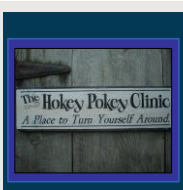


Introduction to Concurrent Disorders

Dr. Jonn Brasch MD, FRCPC, FCPA
President, CSAM-SMCA
Lead, Addiction Psychiatry
St. Joseph's Healthcare
Associate Professor, Department of Psychiatry and Behavioural Neurosciences,
McMaster University
Hamilton

Fundamentals of Addiction 2021

CSAM SMCA

1

Disclosures

- No support from commercial sources
- Financial conflicts of interest – none

Learning Objectives

- By the completion of this presentation, attendees will be able to describe:
  - models of and risk factors for concurrent disorders
  - an approach to the assessment and treatment of concurrent disorders
  - Common patterns of psychiatric and substance use disorders

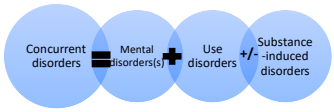
CSAM SMCA

2

Definition: Concurrent Disorders

A condition in which a person has both a mental illness and is experiencing harmful involvement with alcohol, other drugs and/or gambling.

--CMHA



CSAM SMCA

3

What percentage of people seeking help for addiction have a mental illness?

a. 5%
b. 10%
c. 25%
d. 50%

4

What percentage of people with a mental illness have a substance abuse problem?

a. 5-10%
b. 5-25%
c. 30-40%
d. 30-60%

5

What percentage of patients in an opioid agonist therapy clinic meet criteria for another DSM 5 Disorder?

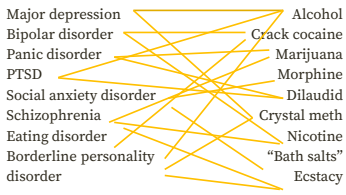
a. 20%
b. 40%
c. 60%
d. 80%

--Tea Rosic, CPA 2017

6

View concurrent disorders as an expectation rather than an exception.

7



8

Lifetime Prevalence Rates

		Rate of substance use disorder
Bipolar disorder	1-2%	56%
Schizophrenia	1%	47%
Major depression	15-20%	27%
Any anxiety disorder	10-25%	24%
PTSD	8%	30-75%
Borderline personality disorder	2-6%	23%
Eating disorder	1-3%	23-55%
ADHD	8%	10-45%

9

Epidemiology of Concurrent Disorder

TABLE 2 Prevalence between SUD and Schizophrenia, Bipolar Disorder, and Major Depressive Disorder in Epidemiological Studies

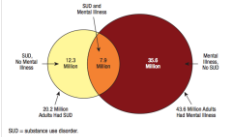
	Schizophrenia	Bipolar Disorder Type I	Bipolar Disorder Type II	Major Depressive Disorder
ECA	47%	60.7%	48.1%	32%
NCS	78%	60.3%	40.4%	23%

Prevalence data shown by psychotic and affective disorder according to the two main prevalence studies: Epidemiological Catchment Area (ECA; Regier et al., 1990) and National Comorbidity Survey (NCS; Kessler et al., 1994). SUDS, substance use disorders.

10

Behavioral Health Trends in the United States:
Results from the 2014 National Survey on Drug Use and Health

Figure 48. Past Year Substance Use Disorders and Mental Illness among Adults Aged 18 or Older: 2014

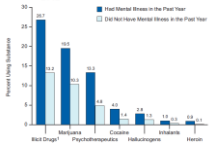


SUD = substance use disorder.

11

Epidemiology of Concurrent Disorders

Figure 5.1 Past Year Substance Use among Adults Aged 18 or Older, by Any Mental Illness: 2012



12

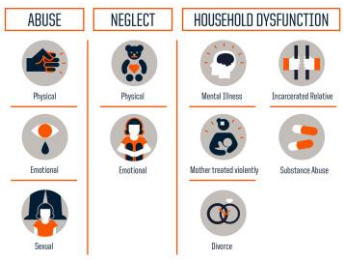
Risk factors for Concurrent Disorders

- Family problems
- Past or ongoing abuse or trauma
- Family history of concurrent disorders
- Discrimination
- Genetic factors or predisposition
- Unemployment, poverty or unstable income
- Lack of social network
- Stress related to work or school

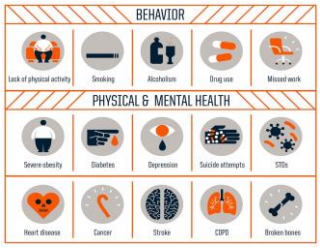
15



16



17



18

Adverse Childhood Experiences Study

Dr. Daniel Sumrok: It's not the drugs. It's the ACEs – adverse childhood experiences.

