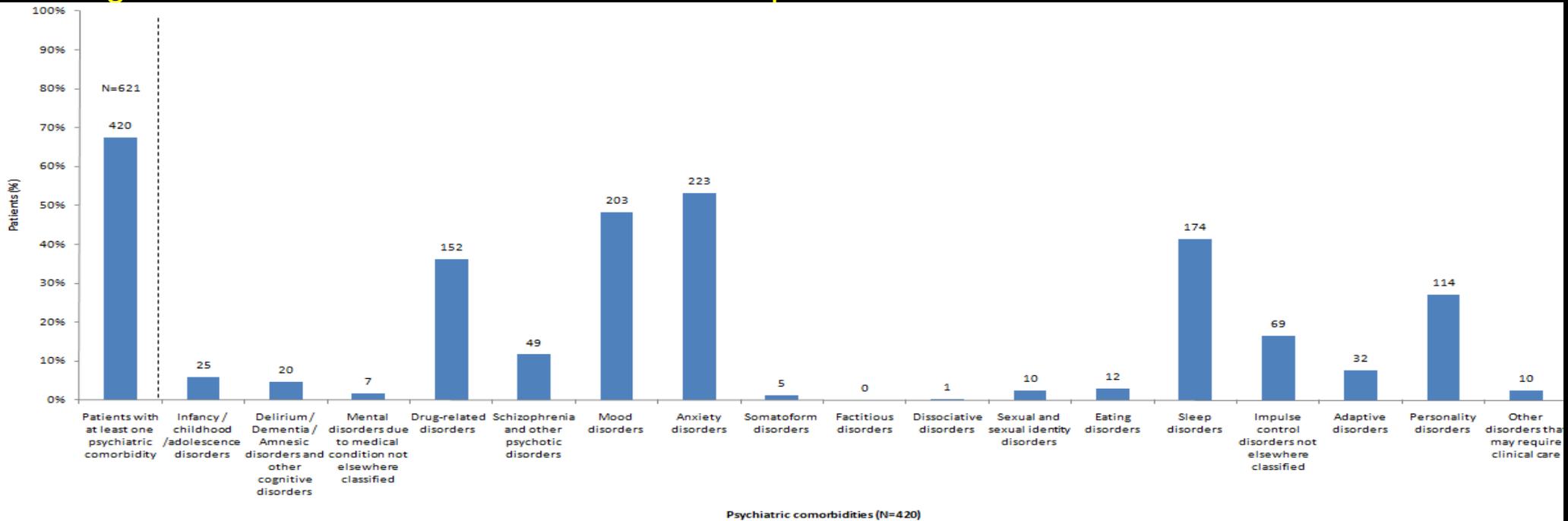


Psychiatric Comorbidities I

- Psychiatric comorbidities were clinically detected in 67% of all evaluable patients, of them:
- Of them the most frequent disorders were:
 - anxiety (53%)
 - mood (48%)
 - sleep (41%)

Drug-related disorders were found in 36% of patients.



Comorbidity and Adherence to Treatment

CELAC. Conference, Santiago de Chile 2012

Carlos Roncero

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CSB Consorci Sanitari
de Barcelona

ASB Agència
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Author disclosure

- **Dr. Roncero has received honoraria for speaking for: Janssen-Cilag, Bristol-Mayers Squibb, Pfizer, Reckitt Benckiser, Lundbeck, Servier, GSK, Brainfarma, Rovi and Adamed Spain.**
- **The PROTEUS project was supported by Schering-Plough and Reckitt-Benckiser Grant.**
- **He has received fee for participating as a member of the Janssen-Cilag and Shire boards.**

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COMORBIDITY AND ADHERENCE

- Can psychiatric state at baseline predict outcome or adherence in drug-dependent patients?
- Is dual diagnosis/dual pathology (DD) related to adherence?

COMORBIDITY AND ADHERENCE

- What is the percentage of dual diagnosis/ dual pathology (DD) prevalence in drug-dependent patients?

COMORBIDITY AND ADHERENCE OPIATES



Pacini Editore & AU CNS

Regular article

Heroin Addict Relat Clin Probl 2011; 13(3): 5-16

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Therapeutic management and comorbidities in opiate-dependent patients undergoing a replacement therapy programme in Spain: the PROTEUS study

Carlos Roncero^{1,2}, Gideoni Fuste¹, Carmen Barral¹, Laia Rodríguez-Cintas¹, Nieves Martínez-Luna¹, Francisco José Eiroa-Orosa^{2,3}, Miguel Casas^{2,3} on behalf of the PROTEUS study investigators

¹ Outpatient Drug Clinic, Department of Psychiatry, Vall d'Hebron University Hospital, Barcelona. Public Health Agency Barcelona (ASPB), Spain, EU

