

Module 3

Initial Patient Assessment

Treatment and Care for HIV-Positive Injecting Drug Users



Module 3

Initial patient assessment

Participant Manual

2007



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Module 1: Drug use and HIV in Asia: participant manual

Module 2: Comprehensive services for injecting drug users – participant manual

Module 4: Managing opioid dependence – participant manual

Module 5: Managing non-opioid drug dependence – participant manual

Module 6: Managing ART in injecting drug users – participant manual

Module 7: Adherence counselling for injecting drug users – participant manual

Module 8: Drug interactions – participant manual

Module 9: Management of coinfections in HIV-positive injecting drug users – participant manual

Module 10: Managing pain in HIV-infected injecting drug users – participant manual

Module 11: Psychiatric illness, psychosocial care and sexual health – participant manual

Module 12: Continuing medical education – participant manual

Trainer manual: Treatment and care for HIV-positive injecting drug users

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Abbreviations and acronyms

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
ASEAN	Association of Southeast Asian Nations
ASI	addiction severity index
BPRS	brief psychiatric rating scale
CDC	Centers for Disease Control and Prevention (US Government)
FHI	Family Health International
HIV	human immunodeficiency virus
ICD-10	International Classification of Disease 10th revision
IDU	injecting drug user
LSD	lysergic acid diethylamide
MADRS	Montgomery Asberg Depression Rating Scale
MDMA	methylenedioxymethamphetamine
PCP	phencyclidine
PLWHA	people living with HIV and AIDS
TRAQ	transmission risk assessment questionnaire
USAID	United States Agency for International Development
WHO	World Health Organization

Initial patient assessment

OVERVIEW



Objectives:

By the end of the session participants will be able:

- To discuss the principles of drug dependence and psychosocial assessment, describe the concepts of behavioural change and motivational interviewing, and how these relate to initial patient assessment
- To identify drug dependence by performing a drug dependence assessment including the use of the ICD-10 assessment instrument
- To perform a psychosocial assessment and use the Kessler 10 assessment tool



Time to complete session:

1 hour 15 minutes



Session content:

- General skills and principles of assessment
- Drug dependence assessment: objectives; overcoming reluctance; principles of behaviour change and use of motivational interviewing techniques in initial patient assessment; drug use history; ICD-10; physical examination
- Psychosocial assessment: objectives; mental health assessment; Kessler 10; social assessment items
- Social assessment
- Activity 1: Drug dependence assessment role-play
- Activity 2: Using the Kessler Psychological Distress Scale



Training materials:

- PowerPoint presentation 3: Initial patient assessment, and drug dependence and psychosocial assessment
- Exercises
- Role-play information sheets
- Annex 1: Sample assessment record for drug dependence and psychosocial assessment
- Annex 2: ICD-10 checklist
- Annex 3: Kessler Psychological Distress Scale

GENERAL SKILLS AND PRINCIPLES OF ASSESSMENT

This module outlines the information that should be gathered for a complete drug dependence and psychosocial assessment in a clinical setting. Methods for gathering this information in a systematic fashion are described including instructions on how to use relevant validated assessment tools.

As with any clinical assessment, the aim of the drug dependence and psychosocial assessment is to obtain information necessary for the clinician to formulate an appropriate management plan to address the patient's needs.

The information gathered should be organized in a systematic fashion. A sample assessment record form is included as Annex 1 and is an example of how the assessment information can be organized. This form may be useful to refer to during this module to keep track of the structure and order of the assessment process.

Many different assessment tools have been developed to evaluate specific aspects of drug use, drug dependence and psychosocial history. These tools can contribute to the assessment process, but it is important to be familiar with them and be aware of their limitations. Some tools are more useful for research than clinical purposes. Others tools may only gather information on particular aspects of drug use and psychosocial history. Therefore, in a clinical setting, it is necessary to gather additional information to that elicited from formal assessment tools alone. Often, the most effective way to gather this information is to use *open questions*.

The information dealt with in a drug dependence and psychosocial assessment is sensitive in nature and many patients may feel uncomfortable talking about these issues. The clinician needs to be aware of this and must respond sensitively. Successfully *engaging* the patient can help the patient feel at ease and assist in gathering a complete history. Adopting the following "micro skills" during the assessment can help to achieve this.

Empathy: Try to see the patient's world from their perspective. Use the skills of *reflective listening* to *hear* the patient accurately and reflect these to the patient in a way that the patient is able to understand and relate to.

Positive regard: Give selective attention to positive aspects of the patient's behaviour and what they say.

Respect: Offer positive statements to the patient and encourage them to move forward. If differences arise between the patient and clinician, it is essential that these differences be dealt with openly, honestly and with tolerance.

Warmth: Display warmth towards the patient through the way you speak and through non-verbal communication such as facial expression. Smiling is an especially important way of communicating warmth.

Concreteness: Be clear and specific when asking questions or giving information.

Confrontation: Be direct when pointing out differences, mixed messages, incongruities and discrepancies in the patient's verbal and non-verbal behaviour.

Genuineness: Be yourself and be sensitive to the needs of the patient and their ability to be in a therapeutic relationship.

Cultural empathy: Be aware of the patient's cultural background if it is different from your own, and act sensitively and appropriately.

DRUG DEPENDENCE ASSESSMENT

Objectives when taking a drug use history

Drug use is commonly underreported and can be missed if not asked about specifically. Drug use, especially dependent drug use, can have a significant impact on a patient's health and can complicate the treatment of other conditions. A patient who is drug dependent is more likely to adhere to an HIV treatment regimen if treatment for drug dependence is also given at the same time.

Drug use, and in particular injecting drug use, is a major risk factor for bloodborne virus transmission. A clinician should be aware of a patient's drug use so that they can provide the patient with information and advice on how to reduce this risk.