Addiction:
ritualized compulsive
comfort-seeking

19

Between the substance use and mental health problems

- Complex interplay of different factors
- Any diagnosis from either category may cause, potentiate or predispose to the other.
- Different models developed to explore the complexity of CD

20

People with Concurrent Disorders

Overall:

- prognosis is more guarded
- use more services
- feel like "system misfits"
- are highly crisis prone
- are more difficult to engage in a positive and hopeful way

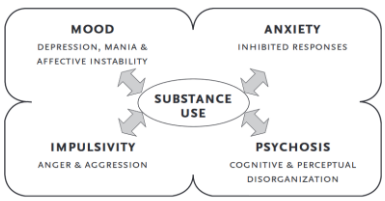
21

Assessment

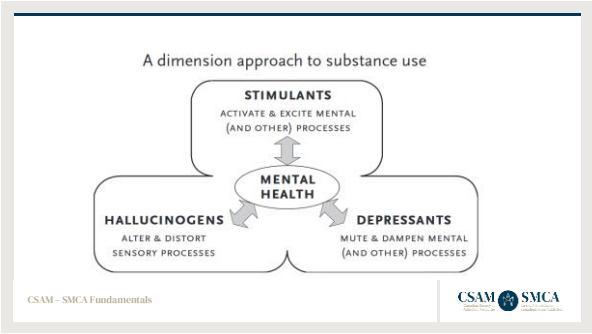
- Challenges in assessing for a primary disorder versus secondary to the effect of a substance
  - Intoxication
  - Withdrawal
  - Substance-induced

22

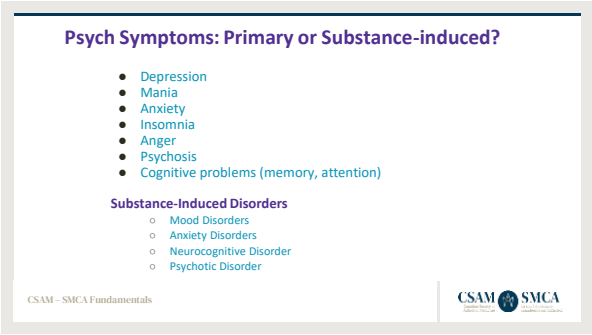
A dimension approach to mental illness



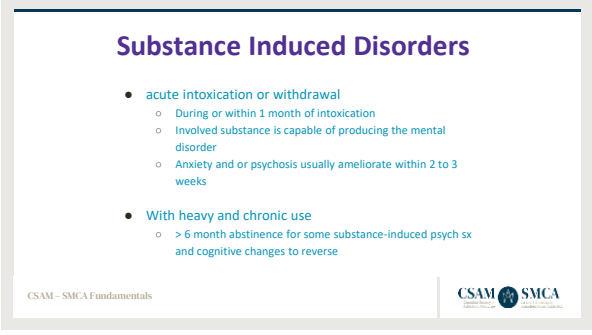
23


A dimension approach to substance use
STIMULANTS
ACTIVATE & EXCITE MENTAL (AND OTHER) PROCESSES
MENTAL HEALTH
HALLUCINOGENS
ALTER & DISTORT SENSORY PROCESSES
DEPRESSANTS
MUTE & DAMPEN MENTAL (AND OTHER) PROCESSES
CSAM – SMCA Fundamentals
CSAM SMCA

24


Psych Symptoms: Primary or Substance-induced?
Depression
Mania
Anxiety
Insomnia
Anger
Psychosis
Cognitive problems (memory, attention)
Substance-Induced Disorders
Mood Disorders
Anxiety Disorders
Neurocognitive Disorder
Psychotic Disorder
CSAM – SMCA Fundamentals
CSAM SMCA

25


Substance Induced Disorders
acute intoxication or withdrawal
During or within 1 month of intoxication
Involved substance is capable of producing the mental disorder
Anxiety and or psychosis usually ameliorate within 2 to 3 weeks
With heavy and chronic use
> 6 month abstinence for some substance-induced psych sx and cognitive changes to reverse
CSAM – SMCA Fundamentals
CSAM SMCA

26

Substance-induced or Not?