² Department of Psychiatry and Legal Medicine, Universitat Autònoma de Barcelona, Barcelona, Spain, EU

³ Department of Psychiatry, Vall d'Hebron University Hospital, Barcelona, Spain, EU

N= 624

Axis I & II Disorders

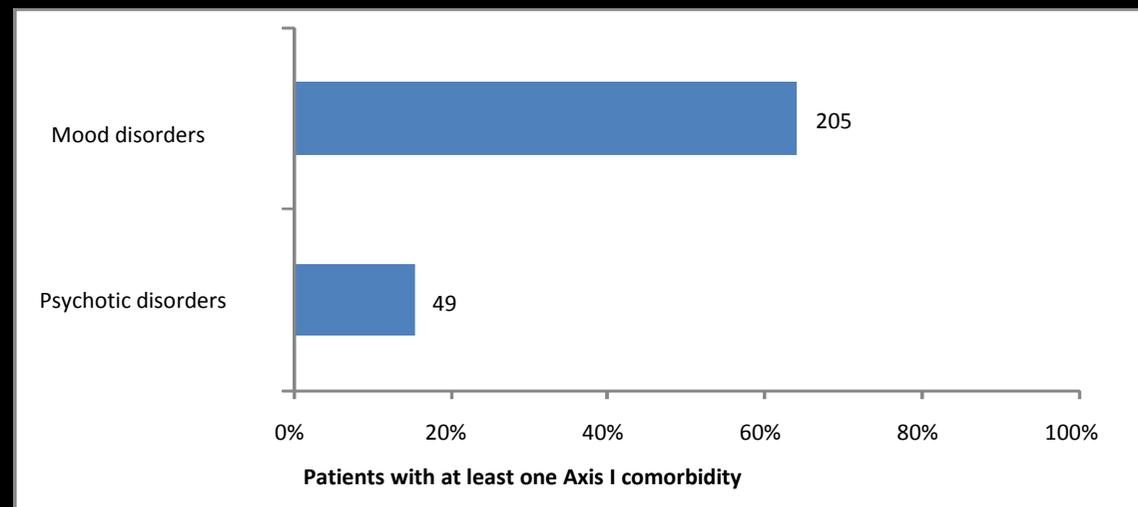
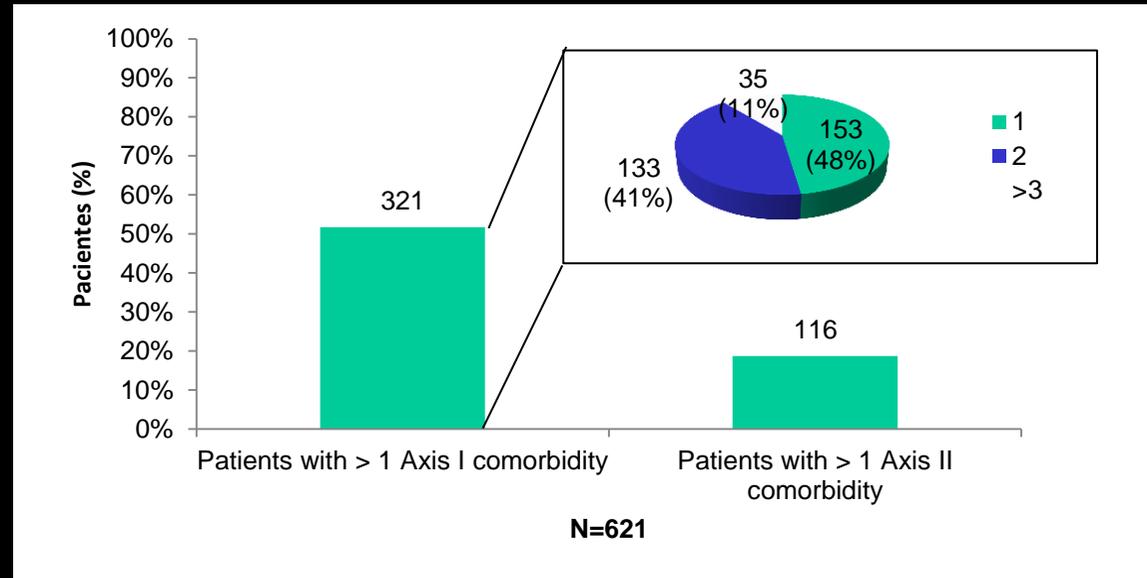
Psychiatric comorbidities were analyzed according to their DSM-IV-TR axis. To this purpose, psychiatric comorbidities were classified as follows:

- **AXIS I:** schizophrenia and other psychotic disorders; mood, anxiety, somatoform, factitious, dissociative, eating and adaptive disorders.
- **AXIS II:** personality disorders