Different people use drugs in different ways. A patient may also use drugs in different ways at different times. To get a clear idea of a patient's drug use, it is necessary to determine the following:

- What drugs a patient currently uses
- What drugs a patient has used in the past
 - ◆ How a patient has used these drugs, including the pattern of drug use
- Whether the patient is dependent on these drugs
- Whether this drug use is causing problems in the patient's life
 - ◆ How the patient feels about their drug use and whether or not they want to change drug use behaviour

Reluctance to disclose drug use

Because of the stigma associated with drug use, a patient may be reluctant to disclose their drug use:

- A patient may feel embarrassed about their drug use and may fear being judged because of it.
- A patient may be scared that they may receive inferior treatment after admitting that they use drugs.
- A patient may be scared that admitting to drug use during a consultation may be incriminating (i.e. result in suffering legal consequences).
- A patient may not see their drug use as a problem or may believe that it is not important to mention it to a doctor.

Overcoming reluctance to disclose drug use

To gather the information needed for a complete drug use history, it is important to overcome a patient's reluctance to talk about drug use. The patient must feel that they can trust the clinician and that it is safe for them to be open and honest. To achieve this, a clinician should:

- Maintain a non-judgemental attitude.
- Acknowledge to the patient that drug use can be difficult to talk about.
- Assure the patient that the consultation is confidential.
- Obtain the patient's informed consent before taking a drug use history.

Obtaining consent to take a drug use history

The patient's right to autonomy over treatment must be respected. This also applies to the patient's participation in the process of assessment. It is appropriate to give the patient an opportunity to decide whether or not they wish to talk about drug use. This will also make the assessment process more productive. Informed consent can be obtained in the following manner:

1. Describe to the patient what drug treatment services are available.
2. Ask the patient if they might be interested in these services.
3. Explain that in order to provide such treatment it is necessary to assess drug use and dependence.
4. Take time to explain what this assessment involves.
5. Ask for the patient's consent to conduct a drug use assessment.

Drug use assessment and the principles of behavioural change

If a patient's drug use is problematic, it is critical to assess how motivated the patient is to change. Each individual will be at a different "readiness" to change. Some patients may not feel their drug use is a problem and they may wish to continue using drugs. Others may want to stop using drugs and may be ready to start treatment for their drug use. Clearly, a patient's attitude will determine what type of intervention is appropriate and will influence the outcome of this intervention.

By encouraging the patient to talk about their drug use and examine the impact it has upon their life, the assessment process itself can form the first part of the intervention and can help promote or initiate a change in the patient's drug using behaviour. It is important to make the most of this opportunity.

When conducting an assessment of drug use and dependence, it is useful to consider what is involved to bring about a change in behaviour and what factors encourage such a change. A change in a patient's drug using behaviour takes place when:

- The patient acknowledges that their drug use is a problem that has a negative impact on their life.
- There is an attempt to change drug use, which is supported and encouraged.
- The patient experiences positive consequences as a result of this change.
- This new behaviour is continued and is positively reinforced.

This change in behaviour is more likely to occur if the following factors are present:

- A patient's willingness to change – this can be encouraged by discussing the positive and negative consequences of their drug use and the positive and negative consequences of change.
- Having an intervention that is appropriate for the patient to address their particular drug use behaviour.
- Receiving information and support from a doctor or counsellor who is able to offer encouragement and empathy, and facilitate the patient's empowerment.

Both the patient and the clinician contribute to this process of change. The patient must *recognize that a problem exists*. To facilitate this, the clinician must *avoid resistance* on the part of the patient and

resolve (the patient's) *ambivalence* towards their drug use in the hope of *inducing change*. In essence, the goal is to have the patient "talk themselves" into deciding to change their drug use behaviour.

The process of increasing a patient's motivation to change drug use behaviour begins during the initial patient assessment. Adopting the following techniques during the assessment process can assist in increasing the patient's motivation to change:

- Establish rapport.
- Express empathy.
- Elicit the patient's own perceptions.
- Use open-ended questions.
- Listen reflectively.
- Affirm that the patient is being understood.
- Summarize the pros and cons.
- Elicit self-motivating statements.
- Recognize and deal with resistance.
- Recognize "readiness for change".
- Increase the patient's awareness.
- Provide information and advice.

Using such techniques in an assessment is called *motivational interviewing*. It is a style of interviewing that can be used during a drug use and dependence assessment as well as throughout the course of treatment.

Drug use history: identifying drugs used

Drug use is common. Use of some of drugs may be legal – use of others may be illegal. Drug users commonly use, or have used, more than one drug. Certain drugusing behaviours may not be problematic – but use of any drug may be problematic for some people. It is important to identify all drugs, both legal and illicit, that a patient has used. This includes drugs that they use currently and any used in the past. It is important to ask specifically about all the drugs listed below, otherwise it is possible to miss identifying the patient's use of a drug.

Ask: "Have you ever used [name of drug] before?"

- Alcohol (beer, wine, spirits, etc.)
- Tobacco (cigarettes, chewing tobacco, etc.)
- Cannabis (marijuana, *hashish*, *kif*, etc.)
- Opiates (opium, heroin, methadone and other opioids)
- Methamphetamine and amphetamines
- Other amphetamine-type stimulants (ATS) such as ecstasy (methylenedioxymethamphetamine [MDMA])
- Cocaine (coke, crack cocaine, etc.)
- Hallucinogens (lysergic acid diethylamide [LSD], hallucinogenic mushrooms, phencyclidine [PCP], ketamine, etc.)
- Inhalants (nitrous oxide, petrol, glue, etc.)
- Sedatives or sleeping pills (benzodiazepines, barbiturates, etc.)
- Any other substances – If a patient has used any other substance not listed above, have them specify what it is.

Determining the pattern of drug use

Because people use drugs differently over time, it is important to gain an understanding of a patient's pattern of drug use. The pattern for each drug used should be determined. Drug use patterns can be asked about as follows:

- How old were you when you first used *[name of drug]*?
- How long did you use *[name of drug]* like this?
- When did that change?
- What was the pattern after that?
- How long did you use *[name of drug]* like this?
- How often and in what amounts have you used *[name of drug]* in the past three months?
- When did you last use *[name of drug]*?