- Use a timeline to assess mental health symptoms and substance use
- Look for psychiatric symptoms before the onset of substance use AND during periods of abstinence

When psychiatric symptoms and substance use or withdrawal co-occur, a primary psychiatric condition may or may not be present. Time will tell.

--Beth Reade

27

Which do you treat first? Addiction or mental illness?

28

Concurrent Disorders--What to treat first?

- Safety and survival
  - Suicidal ideation
  - Psychosis
  - Risk of violence
  - Dangerous withdrawal
- Then addiction and mental health treatment
  - Brain must be clear from substances to learn new skills

29

Barriers to Treatment

- Stigma and denial
- All diagnoses not identified
- Complexity of presentation
- Not aware of treatment options
- Challenges in navigating addiction and psychiatric systems
- difficulty affording treatment or time off work
- Non-supportive spouse or partner
- Other responsibilities

30

Approaches to treatment of addictions and psychiatric illness

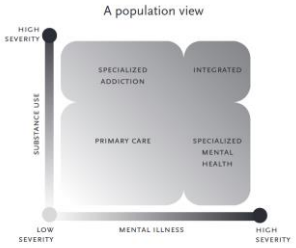
- Sequential treatment
- Parallel treatment
- Integrated treatment

31

Integrated Approach

- SAMHSA supports an integrated treatment approach to treating co-occurring mental and substance use disorders.
  - Collaboration across disciplines
  - Client-centered, patient's goals
- Integrated treatment associated with lower costs and better outcomes:
  - Reduced substance use
  - Improved psychiatric symptoms and functioning
  - Decreased hospitalization
  - Increased housing stability
  - Fewer arrests
  - Improved quality of life

32



33

Front Psychiatry. 2019; 10: 61.
Published online 2019 Feb 19. doi: 10.3389/fpsyt.2019.00061
PMCID: PMC6389671
PMID: 30837903

Models of Concurrent Disorder Service: Policy, Coordination, and Access to Care

Mary Wiktorowicz,[1,*] Aber Abdulla,[1] Kaitlin Di Pierdomenico,[1] and Sheila A. Boamah[2]

- **Conclusion:** Emergent models of coordinated care were found to include
  - collaborative care,
  - regional networks with centralized access to care,
  - clinical information-sharing,
  - cross-training,
  - improved scope of care to include psychologists
  - alignment of physician incentives with patient needs to better support patient care.

34

5 CD Subgroups

(1) Stress, Trauma & Substance Use Disorders
(2) Anxiety Disorders & Substance Use Disorders
(3) Mood Disorders & Substance Use Disorders
(4) Psychosis & Substance Use Disorders
(5) Impulsivity & Substance Use Disorders

Substance Abuse in Canada: Concurrent Disorders Report (CCSA, 2010)
http://www.ccsa.ca/2010%20CCSA%20Documents/ccsa-011811-2010.pdf

35

Talk therapy

- Individual vs group
- In person vs online
- Mutual support groups

- Motivational enhancement
- Skills in distress tolerance and emotion regulation
- Relapse prevention
- Acceptance and Commitment Therapy
- CBT for depression, anxiety, insomnia
- CRAFT—Community Reinforcement and Family Training

36

PTSD & Alcohol Use Disorder

- Gets worse with abstinence
- Trazadone
- Prazosin
- Gabapentin
- Cognitive Processing Disorder when ready

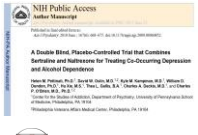
37

Social Anxiety Disorder & Opioids or Alcohol

- Self-treating
- Gets worse with abstinence
- SSRI early
- ? quetiapine
- ? gabapentin
- ? benzo's

38

Depression & Alcohol Use Disorder


NIH Public Access
Author Manuscript

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

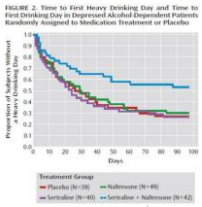


FIGURE 2. Time to First Heavy Drinking Day and Time to First Drinking Day in Depressed Alcohol-Dependent Patients Randomly Assigned to Medication Treatment or Placebo