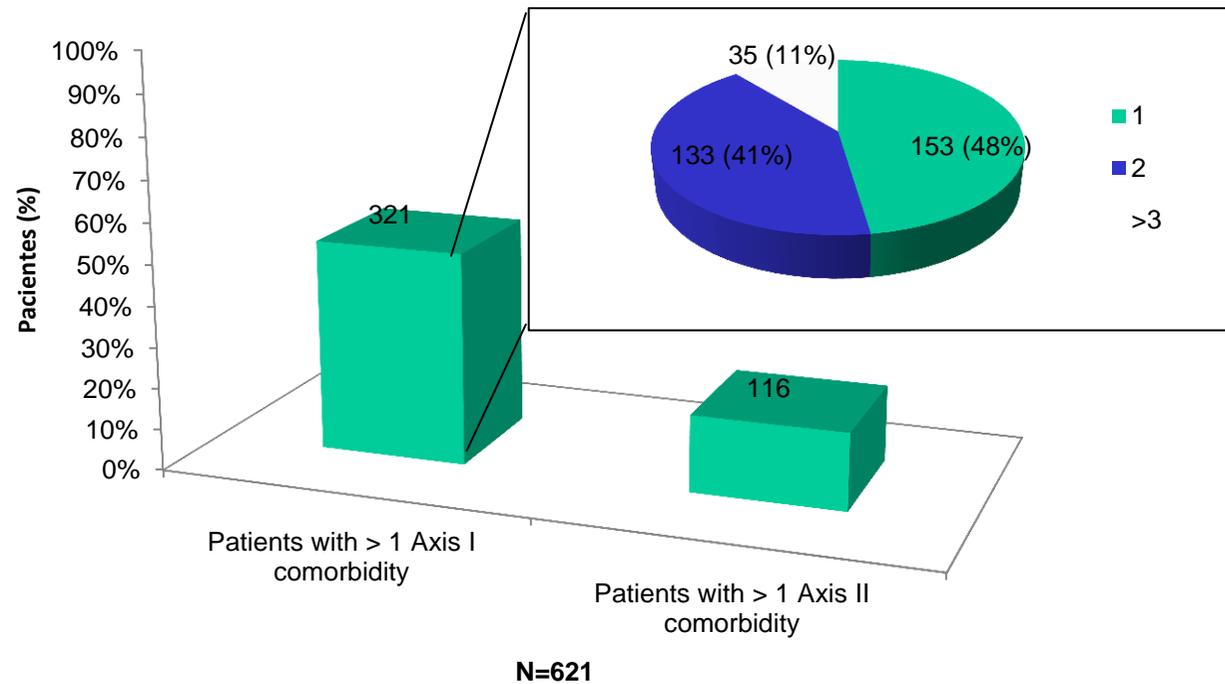
52% of patients had at least one Axis I comorbidity; usually one (48%) or two (41%).

Among them, 15% had schizophrenia and other psychotic disorders, and 64% had mood disorders.

Axis II comorbidities were found in 19% of patients. No significant differences were found in the proportion of patients with Axis II comorbidities related to the presence of Axis I comorbidities ($p>0.05$).



The PROTEUS study



COMORBIDITY AND ADHERENCE COCAINE

G Model
EURPSY-2983; No. of Pages 6

ARTICLE IN PRESS

European Psychiatry xxx (2011) xxx-xxx



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Original article

Risk factors for cocaine-induced psychosis in cocaine-dependent patients

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F.J. Eiroa-Orosa^c, M. Casas^{b,c}

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N= 173 Dx: Cocaine-dependents SCID-I, SCID-II