Determining the route of administration

It is important to determine the route of administration by which a patient has taken a drug. Different routes of administration have different associated risks. Of particular concern is the risk of bloodborne virus transmission associated with injecting drug use. Also, dependence is more likely to develop if a drug is injected. A patient may have taken a particular drug by a number of different methods.

Ask: "What are the different ways you have taken *[name of drug]*?" (e.g. oral, nasal, smoking, injecting, rectal)

Ask specifically: "Have you ever injected *[name of drug]*?"

Identifying drug dependence: the ICD-10

The *ICD-10 symptom checklist for mental disorders: psychoactive substance use syndromes module (ICD-10)* is a validated assessment tool that can be used to identify drug dependence (see Annex 2).

Before starting to ask the questions listed in the ICD-10, the clinician explains the purpose and nature of the questionnaire. The clinician then asks the patient the following series of 10 questions and records the patient's responses "yes" or "no", or for question 10 the number of years or months.

1. Did you have a strong desire or sense of compulsion to use *[name of drug]*? (craving)
2. Did you find it difficult or impossible to control your use of *[name of drug]*?
3. Did you experience withdrawal symptoms after going without *[name of drug]* for a while?
4. Did you use *[name of drug]* to relieve or avoid withdrawal symptoms?
5. Did you notice that you required more *[name of drug]* to achieve the same physical or mental effects? (tolerance)
6. Over time, did you tend not to vary your pattern of use of *[name of drug]*?
7. Did you increasingly neglect other pleasures or interests in favour of using *[name of drug]*?
8. Did you experience psychological or physical harm because of your *[name of drug]* use?
9. Did you persist with using *[name of drug]*, despite clear evidence of harmful consequences?
10. How long did you experience this pattern of problem drug use?

If the patient answers “yes” to *three or more* of questions 1, 2, 3, 5, 7 and 9, this is taken as an indication of significant dependence on the drug.

Identifying the consequences of drug use

The ICD-10 asks whether or not the patient has experienced physical or psychological harm associated with drug use. It can be useful to ask further specific questions on both the positive and the negative consequences a patient’s drug use has had on them:

- Health
- Family
- Social relationships
- Employment and financial situation

The clinician should determine how long the patient has experienced any problems reported. This identifies specific problems that the clinician should attend to and creates an opportunity for the patient to reflect on the positive and negative impacts drug use has on their life.

Previous drug use treatment

Many patients with drug use problems have received treatment for their drug use in the past. It is important to find out what interventions a patient has received. The clinician should also ask the patient what they thought of the intervention as well as the outcome.

Physical examination

The clinician should note any signs indicating substance use and associated complications when conducting a physical examination as part of the medical assessment. Signs of intoxication and substance withdrawal from any number of drugs may be present. The clinician should also be able to identify the signs of overdose.

Other drug use and dependence assessment tools

There are many validated assessment tools that can be used to assess drug use. Examples include:

- The Addiction Severity Index (ASI): McLellan AT et al. 1992 (<http://eib.emcdda.europa.eu/index.cfm?fuseaction=public.Content&nNodeID=3538&sLanguageISO=EN>).

Assessment tools to assess risk-taking behaviour related to bloodborne virus transmission and drug use include:

- Bloodborne virus transmission risk assessment questionnaire (TRAQ): Fry C, Rumbold G, Lintzeris N. In: *The blood-borne virus transmission assessment questionnaire: administration and procedures manual*. Melbourne, Turning Point Alcohol and Drug Centre Inc., 1998.

PSYCHOSOCIAL ASSESSMENT

Objectives of a psychosocial assessment

A patient’s psychological state and social environment influences their health as well as the treatment of medical conditions such as HIV. A patient who has family and friends for support, enjoys financial security and has no mental health issues will require less assistance than a patient who is socially isolated, has no financial security or suffers from a mental illness. An initial patient

assessment must identify any social factors and sources of instability that may impact upon the patient.

Co-morbidity or dual diagnosis is common. A drug-dependent patient may also suffer from a mental illness. Drug use may also induce symptoms of mental illness that persist only for the time when the person is using or recovering from using a drug. An example of this is heavy amphetamine use causing *drug-induced* psychotic symptoms which resolve a short time after the person stops using the drug. Some people who suffer from mental illness may use drugs in an attempt to manage their symptoms.

It is important to identify mental illness and provide appropriate treatment. Diagnosing and treating a patient's mental illness will improve adherence to HIV treatment (Yun et al. 2005). It is important for the clinician to be aware of potential interactions between psychiatric medications and those used for the treatment of HIV.

In this module, psychosocial assessment will be discussed in two parts: the first part assesses the patient's psychological and mental health; and the second part assesses social factors that may provide support or be a source of instability for the patient.

Assessing mental health: the Kessler Psychological Distress Scale (Kessler 10)

The Kessler 10 (see Annex 3) measures a patient's psychological distress and is used to identify depression and anxiety.

The patient is asked to select from a list of responses ("None of the time", "A little of the time", "Some of the time", "Most of the time", or "All of the time") describing how often in the past four weeks they have experienced the following:

1. Did you feel tired out for no good reasons?
2. Did you feel nervous?
3. Did you feel so nervous that nothing could calm you down?
4. Did you feel hopeless?
5. Did you feel restless or fidgety?
6. Did you feel so restless that you could not sit still?
7. Did you feel depressed?
8. Did you feel that everything was an effort?
9. Did you feel so sad that nothing could cheer you up?
10. Did you feel worthless?

Questions 3 and 6 are not asked if the patient answers "none of the time" in the preceding question.

