



Psychiatric co-morbidity and substance use disorders

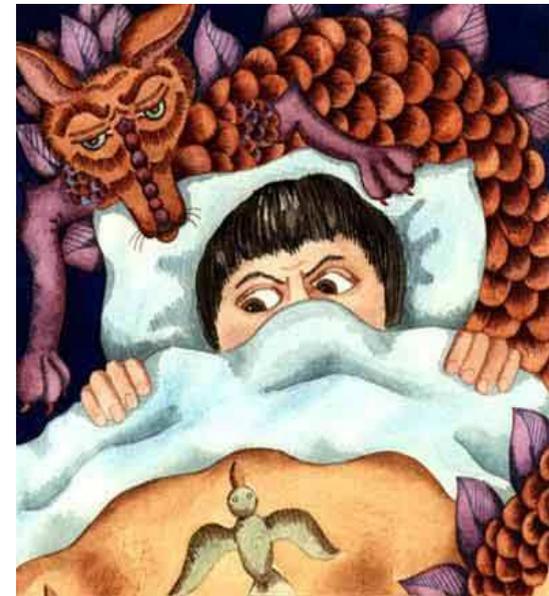
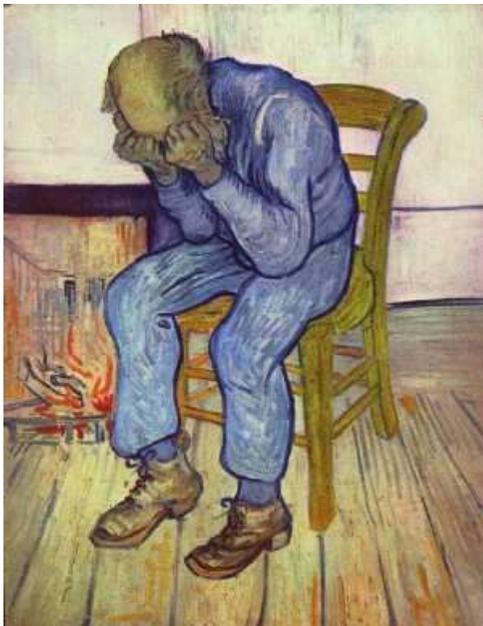
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I CUMBRE CELAC

Santiago de Chile, 12-14 Noviembre 2012

Psychiatric co-morbidity: Other psychiatric disease than SUD



Substance use



Psychiatric disease

15-80%

- What population?
 - General population
 - Seeking treatment:
 - Primary care/ Mental health services/ Substance abuse facilities
 - Others non-seeking treatment: “Street”, Prison
- When?
 - Last month, last year, lifetime
- How?
 - Diagnostic criteria, Diagnostic instruments

Diagnosis of psychiatric co-morbidity

- Clinical identification of psychiatric comorbidity in SUD is difficult:
 - Acute or chronic effects of drug use can **mimic symptoms** of many other mental disorders
 - Psychiatric disorders are **syndromes** rather than diseases with associated biological markers
- Relevance of diagnosis criteria

Evolution of diagnostic concepts

Criteria	Distinction	Instruments for clinical diagnoses
Feighner	Primary Secondary	
RDC DSM-III DSM-III-R	Organic Non organic	SADS DIS SCID
DSM-IV DSM-IV-TR	Primary Induced Expected effects	<p>SCID</p> <div style="border: 2px solid red; padding: 5px; display: inline-block;"> PRISM </div> <p>SCAN</p> <p>CIDI</p> <div style="border: 2px solid red; padding: 5px; display: inline-block;"> AUDADIS </div>

General population studies

	ECA	NLAES	NHE&W	ICPE	ANSMH&WB	NESARC	NCS-R
Year	1980-84	1992	1995	1996	1997	2001-02	2001-03
N	19,640	42,868	10,108	29,705	10,641	43,093	9,282
Country	USA	USA	England Wales	USA, Germany Mexico, Ontario, Netherlands	Australia	USA	USA
Criteria	DSM-III	DSM-IV	ICD-10	DSM-III-R	DSM-IV	DSM-IV	DSM-IV
Interview	DIS	AUDADIS	CIS-R-DIS	CIDI	CIDI	AUDADIS	CIDI

ECA Epidemiological Catchment Area Study ; NCS National Comorbidity Study; NLAES National Longitudinal Alcohol Epidemiologic Survey; NHE&W National Household Survey in England & Wales; ICPE International Consortium in Psychiatric Epidemiology; ANSMH&WB National Survey of Mental Health and Well Being ; NESARC National Comorbidity Survey of Alcoholism and Related Conditions; NCS-R National Comorbidity Survey Replication

General population studies: main results

- Extensive co-occurrence among Mood, Anxiety and Substance Use Disorder (SUD)
- Mood/SUD > Anxiety/SUD
- Risk of Mood and Anxiety Disorders greater for Substance Dependence than for Substance Abuse
- Gender differences: female more comorbidity than male
- Comorbidity occurs across cultures

Mental health services

Major depression + alcohol UD

- Current prevalence: 8.6% - 25%
- Lifetime prevalence: 30% - 42.8%

Sanderson et al, 1990; Salloum et al, 1995; Fava et al, 1996; Abraham et al, 1999; McDermut et al, 2001; Melartin et al, 2002; Zimmerman et al, 2002.

- STAR*D trial: (n=2876 patients)
 - 18.9%, had an AUD
 - 5.5%, had another SUD
 - 4.9%, had both AUD and other SUD *Davis et al, 2009*

AUD & MD: seeking treatment in Primary Care

Table 4 Associations (OR and 95% CI) among 12-month mental disorders

	Major depression	Dysthymia	Social phobia
Social phobia	5.51 (3.32–9.15)	3.59 (1.86–6.92)	1
Specific phobia	2.27 (1.59–3.24)	2.48 (1.38–4.46)	6.76 (3.42–13.38)
Agoraphobia without panic disorder	2.66 (1.86–3.8)	3.18 (1.67–6.07)	2.88 (1.26–6.56)
Panic disorder with/ without agoraphobia	5.39 (3.94–7.38)	3.61 (2.28–5.73)	5.15 (2.9–9.14)
Alcohol abuse	0.62 (0.19–1.99)	– ^a	3.03 (0.7–13.02)
Alcohol dependence	2.09 (1.01–4.32)	2.15 (0.71–6.49)	1.28 (0.15–10.57)
Any eating disorder	3.96 (1.61–9.71)	3.48 (0.83–14.54)	2.70 (0.34–121.66)

SUD & Psychiatric comorbidity

Substance abuse services

Study	n	Substance	Dx	M.D	Panic	GAD	PTSD	APD
Penick, 94	928	Alcohol	DSM-III	36	10	-	-	24
Ziedonis, 94	263	Cocaine	DSM-III-R	34	03	7	-	33
Windle, 95	802	Alcohol	DSM-III	12	-	11	-	30
Hasin, 95	172	Alco-Subst	DSM-III-R	52	16	1	-	25
Kokkevi, 95	176	Opioids	DSM-III	15	-	-	-	10
Milby, 96	102	Opioids	DSM-III-R	58		21	31	-
Brooner, 97	716	Opioids	DSM-III-R	16	7	1	-	25
Schuckit, 97	2945	Alcohol	DSM-III-R	41	2	-	-	19
Eland-Goosensen,97	344	Opioids	DSM-III-R	23	8	7	-	33
Magura, 98	212	Opioids	DSM-III-R	44	-	8	26	26
Mason, 98	75	Opioids	DSM-III-R	44	7	8	26	26
Krausz, 99	219	Opioids	ICD-10	22	-	-	-	27
Compton, 00	512	Substances	DSM-III-R	24	3	10	-	44
Skinstad-Swain, 01	125	Substances	DSM-III-R	22	4	10	14	22
Rodriguez, 06	149	Opioids	DSM-IV	17	3	2	2	33
Astals, 08	189	Opioids	DSM-IV	13	7	-	-	9