COMORBIDITY AND ADHERENCE COCAINE

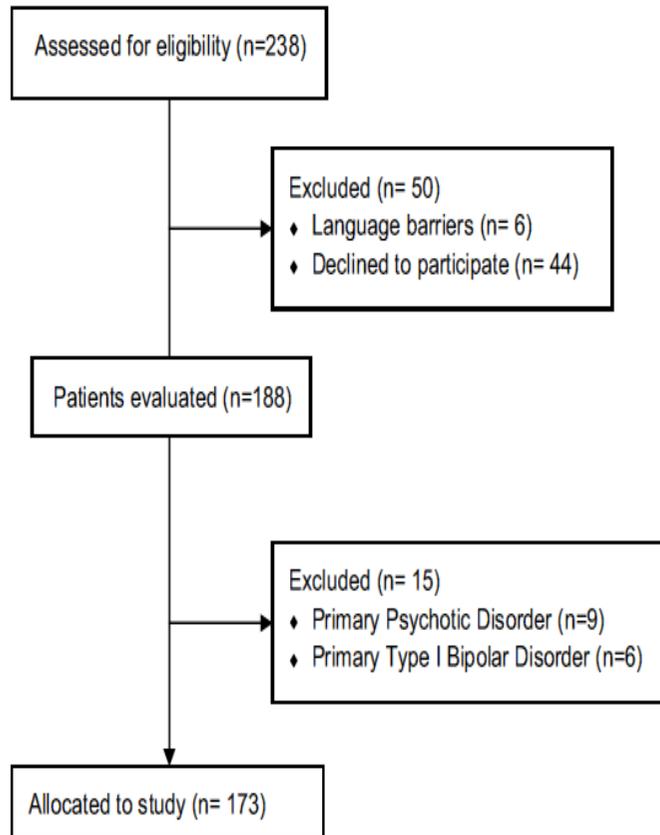


Fig. 1. Study Flow Chart.

Psychotic symptoms were found under the influence of cocaine 53.8% of cocaine dependent-patients interviewed.

The most frequently reported psychotic symptoms were paranoid beliefs and suspiciousness (43.9%).

auditory hallucinations (30.9%).

visual hallucinations (26.1%).

kinaesthetic hallucinations (10.3%).

COMORBIDITY AND ADHERENCE COCAINE

Table 2

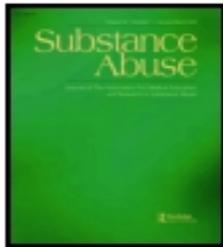
Personality Disorders and Substance use disorders in lifetime according to Cocaine Induced Psychosis.

	All subjects (n=173) (%)	CIP (-) (n=80) (%)	CIP (+) (n=93) (%)	χ^2
Paranoid personality disorder	4.1	0	8.6	
Schizoid personality disorder	1.6	3.1	0	
Schizotypal personality disorder	0	0	0	
Antisocial personality disorder	16.9	10.8	26.2	5.471
Borderline personality disorder	18.5	10.8	24.6	4.279
Histrionic personality disorder	1.6	1.5	1.7	
Narcissistic personality disorder	1.6	0	3.4	
Avoidant personality disorder	2.4	1.5	3.4	
Dependent personality disorder	2.4	0	4.6	
Obsessive-compulsive personality disorder	.8	1.5	0	
Passive-aggressive behaviour	1.6	0	3.4	
Cannabis dependence	35.2	23.4	45.5	9.278
Opioid dependence	22.7	21	24.2	.002
Benzodiazepine dependence	11.8	11.5	12.1	.035
Alcohol dependence	22.8	23	22.7	.469
Tobacco dependence	84.4	77.5	89.9	4.623

CIP (-): patients without cocaine induced psychosis; CIP (+): patients with cocaine induced psychosis.

COMORBIDITY AND ADHERENCE

Substance Abuse



Psychotic Symptoms of Cocaine Self-Injectors in a Harm Reduction Program

DOI: 10.1080/08897077.2012.691446

Carlos Roncero^{abc}, Nieves Martínez-Luna^{ab}, Constanza Daigre^{ab}, Lara Grau-López^{ab}, Begoña Gonzalvo^{ab}, Jesús Pérez-Pazos^{ab} & Miguel Casas^{bc}