Each response is scored as follows:

- None of the time 1
- A little of the time 2
- Some of the time 3
- Most of the time 4
- All of the time 5

The total score is calculated and then evaluated as follows:

- 10–15 indicates a low or no risk of anxiety or depressive disorder
- 16–29 indicates a medium risk
- 30–50 indicates a high risk

Identifying psychotic illness

The Kessler 10 does not screen for the presence of symptoms of psychotic illness. These should be assessed separately. The clinician should ask the patient if they have experienced the following:

- Suspiciousness (e.g. “Do you feel that people are trying to harm you?”)
- Unusual thoughts (delusions) (e.g. “Do you have special powers other people do not have?”)
- Hallucinations (e.g. “Do you hear voices that other people cannot hear?”)

The clinician should also observe the presentation and behaviour of the patient and make note of any signs that may indicate psychotic or other mental illness. These might include:

- Bizarre behaviour
- Responding to non-apparent stimuli
- Self-neglect
- Disorientation
- Blunted affect, emotional withdrawal
- Motor retardation/hyperactivity
- Tension
- Uncooperativeness, distractibility
- Odd mannerisms and posturing

Past history of mental illness

The clinician must ask whether the patient has ever been diagnosed, treated or hospitalized for a mental illness.

Family history of mental illness

Family history is a risk factor for mental illness. The clinician must ask whether any members of the patient’s family have been diagnosed, treated or hospitalized for a mental illness.

Suicidality

It is important to ask about self-harm and suicide directly. The clinician should ask:

- “Have you ever had thoughts about harming or killing yourself in the past?”
- “Do you have thoughts about killing or harming yourself at the moment?”

If the patient reports suicidal thoughts, the clinician should investigate this further to determine:

- Has the patient made plans as to how to commit suicide?
- Does the patient have the means to commit suicide?

The clinician must determine if the patient is at risk of harming themselves and take steps to ensure the patient’s safety.

SOCIAL ASSESSMENT

The clinician needs to ask the patient about different aspects of their life, environment and activities. Many social and environmental factors have the potential to have both a positive and negative impact upon a person's health and well-being, and can also determine the success of any treatment intervention. And vice versa, a person's health can impact significantly upon a patient's social relationships and functioning.

Because of these many interactions it is necessary to ask questions on a wide range of social factors. A list of different areas to be covered is given below. Again, it is most useful to gather information by asking open-ended questions such as, "Tell me a little bit about your relationship with your family." However, it may also be necessary to probe further when specific information is required. Useful probe questions are also listed below.

Marital status

Is the patient single, married, in a *de facto* relationship, in another relationship with a partner or divorced?

Family

- Does the patient have siblings?
- Does the patient have any children? (Give number and age)
- Are the parents alive?
- What is the type of relationship with these family members and the extended family?
- Do these family members provide emotional and other support to the patient? Are any family members dependent on the patient?
- Does the patient provide support to these family members?
- Has the patient's health affected family relationships?

Friends and social relationships

- What is the nature of the patient's social network?
- Does the patient have many friends?
- What is the nature of the relationships with these friends?
- Do these social contacts provide emotional support to the patient?
- Does the patient provide support to these social contacts?
- Has the patient's health affected these relationships?
- What does the patient enjoy doing for fun?
- What did the patient enjoy doing before they started using drugs?

Financial and employment circumstances

- Is the patient financially independent?
- Does the patient have a stable source of income?
- Is the patient employed?
- Is the patient able to pay for necessary health care and other important living expenses?
- Has the patient's health affected the financial situation or employment?

Accommodation

- Does the patient have stable accommodation?
- What is the standard of this accommodation?
- Does the patient have access to clean water and electricity?
- Has the patient's health affected accommodation needs or circumstances?

Education background

- Is the patient literate?
- What level of schooling has the patient received?

Legal issues

- Does the patient have any outstanding criminal convictions or other legal matters?

Major life events and crisis

- Has the patient experienced the death of a relative, divorce, migration or other major and disruptive life event?

History of trauma

- Has the patient experienced sexual, physical or emotional abuse or witnessed conflict, violence, natural disaster or some other traumatic event?

Personality traits

- Does the patient have a positive or negative self-concept?
- Is the patient assertive?
- Does the patient ever become aggressive or violent?

Eating patterns and nutrition

- Does the patient eat regularly?
- Can the patient afford an adequate diet?

Other psychosocial assessment tools

There are many validated tools for the assessment of mental illness. Examples include:

- Brief Psychiatric Rating Scale (BPRS)
Useful for the assessment of psychotic illness.
(Overall JE, Gorham DR. The brief psychiatric scale. *Psychological Reports*, 1962, 10:799–812.)
- Montgomery Asberg Depression Rating Scale (MADRS)
Useful for assessing patients who have major depression. Measures the degree and severity of depressive symptoms, and for monitoring changes in symptoms in response to treatment.
(Montgomery SA, Asberg M. A new depression scale designed to be sensitive to change. *British Journal of Psychiatry*, 1979, 134:382–389.)

REFERENCES AND RECOMMENDED READING

Center for Substance Abuse Treatment. *Clinical guidelines for the use of buprenorphine in the treatment of opioid addiction*. Rockville, MD, USA, Substance Abuse and Mental Health Services Administration, 2004 (Treatment Improvement Protocol [TIP] Series 40).

Curtis M. *Delivering HIV care and treatment for people who use drugs: lessons from research and practice*. New York, Open Society Institute, 2006.

Degenhardt L et al. *Use of a brief screening instrument for psychosis: results of an ROC analysis*. Sydney, National Drug and Alcohol Research Council, 2005 (NDARC Technical Report No. 210).

Yun L et al. Antidepressant treatment improves adherence to antiretroviral therapy among depressed HIV-infected patients. *Journal of Acquired Immune Deficiency Syndromes*, 2005, 384:432–438.

Additional recommended reading

Rating scales in psychiatry

(<http://www.cnsforum.com/clinicalresources/ratingscales/ratingpsychiatry/>)

A review of popular psychiatric rating instruments.

Henry-Edwards S et al. *Brief intervention for substance use: a manual for use in primary care (draft version 1.1 for field testing)*. Geneva, World Health Organization, 2003.