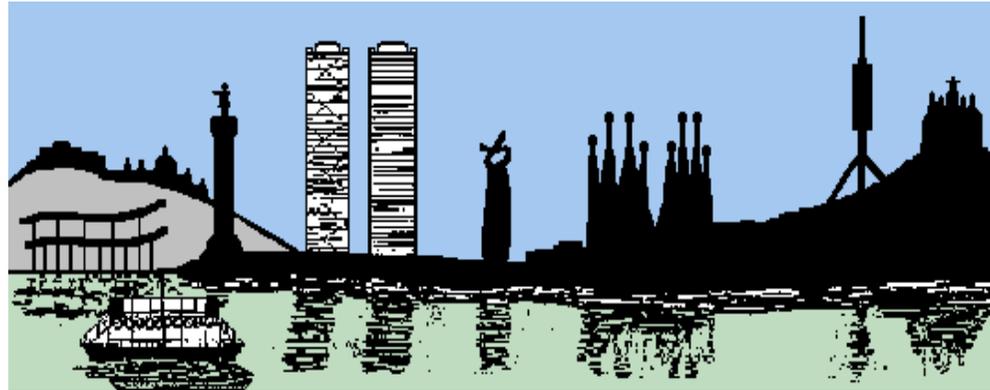
Substance Abuse services: Main results

- Psychiatric comorbidity is frequent in treatment-seeking substance abusers: **40-60%**
- The most prevalent co-morbid diagnoses are:
 - Mood disorders (Major Depression)
 - Anxiety disorders (PTSD, Panic)
 - TDAH
 - Antisocial Personality disorder

Epidemiology?

- What population
 - General population
 - Primary care/ Mental health services/ Substance abuse facilities
 - Substance abusers non-seeking treatment
- When?
 - Past month, 6 months, 12 months, lifetime
- How?
 - Diagnostic criteria, Diagnostic instruments
- **Where?**
 - Availability and accessibility to treatment
 - Availability and accessibility to licit and illicit drugs (epidemic)
 - Other inter-current events (i.e. HIV infection)

SUD & Psychiatric comorbidity

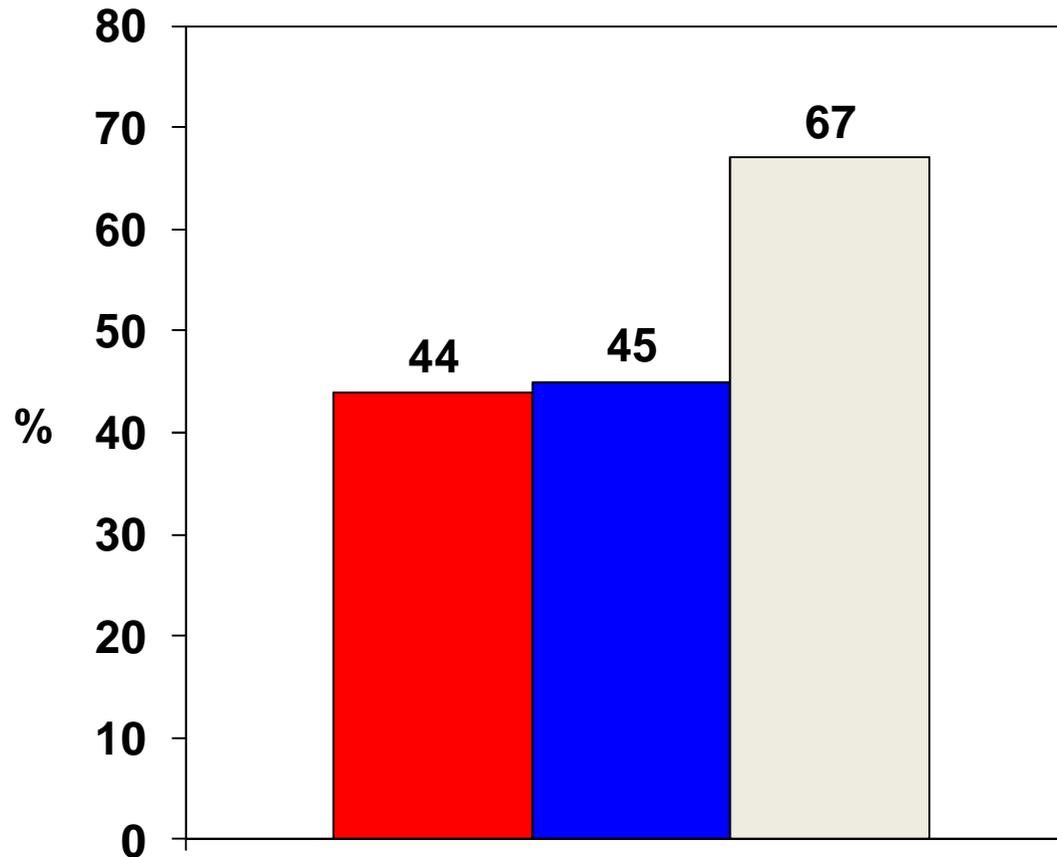


PsyCoBarcelona study: 2001-2005

- **Population?** Substance abuse facilities
Substance users not seeking treatment (street)
- **When?** Lifetime
- **How?** DSM-IV criteria mean PRISM
- **Where?** Availability and accessibility to treatment
Availability and accessibility to licit and illicit drugs (epidemic)
Other inter-current events (i.e. HCV)