Received: 10 Feb 2012

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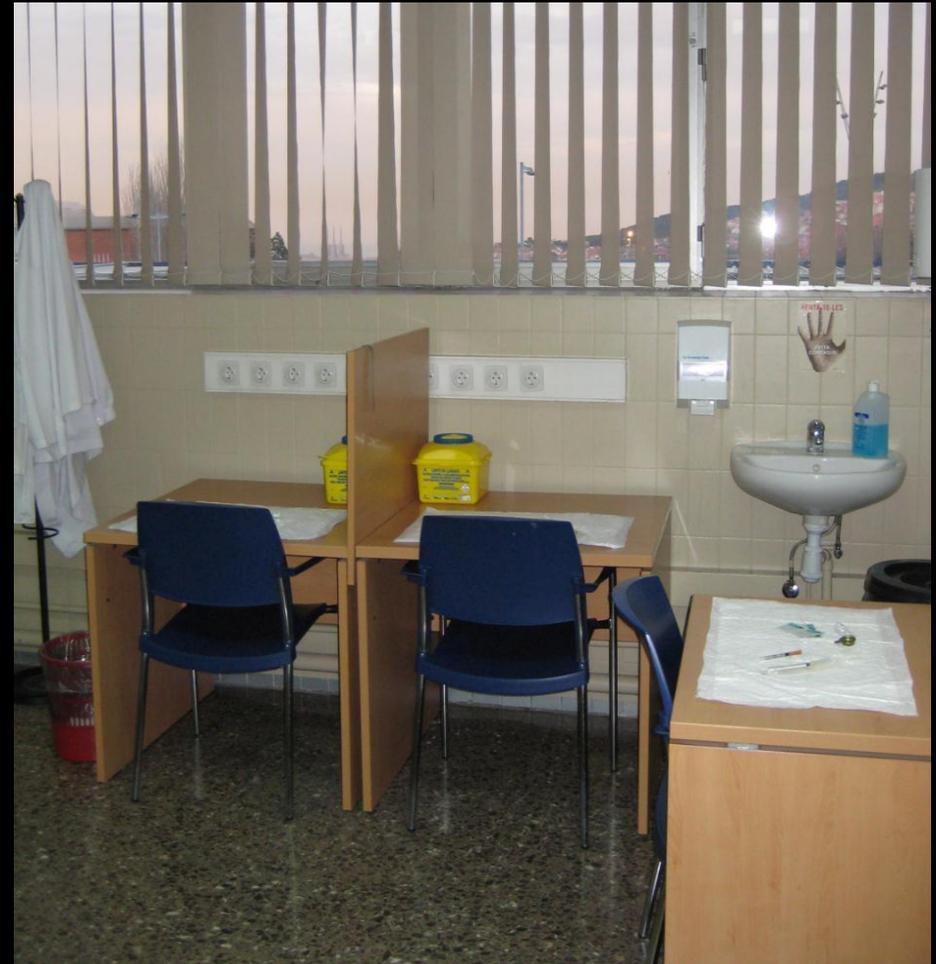
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COMORBIDITY AND ADHERENCE

Routes of administration

- 21 Caucasian cocaine-dependent patients, 81% men.
- Self-injected cocaine 375 times.
- Psychotic symptoms after self-injection is detected and observed by trained nurses and educators.
- Psychotic symptoms were observed in 62% of the patients and 21% of the drug self-injections.



COMORBIDITY AND ADHERENCE

- Delusions observed in **9.3%**, psychotic self-reference with insight in **9.1%**, illusions in **6.4%**, and hallucinations in **5.3%**.
- Motor alterations were: trembling **58%**, stereotyped movements **24%**, behavior alteration **6%**, significantly more frequent in the psychotic group.
- A higher presence of psychotic symptoms was noted with:
 - cannabis used in the previous month: **76.9%** versus **44.4%** (no psychotic symptoms group) ($p=0,001$)
 - also it was a greater use of benzodiazepines: **75.6%** versus **63.6%** ($p=0,046$).

COMORBIDITY AND ADHERENCE

- A lower use of methadone were detected in the group with psychosis: **75,6%** versus **97,3%** ($p=0,001$).
- There was a high frequency of psychotic symptoms after the intravenous use of cocaine.
- Public Health problem

COMORBIDITY AND ADHERENCE

- What do we know about adherence in drug-dependent or DD patients?

COMORBIDITY AND ADHERENCE

- It has been asserted that no single isolated factor can predict treatment adherence (Helleman et al, 2007; Ball et al, 2006).
- There are multiple factors in drug abusers that affect treatment adherence and abandonment.
- Among them are the lack of disease awareness and balance made by the patients between positive effects of receiving treatment (general improvement in health) and the immediate positive rewards of drug consumption (Secades et al, 2007).
- Low adherence could be related with the perceived quality of life (Astals et al, 2008) or with the associated psychopathology (Casas et al, 2008; Puigdollers et al, 2004; Drake et al, 1998).
- There is infradiagnosis on the presence of dual diagnosis.
- Prospective studies on the influence of the presence of psychopathology in addicts in relation to treatment adherence are needed .

COMORBIDITY AND ADHERENCE

Original

Carlos Roncero^{1, 2, 3}
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Carmen Barral^{1, 3}
Gideoni Fuste^{1, 3}
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Josep A. Ramos-Quiroga^{2, 3}
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Treatment adherence to treatment
in substance users referred from
Psychiatric Emergency service to
outpatient treatment

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Actas Esp Psiquiatr 2012;40(2):63-9