The ASSIST project: alcohol, smoking and substance involvement screening test

(http://www.who.int/substance_abuse/activities/assist/en/)

Information on drug dependence, motivational interviewing and behavioural change techniques.

Table 1. Clinical signs of substance use and associated complications

(Adapted from: Center for Substance Abuse Treatment. *Clinical guidelines for the use of buprenorphine in the treatment of opioid addiction*. Rockville, MD, USA, Substance Abuse and Mental Health Services Administration, 2004 (Treatment Improvement Protocol [TIP] Series 40).

General	Gastrointestinal system
Odour of alcohol on breath	Hepatomegaly
Odour of marijuana on clothing	Liver tenderness
Odour of nicotine/smoke on breath/clothing	Immune system
Poor nutritional status	Lymphadenopathy
Poor personal hygiene	Cardiovascular system
Behaviour	Hypertension
Intoxicated behaviour during examination	Tachycardia
Slurred speech	Cardiac arrhythmia
Staggering gait	Heart murmurs, clicks
Scratching	Oedema
Skin	Swelling
Signs of physical injury	Pulmonary system
Bruises	Wheezing, rales, rhonchi
Lacerations	Cough
Scratches	Respiratory depression
Burns	Female reproductive/endocrine system
Needle marks	Pelvic tenderness
Skin abscesses	Vaginal discharge
Cellulitis	Male reproductive/endocrine system
Jaundice	Testicular atrophy
Palmar erythema	Penile discharge
Hair loss	Gynaecomastia
Diaphoresis	Neurological system
Rash	Sensory impairment
Puffy hands	Memory impairment
Eyes, ears, nose, throat	Motor impairment
Conjunctival irritation or injection	Ophthalmoplegia
Inflamed nasal mucosa	Myopathy
Tenderness over the sinuses	Neuropathy
Gum disease, gingivitis, ulceration	Tremor
Rhinitis	Cognitive deficits
Sinusitis	Ataxia
Pale mucosae	Pupillary dilation or constriction
Burns in oral cavity	

EXERCISE 3

Activity 1: Drug dependence assessment role-play

Time-frame (approximate):

- 5 minutes – Form groups, read instructions and background information
- 15 minutes – Perform role-play
- 5 minutes – OBSERVER provides feedback to group
- 5 minutes – Class discussion and feedback on activity

Instructions:

1. Divide into groups of three.

Within each group, one participant takes the role of a PATIENT, another the CLINICIAN, and a third acts as the OBSERVER.

Each participant receives an information sheet outlining his or her role in the activity:

Information Sheet A: CLINICIAN

Information Sheet B: OBSERVER

Information Sheet C: PATIENT

2. Perform role-play.
The CLINICIAN conducts a drug dependence assessment of the PATIENT.
3. Following the role-play, the OBSERVER provides feedback on the assessment process to the group.
4. Some time is allotted for the class as a whole to discuss the process of performing the drug dependence assessment.

Information Sheet A

ROLE-PLAY: CLINICIAN

In this activity you will play the role of the CLINICIAN.

You will have 15 minutes to conduct a drug dependence assessment of the PATIENT.

It is important that you make sure the PATIENT is comfortable with discussing these issues and has an understanding of why you need to ask these questions.

By the end of the consultation you should have a clear idea of:

- The PATIENT'S history of drug use, drug use-related risk behaviours, previous treatment
- Whether the PATIENT is dependent on any drugs
- How the PATIENT feels about drug use and what the goals related to drug use might be
- Any other relevant information that you will need as a clinician to formulate a management plan to address this patient's drug use-related issues

It is recommended that you use the ICD-10 to assess dependence. A copy of this tool can be found in Annex 2 or may be provided by the session presenter.

Information Sheet B

ROLE-PLAY: OBSERVER

In this activity you will play the role of the OBSERVER.

You must observe the consultation and assess the process.

While you observe the consultation, ask yourself:

- Did the CLINICIAN make the PATIENT feel comfortable and provide sufficient information on the assessment process?
- Were the CLINICIAN'S questions easy to understand?
- Was the necessary information gathered to get a clear idea of:
 - ◆ The PATIENT'S history of drug use, drug use-related risk behaviours, previous treatment, etc.?
 - ◆ Whether the PATIENT is dependent on any drugs?
 - ◆ How the PATIENT feels about drug use and what their goals related to drug use might be?
- Did the CLINICIAN use the ICD-10 appropriately?
- Are there things that the CLINICIAN did not include but should have?
- What are the things that the CLINICIAN did well?

Write down your observations.

Once the role-play is complete, you are required to provide feedback to the group for discussion.

When giving this feedback you should discuss:

- Things the CLINICIAN did that were good
- Things the CLINICIAN did that may have been better done differently

The group can then discuss these comments as well as their own reflections on the consultation process.

Information Sheet C

ROLE-PLAY: PATIENT

In this activity you will play the role of the PATIENT.

Read the following case history. This describes the character you are to play during this role-play. During the mock assessment you can use the information in this background history to answer the CLINICIAN'S questions. The CLINICIAN may ask you questions that cannot be answered from the information below. If this happens, provide an answer that you think the character you are playing would be likely to give.

PATIENT

Ari is a 25-year-old, single man who works as a casual labourer.

He has come to the clinic to have an HIV test. One of his friends has recently tested positive for HIV and he is concerned he may also be infected.

He first used heroin at age 21 when he began smoking occasionally in social situations for a period of about one year. He then moved in to live with friends who were heavy heroin users and he began to smoke daily for about one year.

He then began injecting heroin because many of his friends were also now injecting, and he was finding smoking heroin to be expensive. Soon after he started injecting, the amount of heroin he used each day greatly increased. He injected heroin 3 times a day for about 18 months. During this time he shared injecting equipment with friends on multiple occasions. He also found it increasingly difficult to find and keep work.

He then attempted to detox at the insistence of his brother who was extremely concerned about Ari's deteriorating health and welfare. His brother supported him through withdrawal. During his detox, Ari self-medicated with benzodiazepines to lessen his withdrawal symptoms. He managed to stop using heroin for about a month but when he moved out of his brother's house, he began using again and has been doing so for the past six months. He currently injects 1–2 times per day. Most of his close friends use heroin.