Drug users seeking drug treatment

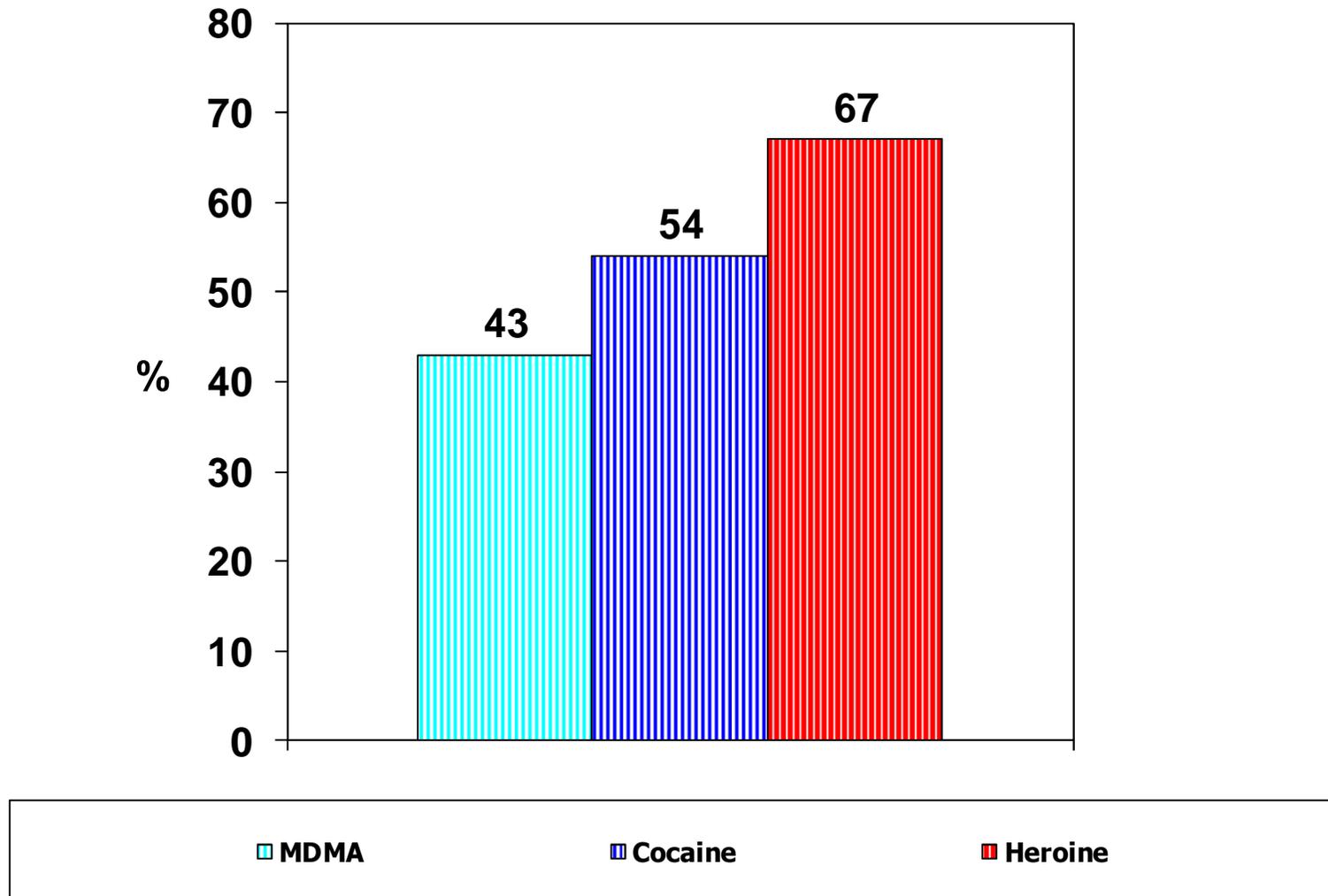


SUD & Psychiatric comorbidity



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Drug users at street



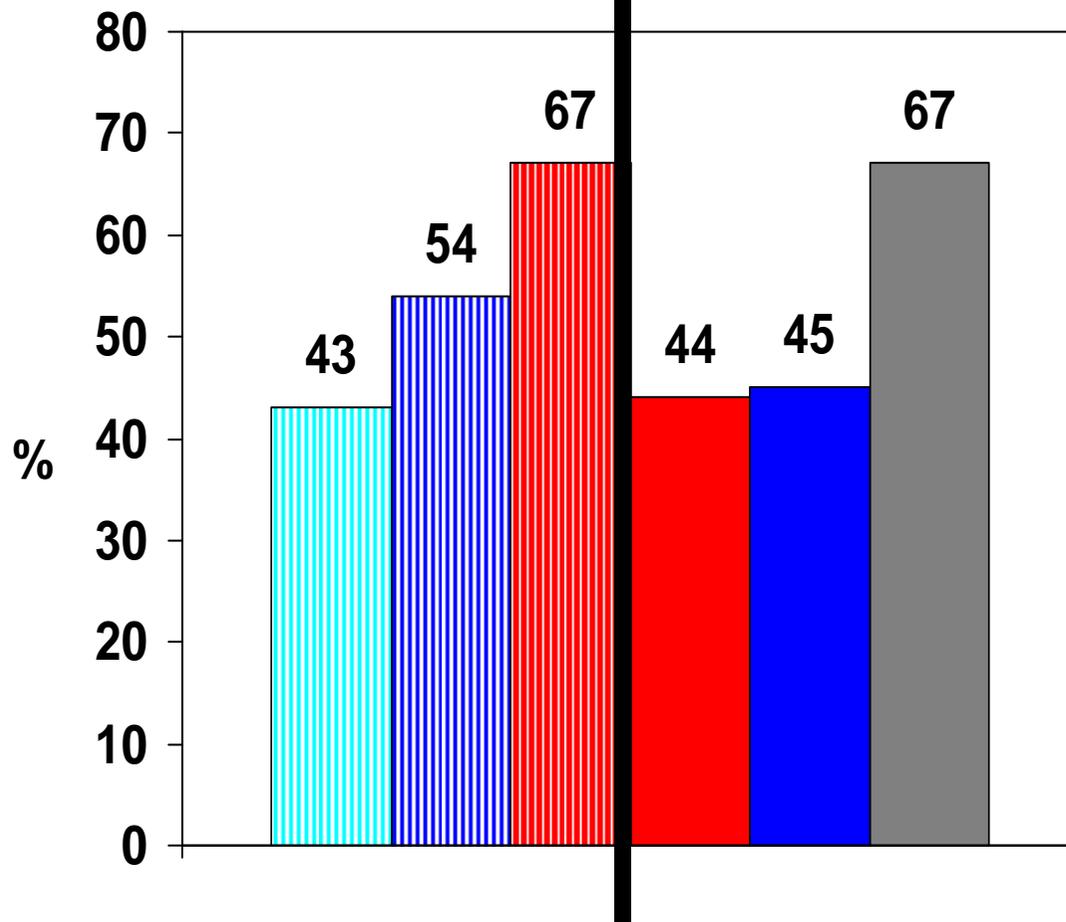
Rodriguez-Llera et al, 2006; Herrero et al, 2008; Martin-Santos et al, 2010