COMORBIDITY AND ADHERENCE

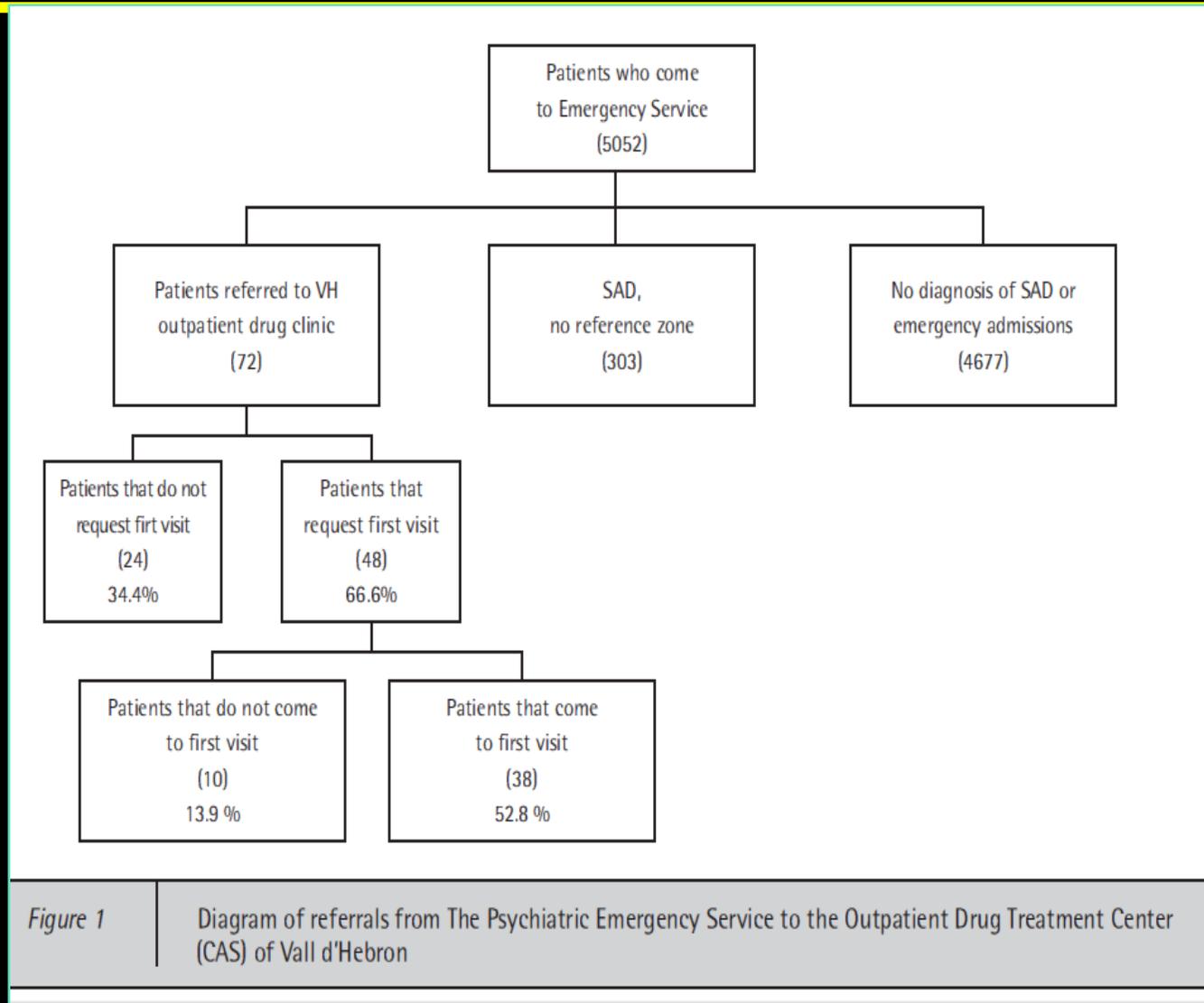
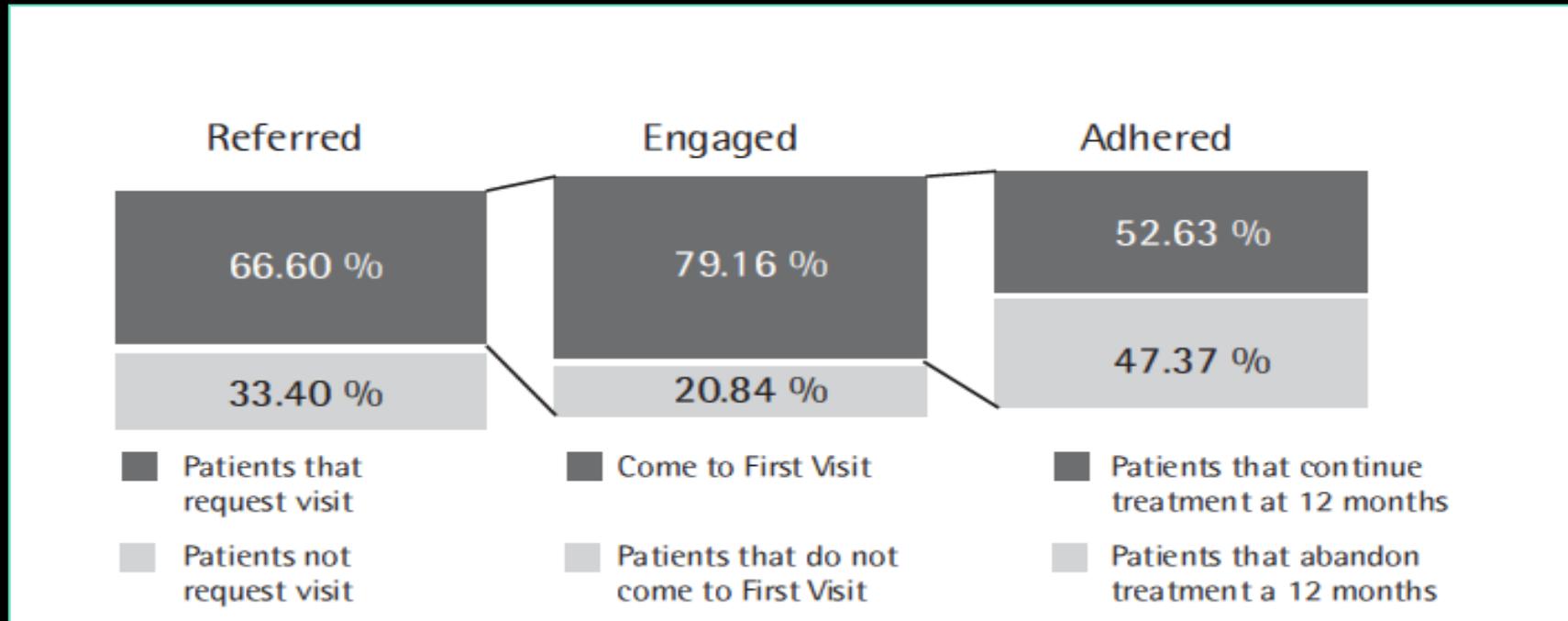