Ari had used benzodiazepines occasionally over the past two years but this has increased in the past six months – especially when he does not have enough money to buy heroin. He currently uses between 5 and 15 oxazepam or diazepam tablets per day.

He has smoked tobacco daily since the age of 16 and currently consumes at least 15 cigarettes per day. He drinks alcohol no more than once a month but when he does he drinks until he is drunk. He has smoked cannabis sporadically in the past. Over the past year he has smoked cannabis no more than once every two months. He has used amphetamines only a few times in the past and has never used Ecstasy.

Ari has thought about trying to stop using heroin again – but having failed to stay clean after his last attempt he is unsure if there would be much point in trying again.

Activity 2: Using the Kessler Psychological Distress Scale (Kessler 10)

Time-frame:

15 minutes

Instructions:

1. Break up into pairs. Decide who will administer the Kessler 10 and who will be the respondent. You can find a copy of the Kessler 10 in Appendix 3 or you may be provided with a copy by the session presenter.
2. Conduct the Kessler 10 – If respondents are comfortable with doing so, they can choose to answer the questions truthfully as themselves. Alternatively, they may do so assuming the character of the Patient in Activity 1.
3. The person who administered the questionnaire then scores and evaluates the result.
4. The administrator and respondent briefly discuss between themselves their thoughts on the process.
5. As a class, discuss the process of performing the Kessler 10. Discussion points might include:
 - Was there any difficulty in administering the tool?
 - Was there any difficulty in understanding the questions?
 - Was the response rating scale easy to use and understand?
 - Can you foresee any difficulties while administering this tool in a clinical context?
 - Do you think this tool is culturally appropriate?
 - Do you think the Kessler 10 gave a very good indication of mental health?
 - What other questions would you have liked to ask to get a clearer picture of the respondent's mental health?

Sample assessment record for drug dependence and psychosocial assessment

PATIENT IDENTIFICATION AND DEMOGRAPHIC INFORMATION

Drug use history

	Age of first use	Quantity	Frequency	Route of administration	Duration	Use in past 90 days
Alcohol						
Tobacco						
Cannabis						
Opiates						
Amphetamines						
Ecstasy or other ATS ¹						
Cocaine						
Hallucinogens						
Inhalants						
Sedatives						
Other (specify)						

¹ ATS amphetamine-type stimulants

Drug dependence

ICD-10 Assessment of dependence	YES Dependence identified	NO Dependence <i>not</i> identified
If YES, record drug(s):		

Last withdrawal	Date
Complications:	

Problems relating to drug use	Duration of problem

Previous drug use treatment/intervention

When	Type of intervention	Where	Duration	Outcome

Mental health

Kessler Psychological Distress Scale		
Patient's score	Kessler 10 score	Level of anxiety or depressive disorder
	10–15	Low or no risk
	16–29	Medium risk
	30–50	High risk

Psychotic symptoms or signs:

Past history of mental illness:

Family history of mental illness:

Suicidality

Current:

Past:

When:

How:

Why:

Social assessment

Marital status:
Family:
Friends and social networks:
Financial and employment circumstances:
Accommodation:
Education:
Legal issues:
Major life events/crises:
History of trauma:
Personality traits:
Eating patterns:

Patient's goals:

Problem areas identified:

Agreed plan:

ICD–10 Checklist

PSYCHOACTIVE SUBSTANCE USE SYNDROMES MODULE

The following questions ask about symptoms associated with your heroin or other opioid use, for which you are currently being treated. The questions apply to the time period immediately before you started your current treatment.

[For the following items, substitute the name of the opioid used for ‘substance’, where applicable.]

1. Did you have a strong desire or sense of compulsion to use <i>substance</i> ? (“craving”)	Yes	No
2. Did you find it difficult or impossible to control your use of <i>substance</i> ?	Yes	No
3. Did you experience withdrawal symptoms after going without <i>substance</i> for a while?	Yes	No
4. Did you use <i>substance</i> to relieve or avoid withdrawal symptoms?	Yes	No
5. Did you notice that you required more <i>substance</i> to achieve the same physical or mental effects? (“tolerance”)	Yes	No
6. Over time, did you tend not to vary your pattern of use of <i>substance</i> ?	Yes	No
7. Did you increasingly neglect other pleasures or interests in favour of using <i>substance</i> ?	Yes	No
8. Did you experience psychological or physical harm because of your <i>substance</i> use?	Yes	No
9. Did you persist with using <i>substance</i> , despite clear evidence of harmful consequences?	Yes	No
10. How long did you experience this pattern of problem drug use? <i>a. in years</i> <i>b. in months</i> Dependence indicated if 3 or more of the symptoms 1, 2, 3, 5, 7 and 9 are present		
11. a. Record whether opioid dependence syndrome (F11.2) is present b. If “Yes”, record specific opioid: _____	Yes	No

Kessler Psychological Distress Scale*

KESSLER PSYCHOLOGICAL DISTRESS SCALE (KESSLER 10)

In the past four weeks, about how often...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. Did you feel tired out for no good reason?	1	2	3	4	5
2. Did you feel nervous?	1	2	3	4	5
3. Did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4. Did you feel hopeless?	1	2	3	4	5
5. Did you feel restless or fidgety?	1	2	3	4	5
6. Did you feel so restless that you could not sit still?	1	2	3	4	5
7. Did you feel depressed?	1	2	3	4	5
8. Did you feel that everything was an effort?	1	2	3	4	5
9. Did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10. Did you feel worthless?	1	2	3	4	5
Total score					
	Kessler 10 score	Level of anxiety or depressive disorder			
	10–15	<i>Low or no risk</i>			
	16–29	<i>Medium risk</i>			
	30–50	<i>High risk</i>			

* Kessler R and Mroczek D. *Final version of our non-specific psychological distress scale* [Memorandum]. Ann Arbor, MI, University of Michigan, Institute of Social Research, 1994.