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Drug users at street

Drug users seeking treatment



MDMA

Cocaine

Heroin

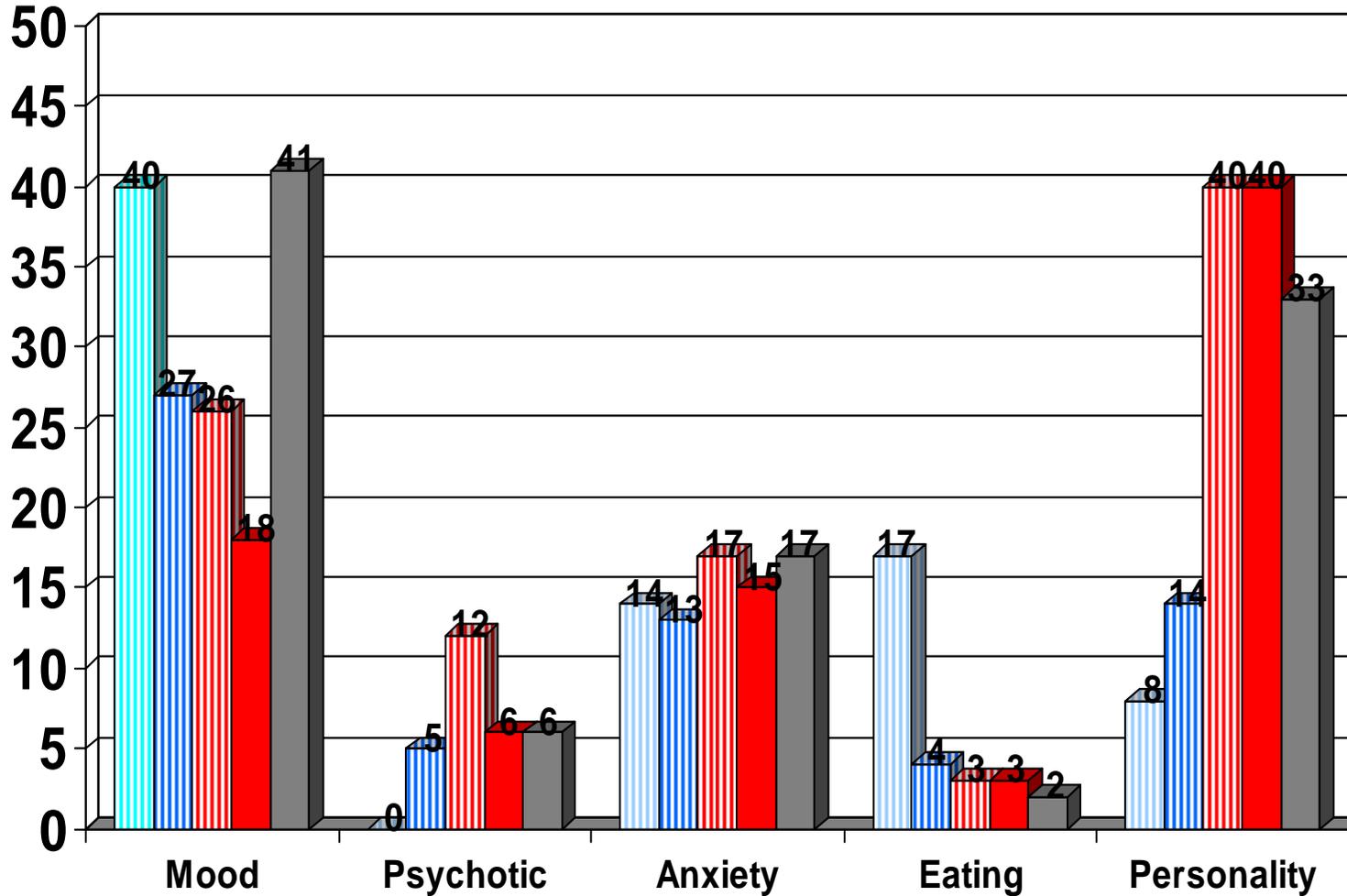
Heroin-Seeking Treatment

Cocaine-Seeking Treatment

Inpatient Detoxification



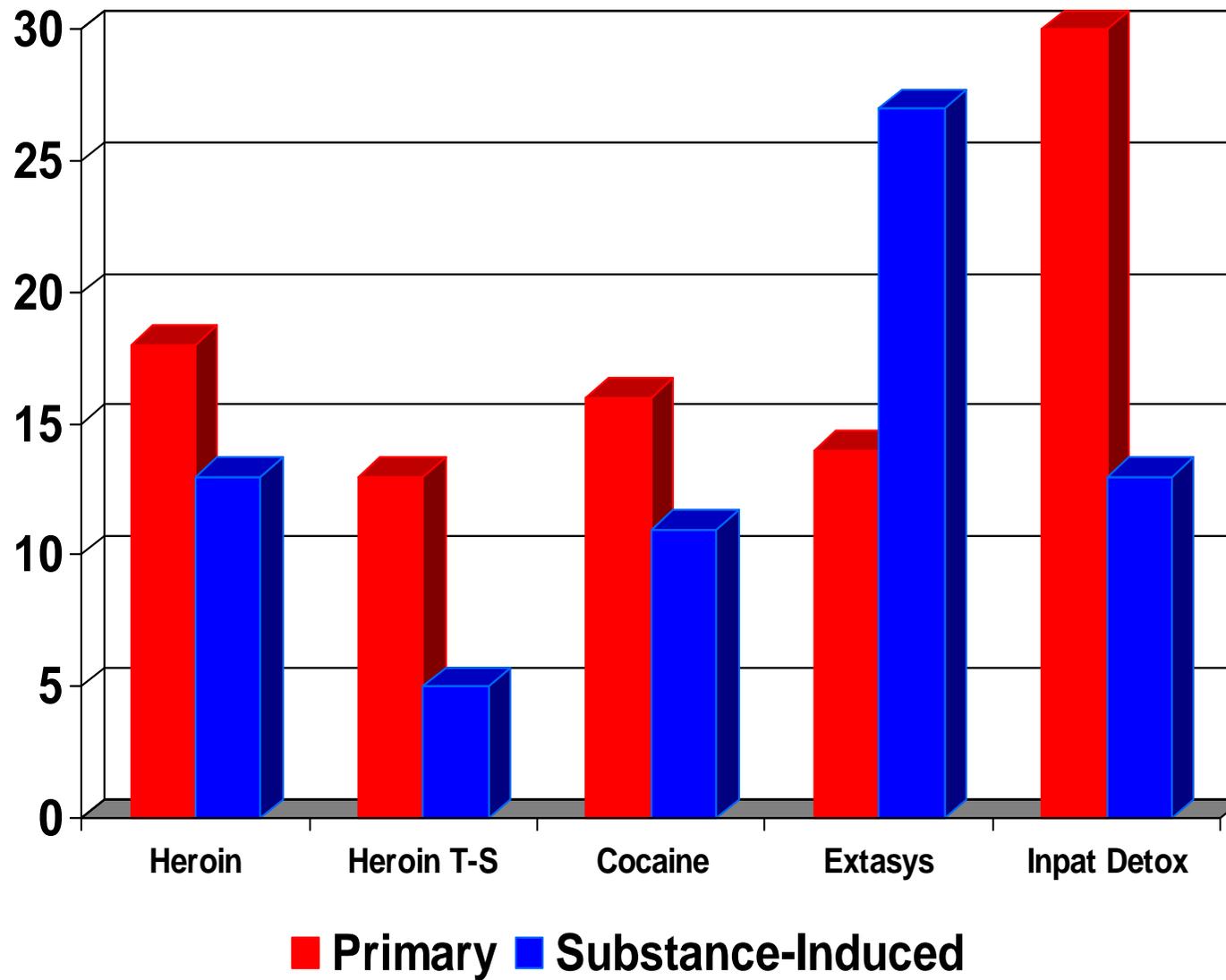
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Ecstasy Cocaine Heroin Heroin seeking treatment Inpatient Detox