Figure 1

Diagram of referrals from The Psychiatric Emergency Service to the Outpatient Drug Treatment Center (CAS) of Vall d'Hebron

COMORBIDITY AND ADHERENCE



• N= 72

COMORBIDITY AND ADHERENCE

- **33.4% of the patients referred to an Outpatient Drug Clinic didn't request a visit.**
- **Of those who requested a first appointment, 20.83% didn't attend.**
- **Of those who attended the first appointment, 47.37% abandoned treatment in the first 12 months.**

- **No differences between the different substances abused or the time of the year of referral were observed.**
- **A total of 86.84% of those who came to the first visit stayed for at least one month and 52.63% for twelve months.**

COMORBIDITY AND ADHERENCE

- Of the patients referred, 25% continued treatment after one year.

- Of the patients who attended the first appointment, 47.4% continued treatment after one year.

- So we conclude that it is very important to encourage patients to start treatment.

Comorbidity and Adherence

- Can psychiatric state at baseline predict outcome or adherence in drug-dependent patients?
- Is dual diagnosis/dual pathology (DD) related to adherence?

COMORBIDITY AND ADHERENCE

Factores de riesgo de recaída en pacientes drogodependientes tras desintoxicación hospitalaria

Risk factors for relapse in drug-dependent patients after hospital detoxification

LARA GRAU-LÓPEZ^{*,**}; CARLOS RONCERO^{*,**,**}; CONSTANZA DAIGRE^{*}; BEGOÑA GONZALVO^{*}; DIANA BACHILLER^{*,**}; LAIA RODRIGUEZ-CINTAS^{*}; ÁNGEL EGIDO^{*}; MIQUEL CASAS^{**,**}

^{*} CAS Vall Hebrón. Hospital Universitario Vall Hebron. Agencia de Salud Pública de Barcelona.
^{**} Servicio de Psiquiatría. Hospital Universitario Vall Hebron. Barcelona.
^{***} Departamento de Psiquiatría y Medicina Legal. Universidad Autónoma de Barcelona.

ADICCIONES, 2012 · VOL. 24 NÚM. 2 · PÁGS. 115-122

- Of the 165 patients included, 108 patients finished the study.
- 75% males, age 37.7 ± 9.5 years.
- We studied relapse after hospital detoxification after six months of outpatient follow-up.

COMORBIDITY AND ADHERENCE



COMORBIDITY AND ADHERENCE

- A total of 72.2% had relapsed by the 6-month follow-up point.
- There is a high percentage of relapse after hospital detoxification.
- Detoxification from opiates and use in the hours prior to admission were associated independently with relapse by the 6-month point.