Presentation 3: Initial patient assessment

Initial patient assessment

Drug use and drug dependence
and
psychosocial assessment

Session objectives

By the end of the session you will be able to:

- Discuss the principles of drug dependence and psychosocial assessment, describe the concepts of behavioural change and motivational interviewing, and how these relate to initial patient assessment
- Identify drug dependence by performing a drug dependence assessment including the use of the ICD-10 assessment instrument
- Perform a psychosocial assessment and use the Kessler 10 assessment tool

Drug dependence and psychosocial assessment

- Aim to obtain relevant information to decide upon the most appropriate intervention
- Validated assessment tools are useful but do have limitations
- Open-ended questions are often the most effective in eliciting information

“Micro skills” in assessment

- Empathy
- Positive regard
- Respect
- Warmth
- Concreteness
- Confrontation
- Genuineness
- Cultural empathy

Drug use and drug dependence assessment

Why take a drug use history?

- Drug use is commonly underreported.
- It is critical to identify drug use that may:
 - ◆ Impact upon a patient’s health
 - ◆ Complicate treatment for another condition
- A patient’s outcome from HIV treatment will be better if drug dependence is also treated.
- Drug use may be associated with bloodborne virus-related risk behaviours.

Objectives when taking a drug use history

It is necessary to determine:

- What drugs a patient *currently* uses
- What drugs a patient has used *in the past*
- *How* a patient has used these drugs
- If this patient is *dependent* upon these drugs
- If the drug use is causing *problems*
- How the patient feels about their drug use

Reluctance to disclose drug use

- A patient may be reluctant to disclose drug use in a consultation because of the stigma associated with drug use:
 - ◆ Embarrassment and fear of being judged for drug use
 - ◆ Scared they may receive inferior treatment
 - ◆ Scared they may incriminate themselves
 - ◆ May not see their drug use as a problem or feel it is not worth mentioning

Overcoming reluctance to disclose drug use

- The clinician should:
 - ◆ Remain non-judgemental
 - ◆ Acknowledge that drug use can be difficult to talk about
 - ◆ Assure confidentiality
 - ◆ Obtain patient consent before taking history

Obtaining consent to take a drug use history

- Describe what drug treatment is available.
- Ask the patient if they might be interested in these services.
- Explain that in order to provide such treatment, it is necessary to assess drug use and dependence.
- Explain what this assessment involves.
- Ask for consent to conduct a drug use assessment.

Drug use assessment and behavioural change

- If a patient's drug use is problematic it is critical to assess their motivation for change.
- Each individual will be at a different "readiness" to change. This will influence the nature and outcome of any intervention.
- It is important to assess this "readiness" to change.
- The assessment itself forms the first part of the intervention process, which may help promote a change in drug-using behaviour.

Principles of behavioural change

- A change in behaviour occurs when there is:
 - ◆ Acknowledgement of the problem
 - ◆ An attempt at change
 - ◆ Experience of positive consequences
 - ◆ Continuation of new behaviour
- A change in behaviour can be brought about by:
 - ◆ A patient's willingness to change
 - ◆ Appropriate intervention
 - ◆ Assistance from a doctor-counsellor
 - ◆ Encouragement, Empathy and Empowerment

Principles of behavioural change

- The patient must: *Recognize problems*
- The clinician must: *Avoid resistance*
 Resolve ambivalence
 Induce change

Increasing motivation for behavioural change

- Establish rapport
- Express empathy
- Elicit patient's own perceptions
- Use open-ended questions
- Listen reflectively
- Affirm that the patient is being understood
- Summarize the pros and cons
- Elicit self-motivating statements
- Recognize and deal with resistance
- Recognize "readiness for change"
- Increase the patient's awareness
- Provide information and advice

Identifying drugs used

- It is important to ask about all drugs individually.
- "Have you ever used [*name of drug*] before?":
 - ◆ Alcohol
 - ◆ Tobacco
 - ◆ Cannabis
 - ◆ Opium, heroin, methadone and other opioids
 - ◆ Methamphetamine and amphetamines
 - ◆ Other amphetamine-type stimulants such as Ecstasy (MDMA)
 - ◆ Cocaine
 - ◆ Hallucinogens
 - ◆ Inhalants
 - ◆ Sedatives or sleeping pills
 - ◆ Any other substances

Determine pattern of drug use

- Further questions must then be asked about *every* drug that a patient reports having ever used.
- It is important to determine a patient's drug use patterns over time as these may change:
 - ◆ How old were you when you first used drug X?
 - ◆ How long did you use drug X like this?
 - ◆ When did that change?
 - ◆ What was the pattern after that?
 - ◆ How often and in what amounts have you used drug X in the past three months?
 - ◆ When did you last use drug X?
 - ◆ What route of administration do you use when you take drug X (e.g. oral, nasal, smoking, injecting, rectal)?

Assessing drug dependence

- Dependence can be determined by using an assessment tool such as the:
 - ICD-10 symptom checklist for mental disorders*
 - psychoactive substance use syndromes module*
 - (see Annex 2)
- Again, each drug that the patient reports having used should be assessed individually with the ICD-10.
- Dependence is indicated if 3 or more of the symptoms in questions 1, 2, 3, 5, 7 and 9 are present.

Consequences of drug use

- Has the patient experienced any problems as a result of using drug X?:
 - ◆ Medical problems
 - ◆ Family problems
 - ◆ Social relationship problems
 - ◆ Employment or financial problems
- How long has the patient experienced these problems?

Consequences of drug use

- It can be useful to have the patient list all the positive consequences of their drug use and compare this with a list of all the negative consequences.
- If a patient is ambivalent about their drug use, this is a simple method to encourage them to look at the impact drug use has on their life.

Previous drug use treatment

- Has the patient ever received treatment or assistance to stop using drug X?
- Has the patient ever received treatment or assistance for withdrawal symptoms from drug X?
- When and where was this treatment given and what was the outcome?
- What did the patient think of these treatments?

