“Trapped”: A Mnemonic for Taking a Substance Use History

Substance use disorders are frequently encountered in various medical settings. As in all areas of medicine, the relevant assessment and history-taking is at least as important as any physical finding or laboratory test that might be ordered. Many medical students learn basic screening tools for substance use disorders such as the CAGE (1). Unfortunately, once a possible problem with substances has been identified, many students do not know how to proceed with the gathering of further information. Certain aspects of a good history of substance use are not obvious or necessarily similar to the rest of a patient's medical history. The following is an acronym that helps to organize the important data that should be gathered in the course of taking the history.

“TRAPPED”

Treatment History (detoxification, treatment programs, medications, 12-step programs)

Route of administration (smoked, orally ingested, snorted, inhaled/“huffed,” injected IV/IM/SC)

Amount (money spent, “pills,” “bags,” “vials,” grams, ounces per bottle, frequency)

Pattern of use (binge, daily, solitary, period of heaviest use, etc.)

Prior abstinence (duration, what has helped in past, both in and out of a controlled environment)

Effects (direct and indirect, adverse, physical, social, legal, positive, withdrawal, etc.)

Duration of use (age of first use, most recent use)

Mnemonics for DSM-IV criterion for substance abuse and dependence (2) and DSM-IV criterion for intoxication and withdrawal syndromes (3) have been published elsewhere. Unlike these acronyms, “TRAPPED” does not attempt to organize diagnostic criterion. Rather, it is designed to facilitate recall of clinically important information that might otherwise be missed. As an acronym, “TRAPPED” seems to be useful, in that it helps to remind the student or clinician of the compulsive nature of addiction that often makes the individual feel “trapped” by his/her situation. (This, in no way, is meant to imply that everyone who uses a substance, even illicit, has a problem.) Optimistically, the memory is strengthened and the process of recall is made easier through this association between the actual mnemonic and the material it is intended to help recall.

Over the past several years, students from various disciplines

(e.g., medical, dental, nursing, social work, and pharmacy) have commented on the usefulness of the “TRAPPED” acronym as they take a history from a patient. Likewise, medical interns and residents, who have presumably learned how to take a medical history, comment that they were never taught specifics about taking a history of substance use. Many of them have also commented on the utility of this tool. The hope is that medical/psychiatric educators might find the acronym useful in a variety of clinical settings.

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References

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