

Intervención en adicciones (3109G01034 / 2015)

Datos generales

Curso académico: 2015

Descripción: Factores neurobiológicos, psicológicos y psicosociales asociados a las conductas adictivas. Intervenciones para la prevención de las conductas adictivas. Manejo y opciones terapéuticas en el tratamiento de las conductas adictivas. El modelo transteórico del cambio y la entrevista motivacional en el abandono de las adicciones. Imagen social del adicto. Prevalencia y carga de enfermedad atribuible al alcohol y otras drogas.

Créditos ECTS: 5

Grupos

Grupo A

Duración: Semestral, 2º semestre

Profesorado: **MARIA PILAR AVILA CASTELLS** , **ABEL LOPEZ BERMEJO** , **JUAN LUCAS PONS LALAGUNA** , **FABIANA SILVIA SCORNIK GERZENSTEIN**

Lengua de las clases: Inglés (100%)

horarios:

Actividad	Horario	Grupo de clase	aula
teoría		1	
Prácticas de aula		1	
Prácticas de aula		2	
Aprendizaje basado en problemas		1	
Aprendizaje basado en problemas		2	
Aprendizaje basado en problemas		3	
Aprendizaje basado en problemas		4	
Aprendizaje basado en problemas		5	
Aprendizaje basado en problemas		6	



Competencias

Reconocer los elementos esenciales de la profesión médica, que incluyan los principios éticos, las responsabilidades legales y el ejercicio profesional centrado en el paciente. Desarrollar la práctica profesional con respeto por los otros profesionales de la salud, adquiriendo habilidades de trabajo en equipo.

Comunicarse de modo efectivo y claro, tanto oralmente como por escrito, con los pacientes, los familiares, los medios de comunicación y otros profesionales.
 Conocer, valorar críticamente y saber utilizar las fuentes de información clínica y biomédica para obtener, organizar, interpretar y comunicar la información científica y sanitaria.
 Saber utilizar las tecnologías de la información y la comunicación en las actividades clínicas, terapéuticas, preventivas y de investigación.
 Tener, en la actividad profesional, un punto de vista crítico, creativo, con escepticismo constructivo y orientado a la investigación.
 Garantizar el conocimiento adecuado de la lengua inglesa, tanto oral como escrita, teniendo en cuenta las especificidades del registro médico para poder comunicarse eficazmente a la comunidad internacional científica y profesional.



Contenidos




1. Define addiction, dependence, habituation, abuse, Harmful use and compulsions. 2. Characterize the social image of the addicted person and the attitudes to drug consumption in health professionals along history 3. Expose the prevalence of drug consumption for the different substances in Catalonia as well as in Spain, in Europe and in the World and the percentage of persons entering treatment by each drug. 4. Give an account of the Mortality and burden of disease attributable to alcohol and other drugs. 5. Identify the mayor Sociological and psychological factors associated with increased risk of addiction and explain the evidence which indicates they are the most important determinants. 6. Describe some of the different settings for addiction prevention and the Interventions with evidence of effectiveness in each setting. Specifically, detail the strategy for addiction prevention from the Sanitary services (Brief Intervention, Transtheoric Model of Change, Motivational Interviewing). 7. Recognize the indicators that a behavior has become an addiction 8. Determine the neurocognitive processes involved in addiction. 9. Using examples, illustrate how an addiction is managed inside the Health Care System. 10. Outline the therapeutic Interventions Actually employed in the treatment of addictions (Pharmacological, Inpatient units, Cognitive-Conductual Therapy, Group Therapy, Family Therapy, Therapeutic Community, Risk reduction, etc.) and INDICATE their grade of effectiveness. 11. Using examples, design and implement biopsychosocial Interventions for the treatment of patients with tobacco and alcohol addiction. 12. Evaluate the evidence for Complementary and Alternative treatments for addiction (Hypnosis, Acupuncture, Herbs and Plants, Bioresonance, etc.).

Actividades

Tipo de actividad	Horas con profesor	Horas sin profesor	total
Análisis / estudio de casos	7	0	7
Aprendizaje basado en problemas (PBL)	18	72	90
Búsqueda de información	1	0	1
clases expositivas	6	0	6
Prueba de evaluación	4	22	26
total	36	94	130



