Disorder" (SUD) is characterized by an inability, consistent withdrawal, loss of inhibitory control of the desire for Substance Abuse (SA), causing impairment in behavior, decreased ability to recognize significant problems, due to pathological behavior itself, deficits in interpersonal relationships, and dysfunctional emotional responses. The characteristics of chronic diseases, SUD involves cycles of relapse and remission, and are associated with other psychiatric pathologies in 60% of cases, causing confusion in symptoms, and treatment of all comorbidities is necessary [1,2].

The DUS etiopathogenesis, and its Relapse Stage, are multifactorial, encompassing biological, genetic, psychological, family, social and environmental factors, all associated, with variations in intensity, frequency and time. The American Institute on Drug Abuse, as well as ASAM, consider genetics to contribute in the etiopathogenesis of 60%, for TUS [3-6].

Relapse is conceptually defined as a transition to regression, or a progression in the recovery process, motivated by a return to previous SA behavior despite the intention to remain abstinent. A standardized definition and understanding of relapse not only minimize confusion, inconsistency and social stigma, but also the objective is helps provide relapse- sensitive care with accurate assessment methods [7-9].

Relapse is not just the act of SA, but the entire previous process, which involves subtle or expressive symptoms, with many variations and emotional dysregulation, divided into eleven phases, according to Gorski. However, SA is the last step of relapse, and neglecting previous events, in a relapse, prevents an effective intervention [8,10].

These are neurological processes generated by hyperactivity of dopaminergic pathways, with their own signatures, of the brain reward system, that stimulate the shared pathways of impulsivity, sexual impulses, food abuse, called the "brain reward system", as it provides pleasure in the release of dopamine, the same pathway as these and SA, and Relapse. For each substance, they start in a shared way and are mediated by different molecules, which last a certain time, with a specific time of action, producing cyclic and different processes, by epigenetic mechanisms, gene expression, and neuroadaptations, of the activity in the mesolimbic dopaminergic system, which were evidenced in Magnetic Resonance Studies with positron emission, and in animal studies [6,8,10-13]

So, we consider the plan, as Relapse Management (RM), and not just Prevention, because new Relapse Processes will happen, due to the factors described above. Prevention must avoid negative emotional states, and live in automatic mode [3,8, 11,12]. Relapse is a mental health crisis, which can be speech, thoughts or behaviors, considered as a moment of change, in which the therapist extracts the traumatic focus, easily, due to the state of emotional lability. If the patient takes action, the change process continues. It is a strategic moment, for the re-signification of values and beliefs, creation of new forms of expression, and strengthening of bonds [14,15].

The Singular Care Plan (PAS) is carried out, after screening for risk factors and/or barriers, for different sex and age groups. The treatment is the association of multiple approaches, carried out by the multidisciplinary team, with several resources, which add complex interventions, pharmacological treatment when indicated, psychosocial therapies adapted to RM (based on Marlatt and Gorski), using Cognitive-Behavior Therapy basead the Mindfulness tool, associated with psychoeducation, Social Skills Training (SST) and coping, in a Therapeutic Community (TC), admission in the first 30 days (Acute Abstinence-very high risk of SA), facilitating SST among peers, Relapse symptoms, 12 steps Narcotics Anonymous, holistic medicine, treatment / psychoeducation for family members, offering workshops for occupational therapy purposes, physical activities, balanced nutrition, promoting protected and integrated housing, for an effective assistance therapeutic [14-17].

Reception in the short-term TC (<6 months), those who do not have social and/or family support, receive 'folow-up" of SST, for 3 months, period of high risk of SA. This treatment is indicated for patients in the Relapse or Maintenance phase, as they have high motivation to change. TC discharge is assessed by the repertoire of SST. Coping skills are the cognitive repertoires to effectively deal with everyday situations, especially in stressful moments, and trigger relapses. Psycho-SST are essential for secondary symptoms, post-DUS, for non-SA in Relapse processes. Patients with low motivation (pre-contemplation and contemplation) are indicated for long-term TC (tradicional), and very symptomatic patients are required to be admitted to hospitals or medical clinics. Continuous outpatient follows -up is always maintained [18-20].

Materials and Methods

The collection of articles and research strategy, publications of this study for SUD, involved a search of several articles in Pubmed, which constituted the original data of this review. Terms related to “Substance Use Disorder” (SUD) and “prevention relapse”(PR),” substance abuse”(SA), "relapse" and "Substance Use Disorder" were listed in Medical Subject Headings (MeSH). All types of “SUD”, ‘’PR’’ and “SA”, and words Relapse and Substance Abuse, have been covered as much as possible. To ensure the best coverage we use the “advanced search” option. The search was by text subject. The queries for “Substance Use Disorder” (SUD), (PR) and (SA) generated 322,748 and 3,972 records, and for the terms in the same sentence 66,825 records, on 2022-01-01.

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Conflict of Interest

The author declares no conflict of interest.

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