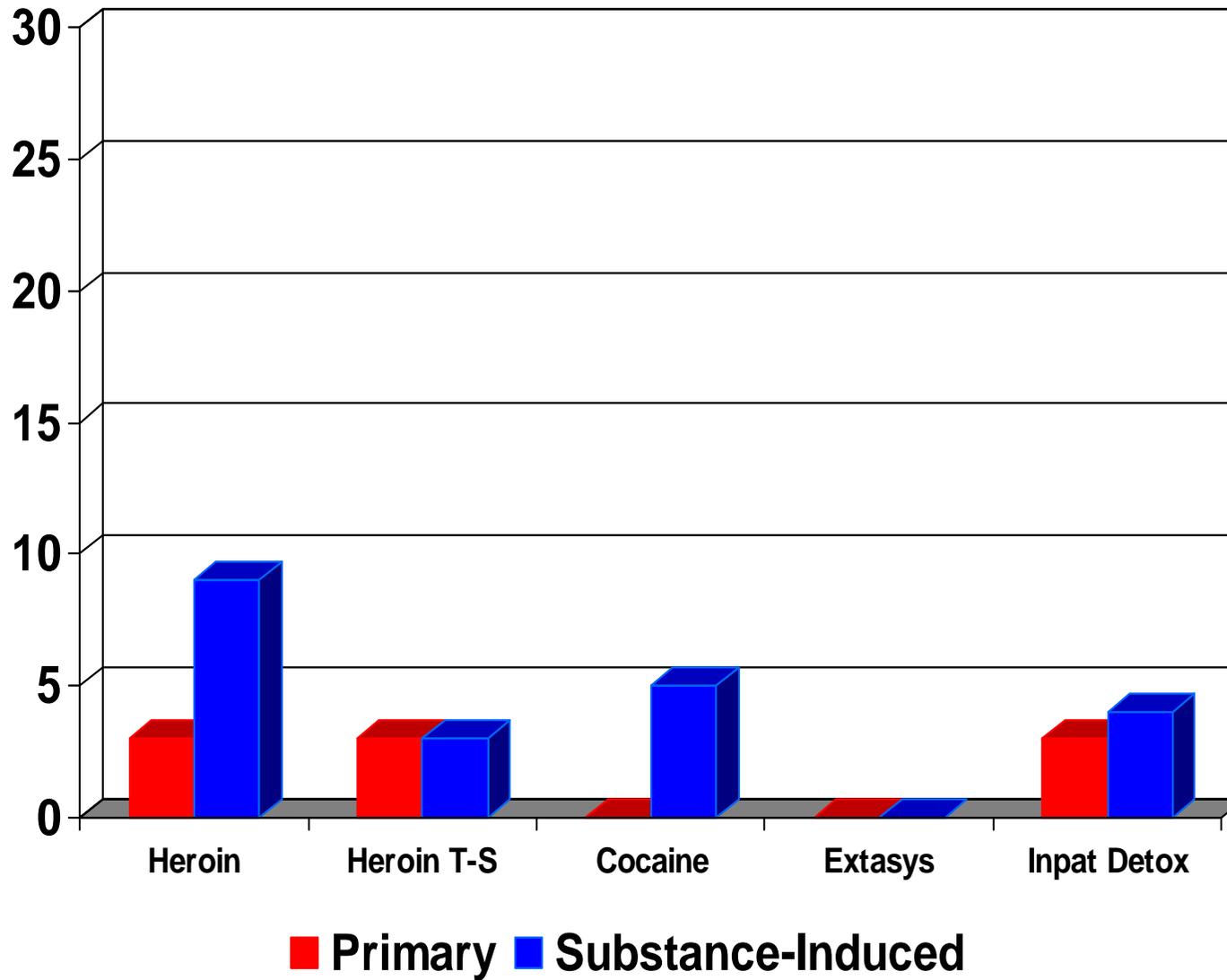


Lifetime prevalence of MOOD Disorders



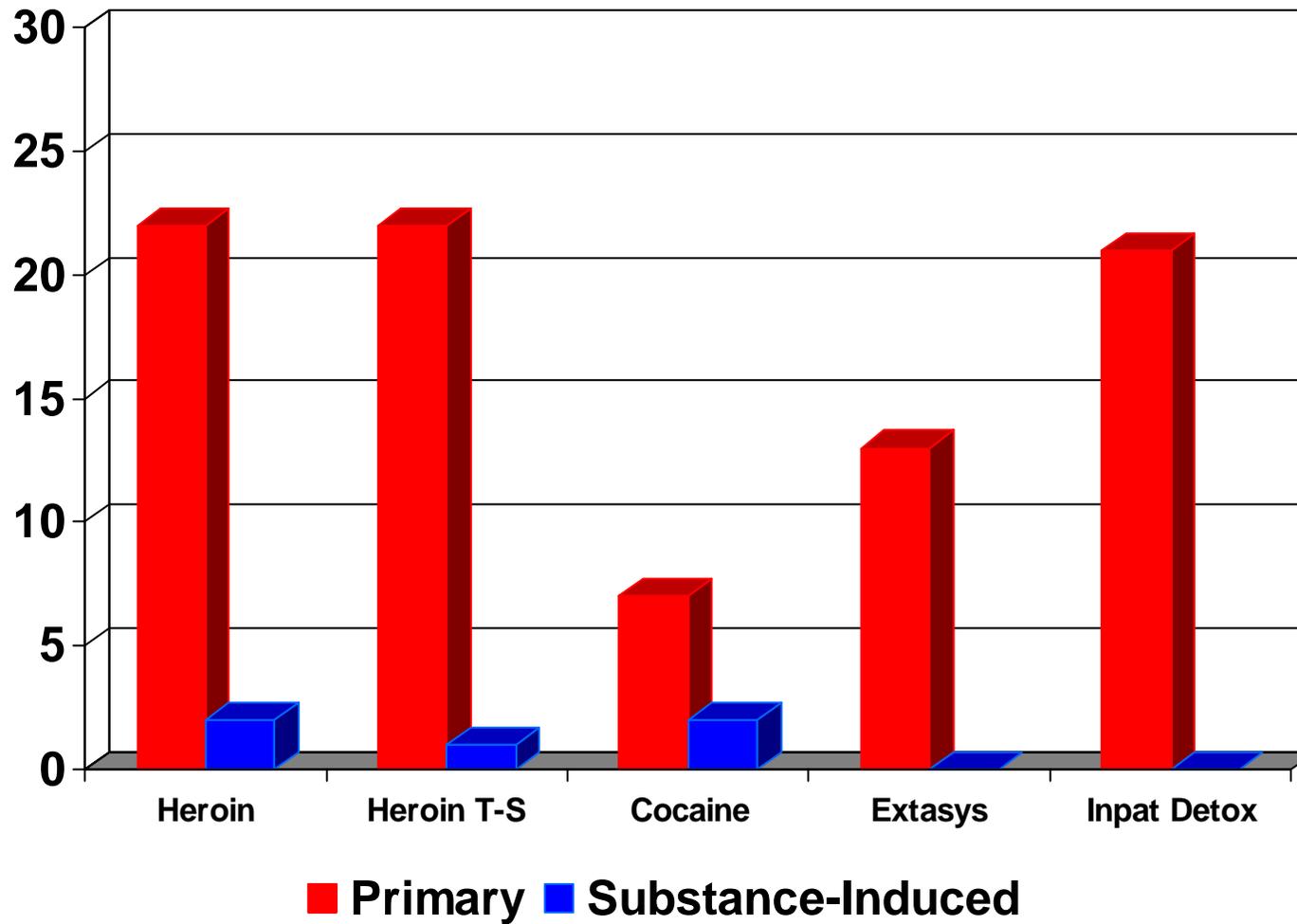


Lifetime prevalence of PSYCHOSIS

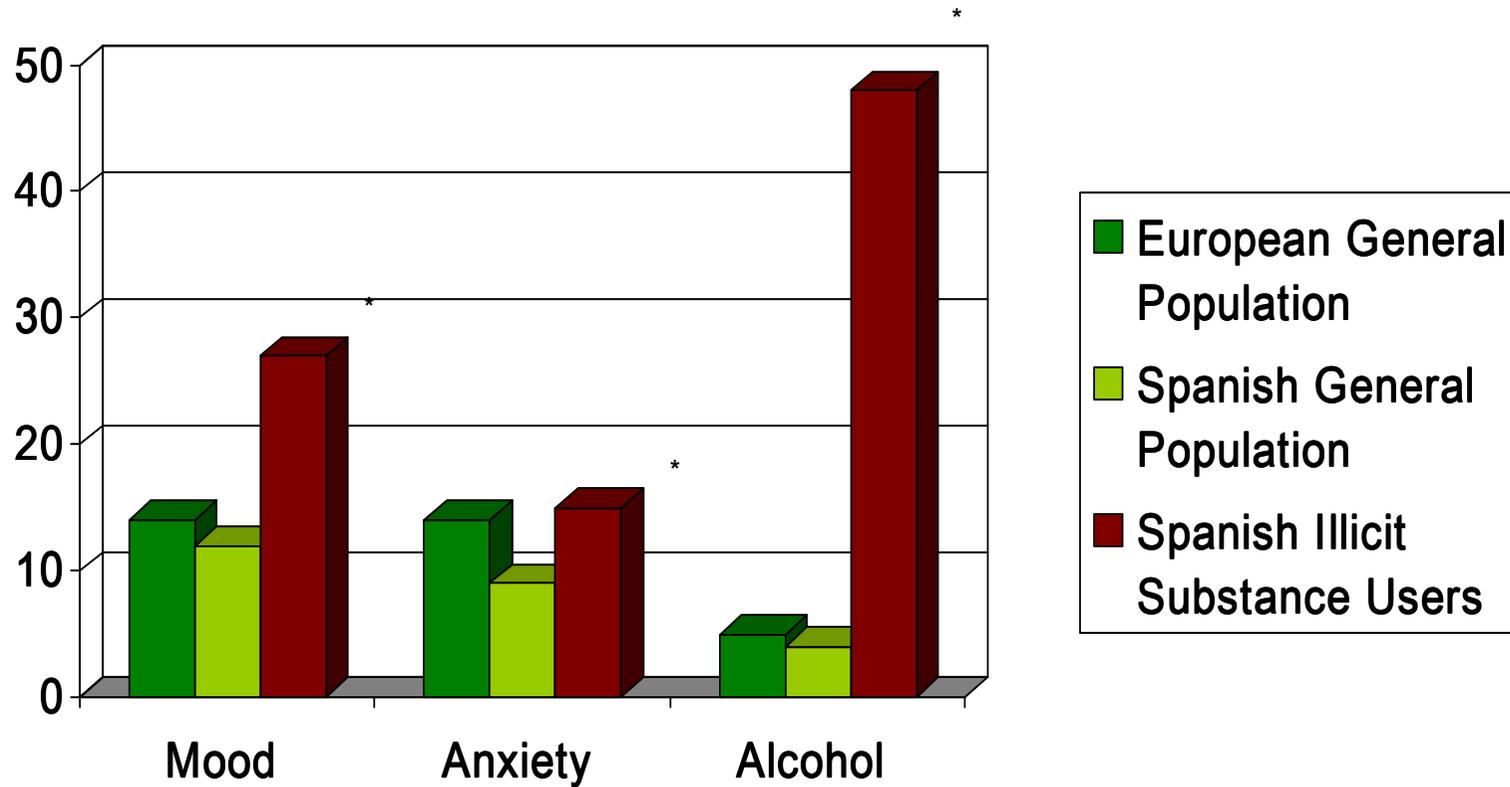