Bibliografía

- Verster, Joris Cornelis, 1970- (golpe. 2012). *Drug abuse and addiction in medical illness: causas, consequences and treatment* . New York [etc.]: Springer. **Catálogo** 
- Johnson, Bankole A. (ed.) (2012). *Addiction Medicine: Science and Practice* . Springer. **Catálogo** 
- Hanan Frenk and Reuven Dar. (2002). Addiction, compulsiones and Habit. Dentro (Ed.), *Neurobiological foundation of aberrante Behaviors* (p. 244). Kluwer Academic Publishers. **Catálogo** 
- Sellman, D. (2009). The 10 most importante things known about addiction. *Addiction* ,,. Recuperado, a http://www.uniad.org.br/desenvolvimento/images/stories/fulltext_ID122579394PLACE
- Charles O'Brien (2010). Addiction and Dependence in DSM -V. *Addiction* ,, 866-867
- Chapters 1 and 2. EMCDDA monographs n°. 9 (2009). *Addiction Neurobiology* . . Recuperado, a <http://www.emcdda.europa.eu/publications/monographs/neurobiology>
- Chapter 3. World Health Organization (2004). *Neuroscience of psychoactive substance use and dependence* . . Recuperado, a http://www.who.int/substance_abuse/publications/en/Neuroscience.pdf
- Chapters 1 and 2. EMCDDA Thematic papeles (2009). Preventing later substance use disorders in at-risk children and adolescentes. Dentro (Ed.), *Preventing later substance use disorders in at-risk children and adolescentes* . . Recuperado, a <http://www.emcdda.europa.eu/publications/thematic-papers/indicated-prevention>
- Analysis of risk and protective factores (2003)*. Dentro (Ed.), *Adolescente Substance Use: Risk and Protection* . . Recuperado, a <http://www.emcdda.europa.eu/publications/perk/resources/step2a>
- EMCDDA Insights n° 7. (2008). *Prevention of Substance abuse*. Dentro (Ed.), *Prevention of Substance abuse* . . Recuperado, a <http://www.emcdda.europa.eu/html.cfm/index52388EN.html>
- World Health Organization (2003). *Brief intervention for substance use: manual for use in primary care*. . . Recuperado, a http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6b.pdf
- Sobell LC and Sobell MB (2008). *Motivational Interviewing Strategies and Techniques: Rational and Examples*. Dentro (Ed.), *Assessing Alcohol problems using motivational Interview*. . . Recuperado, a http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf
- Chapter 9. Spencer, JW & Jacobs, JJ (ed.) (2003). *Complementary and alternative medicine ((2nd ed))*. . Recuperado, a <http://www.sciencedirect.com/science/book/9780323020282>



Evaluación y Calificación

Actividades de Evaluación

Descripción de la actividad	Evaluación de la actividad	%
PBL sesiones (3 case escenarios)	Learning Abilities (25%) Communication (25%) Responsibility (25%) Interpersonal Relationships (25%)	60
Exam	First parte: relevance to the learning objetivas, relevance to the problem oro situation and justificación of the 4 chosen topics. Second parte: Accreditation of knowledge Acquired by means of some questions related to the 2 selected topics. Readability and conciseness of both partes.	40

Calificación

Evaluation has two partes (PBL sesiones and PBL exam) and both of them must be PASSED independently. - PBL sesiones evaluation will account for 60% of the module evaluation. Criteria (Grade proportion) Responsibility (25%) Learning abilities (25%) Communication (25%) Interpersonal relationships (25%) - The PBL exam is going to account for the other 40%. 1st Parte Criteria for each of the 4 topics (Grade proportion) Relevance to the learning objetivas (2%) Relevance to the situation (2%) justificación (6%) 2nd Parte Criterion for each of the 2 preguntas (Grade proportion) Accreditation of knowledge Acquired within the question contexto (25%) Both partes Criterion (Grade proportion) Readability and conciseness (10%)

Criterios específicos de la nota «no presentadas»:

Not attending at the PBL sesiones

Observaciones

When a behaviour parece, to be strongly driven by fuerzas outside the person s voluntary control and, specially, when the person continuas with this behaviour despite the experience of the significante physical and / or psychological problems being caused by this behaviour we judge this dysfunctional conduct to be an addiction.

For a long time the addiction field has been a cardenal medical concern because of its serious health repercusiones. The Mortality and Morbidity derived from maladaptive hábitos (specially tobacco and alcohol consumption) are of the utmost relevance to public health in the developed countries above all because they are preventable, Becoming an imperative tono año person involved in the medical profesión to be Proficient in the understanding, assessment and management of an addiction.

Unfortunately, the attitude and beliefs of the medical profesión toward people engaged in drug abuse or in adictivo behavioural patterns continúe to show negative, even intolerante Disposition. Clinical staff in primary care and in hospitales commonly place alcohólicos and drug Addicts very low on the list of patients whom they would like to treat. This bias influencia the healing approach and is, Clearly, han obstáculo tono problem resolution. Therefore, a specific training in addiction to all medical personnel is indispensable in order to change this stigmatizing and counter therapeutic attitude.

Opportunely, in the short space of time of two decades, there has been a paradigm shift in the interpretation of what addiction is, from considering it a personality vice oro en breakdown in the person s ability to exercise normal intentional control over their behaviour, tono addiction being viewed as a neurobiological brain disorder involving Unconscious learning and responsive to a neurocognitive Rehabilitation.

This elective is addressed to students interested to survey , probe and handle the addiction range.