

Language and Documentation in Addiction Medicine

Words Matter

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When documenting, ask yourself if the language is objective and whether you are using medical terminology. Does your documentation align with the DSM V? In the DSM V, the diagnoses are Substance Use Disorders e.g: Alcohol Use Disorder, Stimulant Use Disorder, etc. There are severity modifiers (mild, moderate, severe) and disease state modifiers (active, in remission). We no longer use the terminology from the DSM IV (dependence and abuse). Effort needs to be made to use medical terminology, not morality based language.

Why is this important?

From: Botticelli MP, Koh HK. Changing the Language of Addiction. *JAMA*. 2016;316(13):1361–1362. doi:10.1001/jama.2016.1187

“In the scientific arena, the routine vocabulary of health care professionals and researchers frames illness and shapes medical judgments. When these terms then enter the public arena, they convey social norms and attitudes. As part of their professional duty, clinicians strive to use language that accurately reflects science, promotes evidence-based treatment, and demonstrates respect for patients.

Commonly used terms can imply, or even explicitly convey, that the individuals with SUDs are morally at fault for their disease.

Stigma isolates people, discourages people from coming forward for treatment, and leads some clinicians, knowingly or unknowingly, to resist delivering evidence-based treatment services”

Changes to consider

Stop Using: Addict or Alcoholic

These are (harmful) labels, not medical terminology.

Instead use medical terminology consistent with diagnostic criteria.

e.g: Your patient is Mr. Smith who presented with infective endocarditis and has an active opioid use disorder. Or Mr. Smith who was recently diagnosed with cirrhosis, who had a remote diagnosis of alcohol use disorder, now in sustained remission.

For patients who do not meet DSM criteria for Substance Use Disorders, use medical terminology to describe the use pattern.

e.g: A patient with chronic daily cannabis use. A patient with intermittent and infrequent (less than monthly) cocaine use. Or a patient who is engaging in alcohol use, which exceeds the Canadian Low Risk Drinking recommendations but does not meet criteria for an Alcohol Use Disorder

Stop Using: Abuse or Misuse

These are moralistic and judgement based words.

Not medical (do not have a clearly defined medical definition).

High incidence of trauma history in individuals with substance use disorders.

Using words like *abuse* can be retraumatizing.

Instead

Simply state the use. e.g: This patient uses cocaine daily. Or this patient engages in binge pattern use of alcohol.

Stop using: Clean Time

Referring to a period of abstinence as “clean time” suggests time when using was “dirty.” Clean and dirty are not medical terminology used to describe periods of time.

Instead:

Refer to as abstinence x time

e.g.: This patient has abstained from alcohol for 2 weeks.

If diagnosed with a substance use disorder

Early remission (3-12 months of abstinence)

Sustained remission (>12 months of abstinence)

Stop Using: Clean or Dirty to refer to Urine Drug Test results

Clean and dirty are not medical words used to describe test results in any area of medicine.

Instead:

Either negative for all tested substances or positive for x, y, z

e.g.: The patient’s urine drug test was positive for amphetamines and opioids.

Stop using: High or Drunk

This is colloquial language, not medical terminology.

Instead:

Use medical terminology to objectively describe what you see. e.g.: This patient was somnolent throughout the interview, with a respiratory rate of 8 breaths per minute and pupils only 1mm dilated, suggestive of opioid intoxication. Or this patient had a wide based and imbalanced gait and slurred speech as well as a blood alcohol level of 70 mmol/L suggesting the presentation was possibly due to alcohol intoxication.

Many of our patients will continue to use the above noted terms. Over time, perhaps that will change but it is up to patients to use the vocabulary with which they are comfortable. As physicians, it is an expectation that we use medically accurate language.