Lifetime prevalence of ANXIETY Disorders



Lifetime Mood, Anxiety and Alcohol Disorders in General Population and Illicit SUD



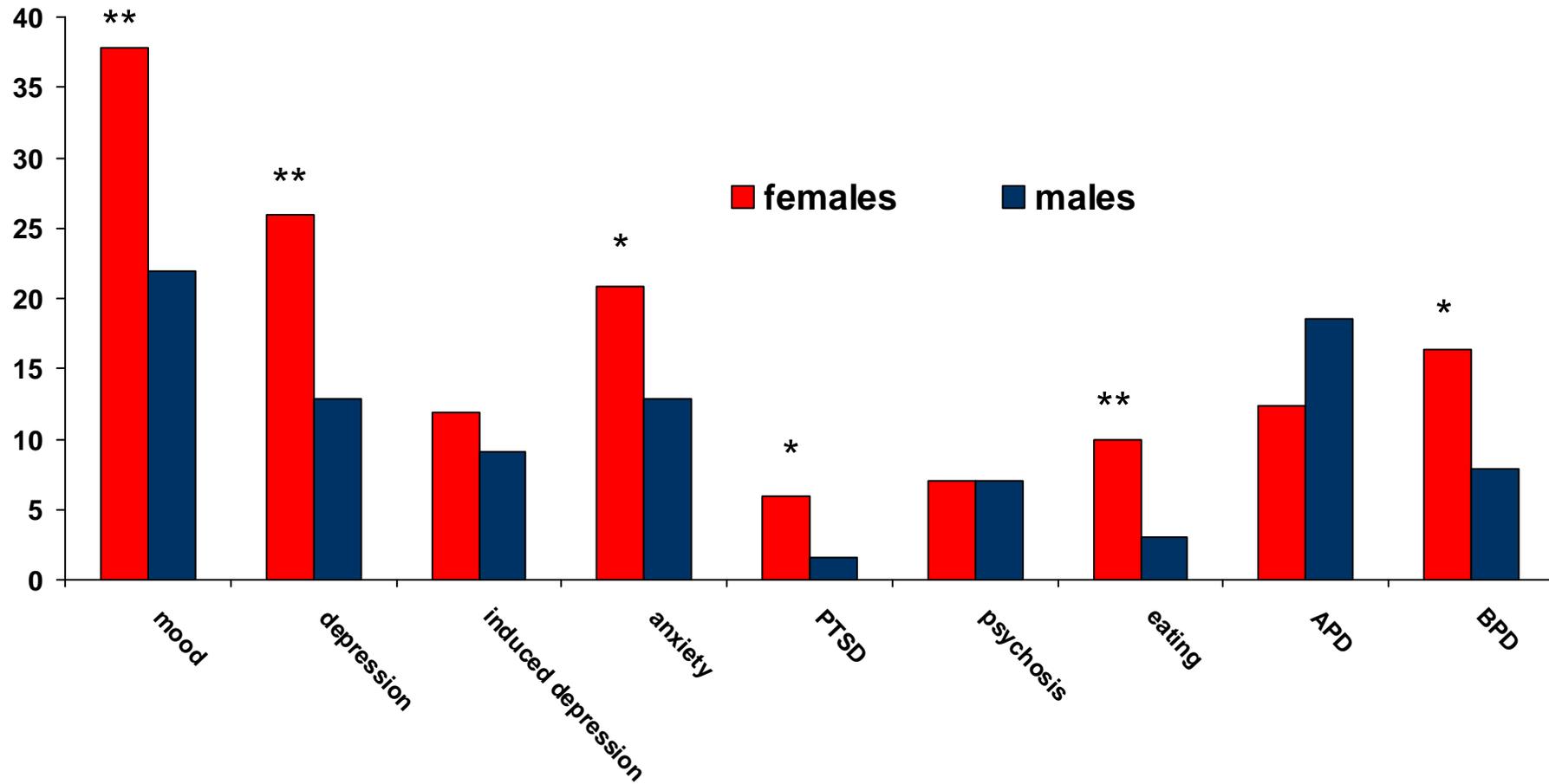
Alonso et al 2004; Haro et al 2006; Torrens et al 2011