Drug dependence assessment physical examination

- When conducting the physical examination as part of the initial patient assessment the clinician should look for physical signs indicating substance abuse and associated complications:
 - ◆ Signs of intoxication
 - ◆ Signs of injecting drug use
 - ◆ Signs of withdrawal
 - ◆ Signs of drug use-related infections
 - ◆ Signs of drug use-related liver disease

Activity 1

Drug dependence assessment role-play

Psychosocial assessment

Why undertake a psychosocial assessment?

- Mental health can impact upon the treatment of other medical conditions.
- Mental illness and drug dependency often occur together: *co-morbidity/dual diagnosis*.
- Medications to treat mental illness may interact with medications for other conditions.
- Social factors impact upon a patient's health.
- Social factors impact upon the treatment of other medical conditions such as HIV.

Objectives when performing a psychosocial assessment

- Determine if the patient has symptoms of depression, anxiety or psychosis-related illness.
- Identify any social factors that may help support the patient.
- Identify any social factors that may be a source of instability.

Mental health assessment – 1

- *Kessler Psychological Distress Scale (K10)*
 - ◆ Measures psychological distress
 - ◆ Can be used to identify current symptoms of anxiety and depression

Mental health assessment – 2

- *Kessler Psychological Distress Scale (K10)*
 - ◆ The patient is asked to rate how often in the past four weeks they have experienced each of the following:
 1. Did you feel tired out for no good reason?
 2. Did you feel nervous?
 3. Did you feel so nervous that nothing could calm you down?
 4. Did you feel hopeless?
 5. Did you feel restless or fidgety?
 6. Did you feel so restless that you could not sit still?
 7. Did you feel depressed?
 8. Did you feel that everything was an effort?
 9. Did you feel so sad that nothing could cheer you up?
 10. Did you feel worthless?

(Question 3 and 6 are not asked if the patient answers "none of the time" to the preceding questions)

Mental health assessment – 3

- *Kessler Psychological Distress Scale (K10)*
 - ◆ The patient's responses are scored as followed:

Response	None of the time	Little of the time	Some of the time	Most of the time	All of the time
Score	1	2	3	4	5

Mental health assessment – 4

- *Kessler Psychological Distress Scale (K10)*
 - ◆ The scores are totalled and assessed as follows:

K10 Total Score	Level of anxiety or depressive disorder
10–15	<i>Low or no risk</i>
16–29	<i>Medium risk</i>
30–50	<i>High risk</i>

Mental health assessment – 5

- Psychotic symptoms should also be identified.
- Ask about:
 - ◆ Suspiciousness
 - ◆ Unusual thought content (delusions)
 - ◆ Hallucinations
- Observe behaviour and presentation:
 - ◆ Bizarre behaviour
 - ◆ Responding to non-apparent stimuli
 - ◆ Self-neglect
 - ◆ Disorientation
 - ◆ Blunted affect, emotional withdrawal
 - ◆ Motor retardation/hyperactivity
 - ◆ Tension
 - ◆ Uncooperativeness, distractibility
 - ◆ Mannerisms and posturing

Mental health assessment – 6

- *Previous diagnosis* or treatment for mental illness
- *Family history* of mental illness
- *Risk of suicide*
It is important to ask about self-harm and suicide directly:
 - ◆ “Have you had thoughts of harming or killing yourself in the past?”
 - ◆ “Do you have thoughts about killing or harming yourself at the moment?”
 - ◆ Explore further if patient answers “yes” to above

Activity 2 Social assessment

Kessler 10
Self-Report Assessment

Social assessment

- Marital status
 - ◆ Single, married, *de facto* relationship or divorced
- Relationships with family
 - ◆ Parents, siblings, children
- Friends and social relationships
- Financial and employment circumstances
 - ◆ Financially independent/dependent, employed or unemployed
- Accommodation circumstances
 - ◆ Homeless or housed in stable accommodation

Social assessment

- Education background
 - ◆ Level of schooling, literacy
- Legal issues
- Major life events and crisis
 - ◆ Death of a relative, divorce, migration or other
- History of trauma
 - ◆ Sexual, physical, emotional abuse, witness of conflict or other
- Personality traits
 - ◆ Positive or negative self-concept
 - ◆ Assertiveness
 - ◆ Temper and aggression
- Eating patterns and nutrition

Summary: drug dependence assessment

- Assessment can be used to increase the patient’s motivation to change drug use
- Patients may be reluctant to talk about drug use
- Take the patient’s consent before taking a drug use history
- Ask about all drugs
- Determine: quantity, frequency, duration, route and consequences of patient’s drug use
- ICD-10 can be used to assess dependence
- Determine: patient’s desire to change drug use and past treatment experiences

Summary: psychosocial assessment

- Kessler 10 can be used to screen for anxiety and depressive symptoms
- Assess also for symptoms of psychotic illness, past and family history, and suicide risk
- Identify social and environmental factors that may impact upon a patient’s health and well-being

Treatment and Care for HIV-Positive Injecting Drug Users

The "Treatment and Care for HIV-Positive Injecting Drug Users" training curriculum is designed for clinicians who provide treatment and care, including ART, for HIV-positive injecting drug users. The training curriculum consists of a trainer manual, 12 participant manuals, and a CD-ROM with PowerPoint presentations and reference articles. Topics covered in the curriculum include:

Module 1: Drug use and HIV in Asia

Module 2: Comprehensive services for injecting drug users

Module 3: Initial patient assessment

Module 4: Managing opioid dependence

Module 5: Managing non-opioid drug dependence

Module 6: Managing ART in injecting drug users

Module 7: Adherence counselling for injecting drug users

Module 8: Drug interactions

Module 9: Management of coinfections in HIV-positive injecting drug users

Module 10: Managing pain in HIV-infected injecting drug users

Module 11: Psychiatric illness, psychosocial care and sexual health

Module 12: Continuing medical education

Trainer manual

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