COMORBIDITY AND ADHERENCE

	Total (n = 108)	Recaída (n = 78)	No recaída (n = 30)
VARIABLES SOCIODEMOGRÁFICAS			
Edad (años)	37,7±9,5 %	38±10,2 %	36,97±7,6 %
Género (hombre)	75	76,9	70
Estado civil (casado)	27,8	24,4	36,7
VARIABLES CLÍNICAS			
	%	%	%
Antecedentes Somáticos	38,9	44,9	23,3
Eje I	38	33,8	45,2
Trastornos Psicóticos	31,5	9,1	19,4
Trastornos Afectivos	38,9	19,5	3,2
Trastornos Ansiosos	29,2	5,2	22,6
Eje II	45,4	48,7	36,7
TP Cluster A	4,1	1,3	3,2
TP Cluster B	65,1	29,9	29
TP Cluster C	8,1	5,2	

Profile of patients who relapsed:

- hospitalized for heroin detoxification (91.7% vs 8.3%, $p = .038$)
- polyconsumers (71.4% vs 32%, $p = .05$)
- high substance use in the hours prior to admission as a “farewell” (61.5% vs 39.5%, $p = .04$)
- patients with comorbidity (44.9% vs 23.3%, $p = .04$)
- patients with **affective disorders** (19.5% vs 3.2%, $p = .005$).

COMORBIDITY AND ADHERENCE

- We confirmed previous studies which reported that depression associated with poor retention and outcome in substance-dependent patients (Kohn et al, 2002), cocaine-dependents (Kleinman et al 1990) and opiate-dependents (Rounsaville et al, 1986, 1982) was found.

COMORBIDITY AND ADHERENCE

Substance Use & Misuse, 48:1-7, 2011
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DOI: 10.3109/10826084.2011.636135

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ORIGINAL ARTICLE

Dual Diagnosis and Suicide Risk in a Spanish Outpatient Sample

Nestor Szerman^{1*}, Jorge Lopez-Castroman^{2-3*}, Francisco Arias⁴, Consuelo Morant⁵, Francisco Babín⁶, Beatriz Mesías⁶, Ignacio Basurte¹, Pablo Vega⁶ and Enrique Baca-García²⁻³⁻⁷

¹Department of Psychiatry, Gregorio Marañón Hospital, Madrid, Spain; ²Department of Psychiatry, IIS-Hospital Fundación Jiménez Díaz, Madrid, Spain; ³Centro de Investigación Biomédica en Red de Salud Mental, Madrid, Spain; ⁴Department of Psychiatry, Hospital Fundación Alcorcon, Madrid, Spain; ⁵Oficina Regional Salud Mental, Madrid, Spain; ⁶Instituto Adicciones, Madrid, Spain; ⁷Molecular Imaging and Neuropathology Division, New York State Psychiatric Institute/Department of Psychiatry, Columbia University, New York, New York, USA

N= 837

COMORBIDITY AND ADHERENCE

- Can psychiatric state at baseline predict outcome or adherence in drug-dependent patients?
- Is dual diagnosis/dual pathology (DD) related to adherence?

COMORBIDITY AND ADHERENCE

- DD is associated with poor prognosis
- Can we do something?

Protocols of Dual Diagnosis Intervention in Schizophrenia

Carlos Roncero, MD†‡ Carmen Barral, MD*‡
Lara Grau-Lopez, MD*‡ Diana Bachiller, MD*‡
Néstor Szerman, MD‡§ Miguel Casas,*†‡ and
Pedro Ruiz, MD||*

COMORBIDITY AND ADHERENCE

- In general, DD patients showed low levels of therapeutic compliance
- Compliance with the medication in dual psychotic patients was particularly low
- In schizophrenic patients, noncompliance with antipsychotic treatment is associated with:
 - A risk of exacerbation and rehospitalization
 - Worse outcomes, need for emergency care, police arrests, violence, victimization, worsening mental functioning, poor insight, increased dissatisfaction, heavy use of substances and greater alcohol-related problems

Roncero et al, 2011

COMORBIDITY AND ADHERENCE

We propose 6 principles to follow in the integrated treatment programs:

- 1. Be easily accessible.
- 2. Be individualized to promote adherence and attention to the specific needs of these patients.
- 3. Set objectives suited to the realities of each patient.
- 4. Be intensive.
- 5. Have long-term treatment goals, taking into account all the needs of the patients.
- 6. The multidisciplinary team should be trained in mental health and addictions and be able to develop a comprehensive treatment plan.

CONCLUSIONS

- Dual diagnosis occurs very frequently.
- Dual diagnosis patients are a high-risk group regarding non-adherence.

CONCLUSIONS

- **Depression should be systematically checked for in drug-dependent patients in order to counter it.**
- **Psychotic patients are a high-risk group regarding non-adherence.**

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Comorbidity and Adherence to Treatment

CELAC. Conference, Santiago de Chile 2012

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