Addiction & Gender: Mental disorders



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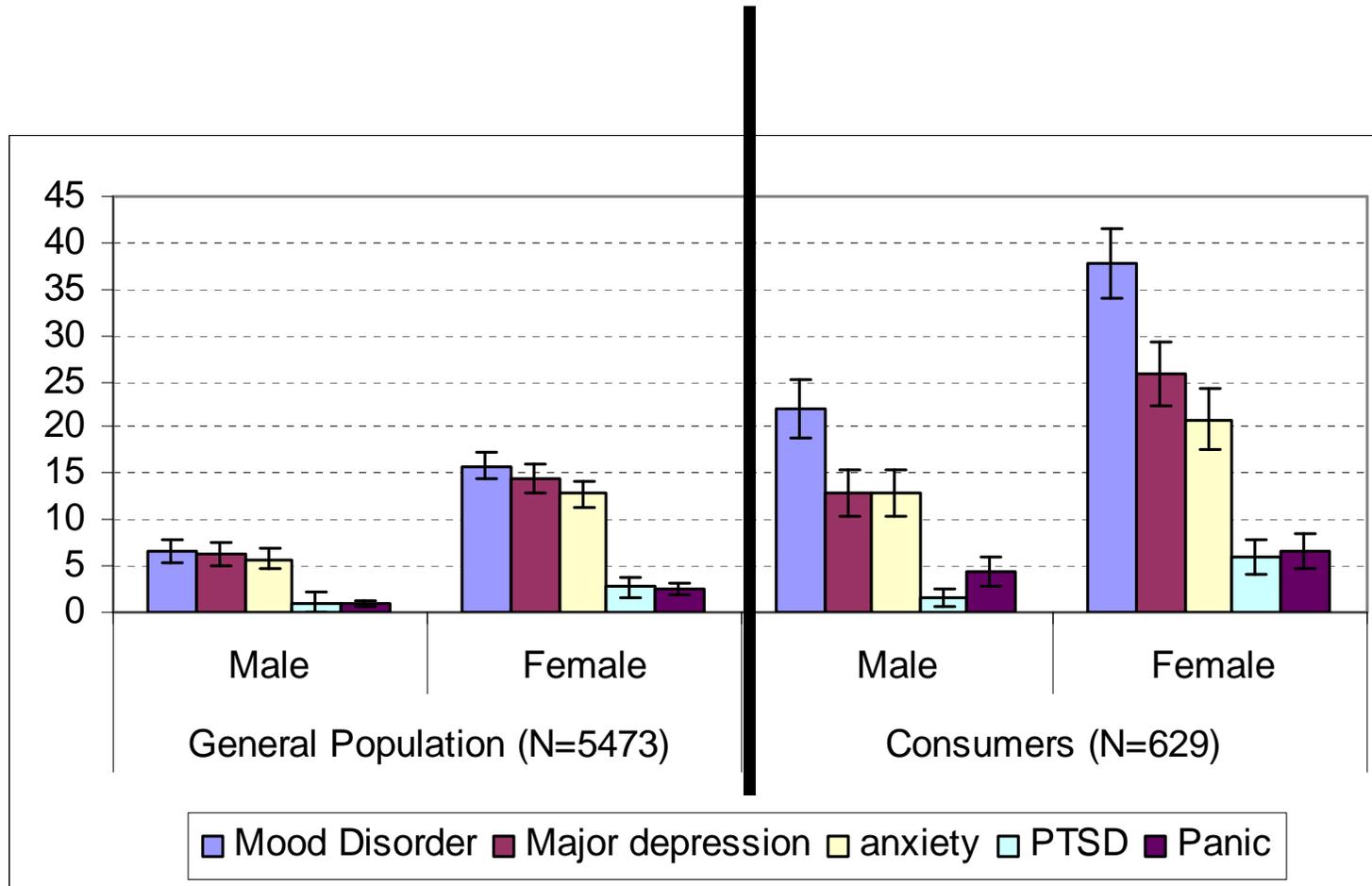


Gilchrist, Torrens & Domingo (2011)

** $p < 0.001$; * $p < 0.05$

SUD & Psychiatric comorbidity

Lifetime prevalence in general population and SUD by gender (%)



Prevalence?

- **40%-70%** of substance abusers have psychiatric disorders
- The most prevalent psychiatric diagnoses are:
 - Depression
 - Anxiety disorders (Panic disorder, Post-traumatic stress disorder)
 - Antisocial Personality disorder
- Independent disorders are more frequent than induced
- Gender differences: **female more mental disorders than male**

Why ?

1. The repeated administration of drugs causes psychiatric diseases
2. Psychiatric disorder is a risk factor to develop SUD:
 - a) The SUD is developed to mitigate the problems/symptoms that appear during the psychiatric disorder (self-medication hypothesis)
 - b) Psychopathology increases risk behaviors (mania, antisocial personality)
 - c) Social marginalization
3. SUD and comorbid psychiatric disorder are different symptomatic expressions of similar preexisting abnormalities

- More emergency admissions
- Higher prevalence of suicide (OR=14)
- Increased rates of medical co-morbidity (risk behaviours and related infections: HIV & HCV)
- Worse prognosis: More risk of relapse in drug use and psychiatric disorder
- Higher unemployment and homelessness rates
- Greater incident of violent or criminal behaviour

Increased psychopathological, medical & social severity respect to those with only SUD

Challenges ?