DAVINCI
Depression and Alcoholism Validation of an Integrated Care Initiative

Dr. Andriy V. Samokhvalov, MD, PhD

camh

CSAM – SMCA Fundamentals

CSAM SMCA

39


The Canadian Journal of Psychiatry

Pharmacological Treatment of Mood Disorders and Comorbid Addictions: A Systematic Review and Meta-Analysis: Traitement Pharmacologique des Troubles de L'humeur et des Dépendances Comorbides: Une Revue Systématique et une Méta-Analyse

- A total of 32 studies met systematic review inclusion criteria
- Pharmacological treatments were significantly better than placebo in improving manic symptoms, MDD depressive symptoms, and alcohol abstinence but were not better for bipolar depression symptoms.
- Importantly, quetiapine was not more effective than placebo in improving bipolar depression symptoms nor were SSRI's for the treatment of MDD depression.
- Our findings highlight the need for further high-quality clinical trials of treatments for mood disorders and comorbid addictions.

CSAM – SMCA Fundamentals

CSAM SMCA

40

Methamphetamine & Psychosis

- Qualitatively different than primary psychosis
- Patient often aware they are psychotic
- Persists after abstinence achieved→6 mon
- Recurs with re-exposure
- Antipsychotics
- ?bupropion XL and mirtazapine
- ?stimulants

CSAM – SMCA Fundamentals

CSAM SMCA

41

Cannabis & Psychosis in Youth

- Increases risk of psychosis, but modest
- Amotivation syndrome
- Antipsychotics
- Engage in meaningful activities

42

ADHD & Addictions

- Risk factor
- Assessment: Adult ADHD Self-Report Scale (ASRS) or neuropsych testing
- Do you treat?
- Atomoxetine
- Long-acting stimulants

43

Borderline Personality Disorder

- Use substances to cope with strong emotions
- Hx of self-harm, impulsivity
- Few supports due to hx of conflict in relationships
- Need skills in distress tolerance and emotion regulation in order to succeed in maintaining abstinence

44

Insomnia & Substance Abuse

- Sleep hygiene
- Exercise

- Trazadone
- Quetiapine
- Mirtazapine
- Gabapentin
- ? Benzos or zopiclone

45

Concussions

- Risk factor for addictions!!!
- Patient appears "non-compliant" but due to traumatic brain injury has an "inability" to comply—it is NOT lack of motivation

- McHugo et al 2017. Prevalence of traumatic brain injury among individuals with substance use disorder and mental illness

46

CD Clinic at St Joe's Hamilton

- Groups→now virtual
  - Motivational enhancement (4 sessions, drop in)
  - Basic DBT skills (6 sessions, drop in)
  - SMART recovery (drop in, 6pm)
  - Acceptance & Commitment Therapy (drop-in AND closed)
  - Post-acute withdrawal syndrome group (drop in)
  - Friends & Family psycho-ed group (once/month)
  - www.cdcapacitybuilding.com-->on line group link
- Clinicians identify clients needing a psych assessment

47

There is no one correct approach to individuals with concurrent disorders.

48

What is true concurrent disorders care?

When a client can talk openly about the interaction between their use of substances and their psychiatric state.

49

Thank you
jbrasch@stjoes.ca

50

Treating Concurrent Disorders, Introduction Chapter
Wayne Skinner (2014)

Resources

- Concurrent Disorders resources (Hamilton based) www.cdcapacitybuilding.com
  - Treating Concurrent Disorders, Introduction Chapter. Wayne Skinner (2014)
    - Source for some diagrams in presentation, available in "articles" tab

51

Resources

- Mentoring, Education, and Clinical Tools for Addiction: Primary Care-Hospital Integration (META:PHI) https://metaphi.ca/ (if you look at only 1 resource, make it this one)
- Medications for the treatment of Alcohol Use Disorder (2015) https://store.samhsa.gov/system/files/sma15-4907.pdf
- Low-risk Alcohol Drinking Guidelines http://www.ccdus.ca/Eng/topics/alcohol/drinking-guidelines/Pages/default.aspx
- APA Guidelines for Alcohol Use Disorder Treatment https://psychiatryonline.org/doi/book/10.1176/appi.books.9781615371969

52

Resources

- Ashton Manual
  - https://www.benzo.org.uk/manual/index.htm
- https://www.benzoinfo.com/
- Deprescribing guidelines: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5951648/
- SBIRT http://www.sbir-diba.ca/
- Canadian Society for Addiction Medicine https://csam-smca.org/

53