- There is a need of diagnosis psychiatric comorbidity among SUD
 - Screening instruments: DDSI
- There is a need of treatment of both conditions: SUD and psychiatric disease at same time

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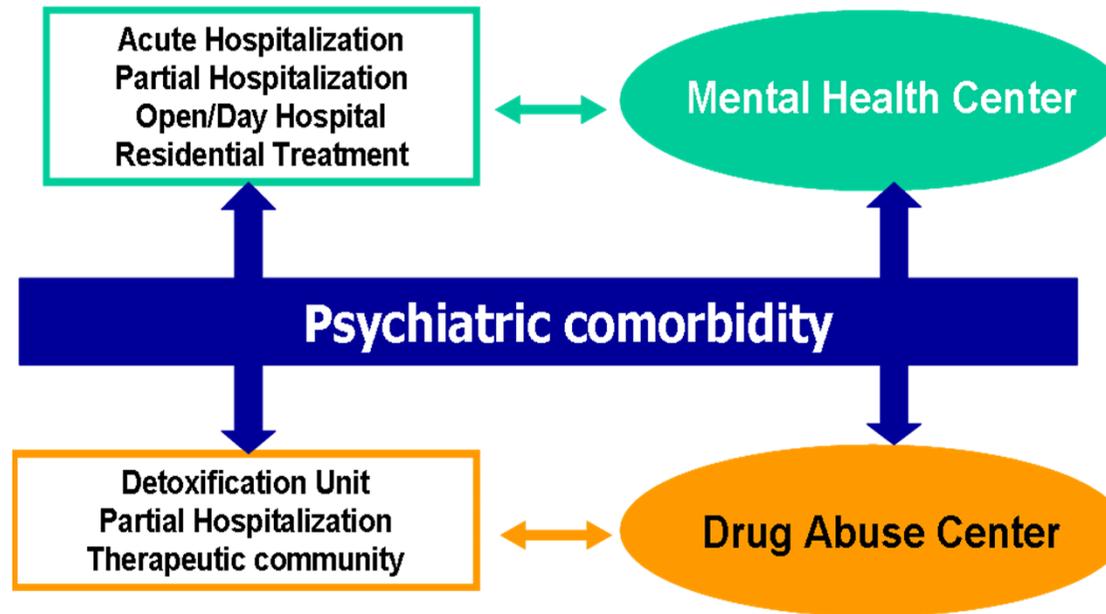
ORIGINAL ARTICLE

Psychiatric Co-Morbidity and Substance Use Disorders: Treatment in Parallel Systems or in One Integrated System?

Marta Torrens^{1,2}, Paola C. Rossi¹, Roser Martinez-Riera¹, Diana Martinez-Sanvisens¹
and Antoni Bulbena^{1,2}

Treatment of psychiatric comorbidity in drug abusers

Where?



**Integrated
Parallel**

Sequential

How?

- **Pharmacological**
- **Psychosocial**

How?

Pharmacological

- Efficacy
- Safety & tolerability
 - Abuse Liability
 - Interactions with substance of abuse

Depression

- **Efficacy**
 - Medication effects are larger when Primary Major Depression rather than Substance-induced depression
 - SSRIs do not seem to offer significant advantages compared with tricyclic drugs (desipramine)
Nunes & Levin 2004; Torrens 2005;
- **Safety**
 - Risk of overdoses with tricyclics
- **Abuse Liability**
 - Amineptine and fentamine
Haddad 1999; Jasinski 2008
- **Interactions with substance of abuse**
 - MAOIs + cocaine & stimulants: absolute contraindication

Psychosis

- Typical Antipsychotic:
 - Improvement of psychosis
 - Impairment of substance use
- Atypical Antipsychotic: First election
 - Clozapine:
 - Improvement of psychotic symptoms
 - Decrease of substance use (nicotine, alcohol, other substances of abuse)
 - Olanzapine
 - Risperidone
 - Quetiapine
 - Aripipazole

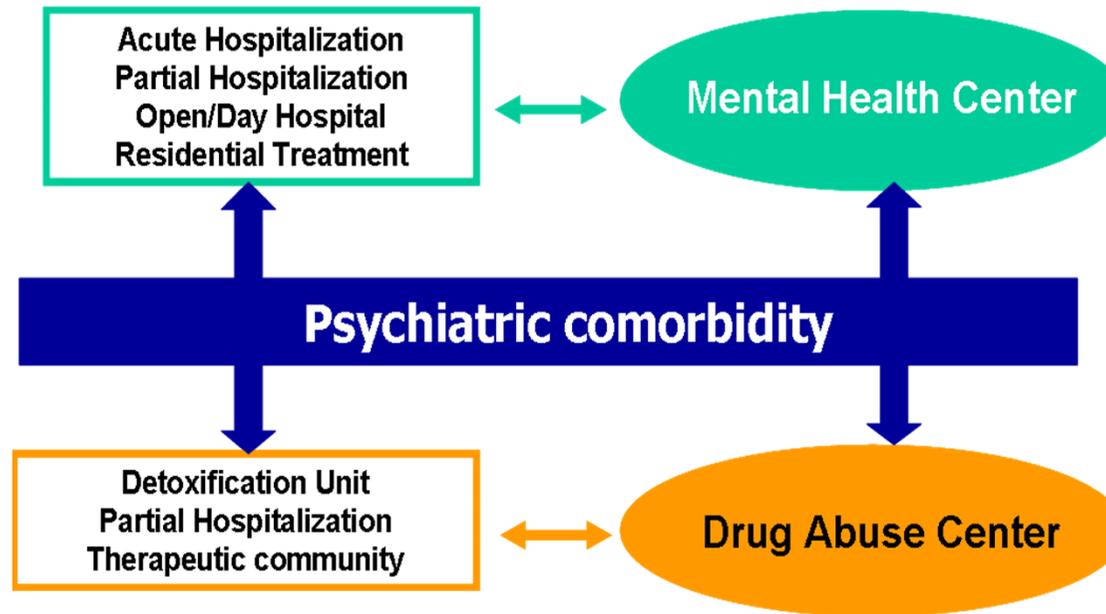
Brady 1990; Dixon 1991; McEvoy 1995; Green 2002; 2003; 2008,

Psychosocial

- Interventions that show consistent positive effects on substance use disorder
 - group counselling,
 - contingency management
 - residential dual diagnosis treatment
- Interventions with significant impacts on other areas of adjustment:
 - case management: enhances community retention
 - legal interventions: increase treatment participation

Treatment of psychiatric comorbidity in drug abusers

Where?



**Integrated
Parallel**

Sequential

Article

A Double-Blind, Placebo-Controlled Trial Combining Sertraline and Naltrexone for Treating Co-Occurring Depression and Alcohol Dependence

Helen M. Pettinati, Ph.D.

Primary Outcome	Treatment Group							
	Sertraline Plus Naltrexone (N=42)		Naltrexone (N=49)		Sertraline (N=40)		Placebo (N=39)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Time (days) to relapse to heavy drinking ^{b, c}	63.6	40.8	45.2	38.9	39.9	38.3	41.7	38.0
Hamilton Depression Rating Scale (HAM-D) score at the end of treatment ^d	6.9	6.1	8.0	7.0	11.7	7.3	10.2	8.0
	N	%	N	%	N	%	N	%
Patients totally abstinent during treatment ^c	22	53.7	10	21.3	11	27.5	9.0	23.1
Patients not depressed at the end of treatment ^{e, f}	25	83.3	22	68.8	13	48.1	14.0	56.0

- Psychiatric comorbidity in substance users is frequent (40-70%)
- These patients show high clinical (**suicide, unintentioned overdoses, HIV, VHC**) and social (**marginality, violent behaviour**) severity
- They have a worse prognosis: more risk of relapse in drug use and psychiatric disorder if both conditions are not treated at same time

Conclusions

- Policy makers must guarantee services that:
 - Facilitate the access to appropriate treatment of substance abusers with other psychiatric comorbidity (in both mental health and drug abuse networks)
 - Provide diagnosis and treatment of other psychiatric comorbidity among substance abusers seeking treatment

- More research is needed to develop adequate treatments for treating concomitant psychiatric disorders in substance abusers
 - Services
 - Pharmacological
 - Psychosocial

Thanks for your attention !

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