

Co-Occurring Mental Conditions in Substance Use Disorders

Olawale Ojo MD

I have no relevant disclosures for this presentation

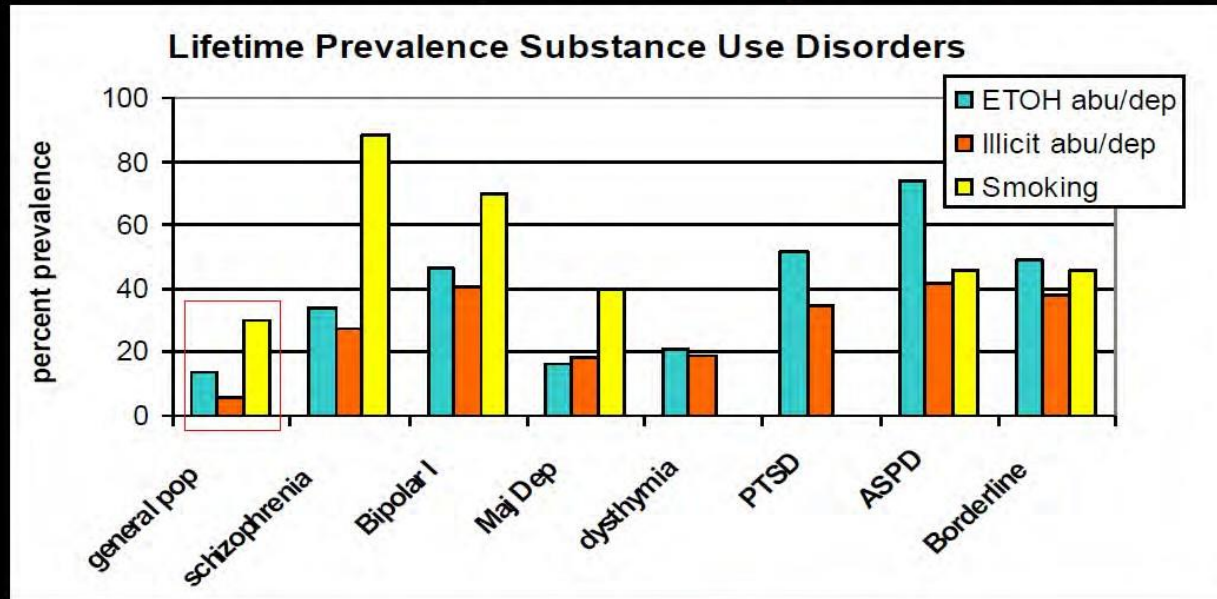
This presentation is a combination of my work, and previous presentations by Dr. Jason Ehret, M.D. and Dr. Camila Arnaudo

- Complex co-morbidities of mental illness and addiction is the rule and not the exception

Scope of the problem- numbers

- 2017 National Survey on Drug Use and Health (NSDUH)
- 18 years and older
- Substance use 18.7 million (7.6%)
 - 36.4% use illicit drugs
 - 75.2% alcohol
 - 11.5% had both alcohol and illicit drug use
- Mental illness- 46.6 million (18.9%)
 - 24% had SMI
- Both SUD and MI- 8.5 million people (3.4%)

Dual Diagnosis: Scope of the Problem



- General pop, schizophrenia, bipolar, unipolar, dysthymia (ECA data early 1980's) Regier et al. (JAMA,1990)

- PTSD (NCS data early 1990's) Kessler et al. (Arch. Gen Psy,1995)

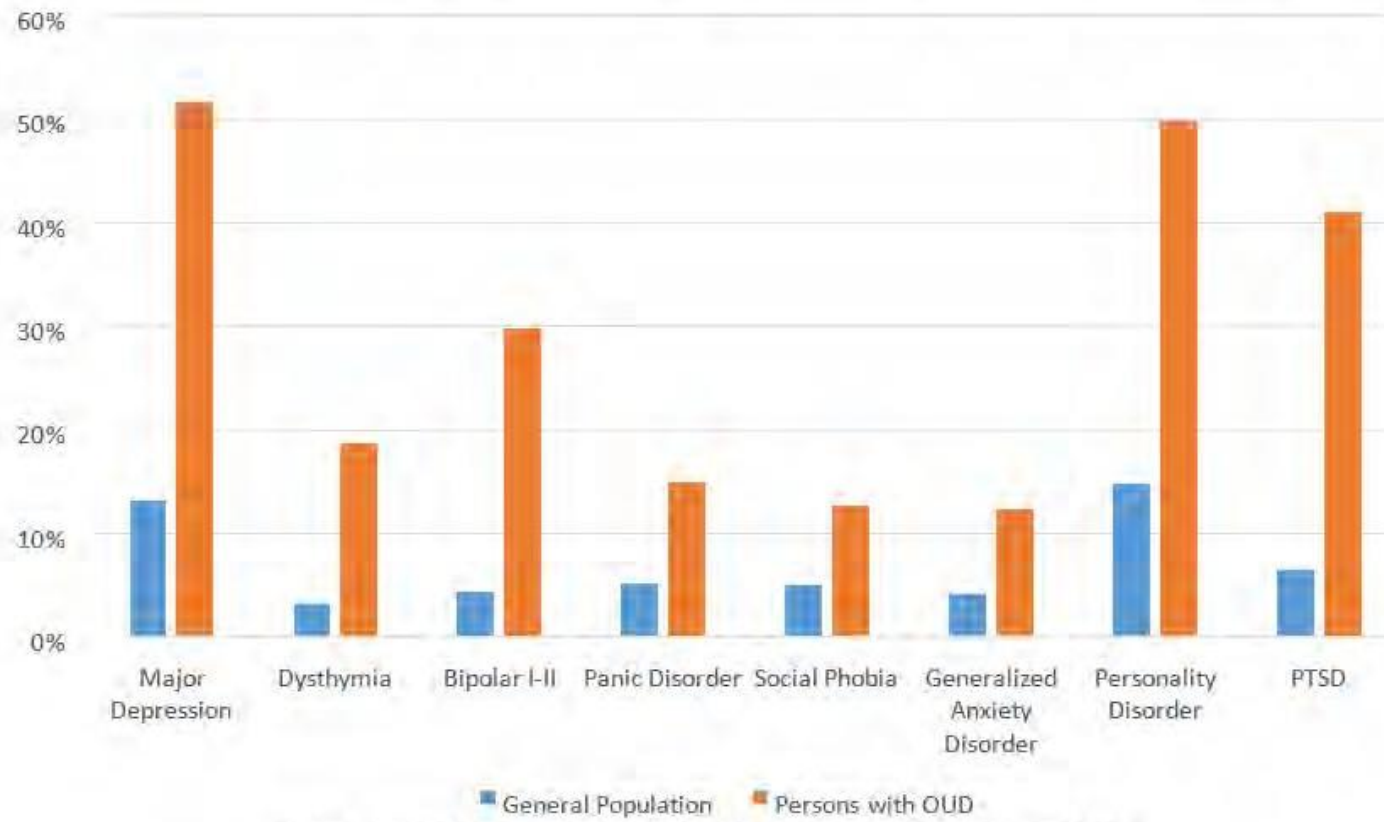
- Borderline (1980's – 1990s), Trull et al. (Clin Psy Rev, 2000)

- All smoking data (1980 local outpt study), Hughes et al. (Am J Psy,1986)





Lifetime Prevalence of Psychiatric Disorders: General Population vs OUD



Grant et al 2004, Grella et al 2009, Hasin et al 2015, Mills et al 2004

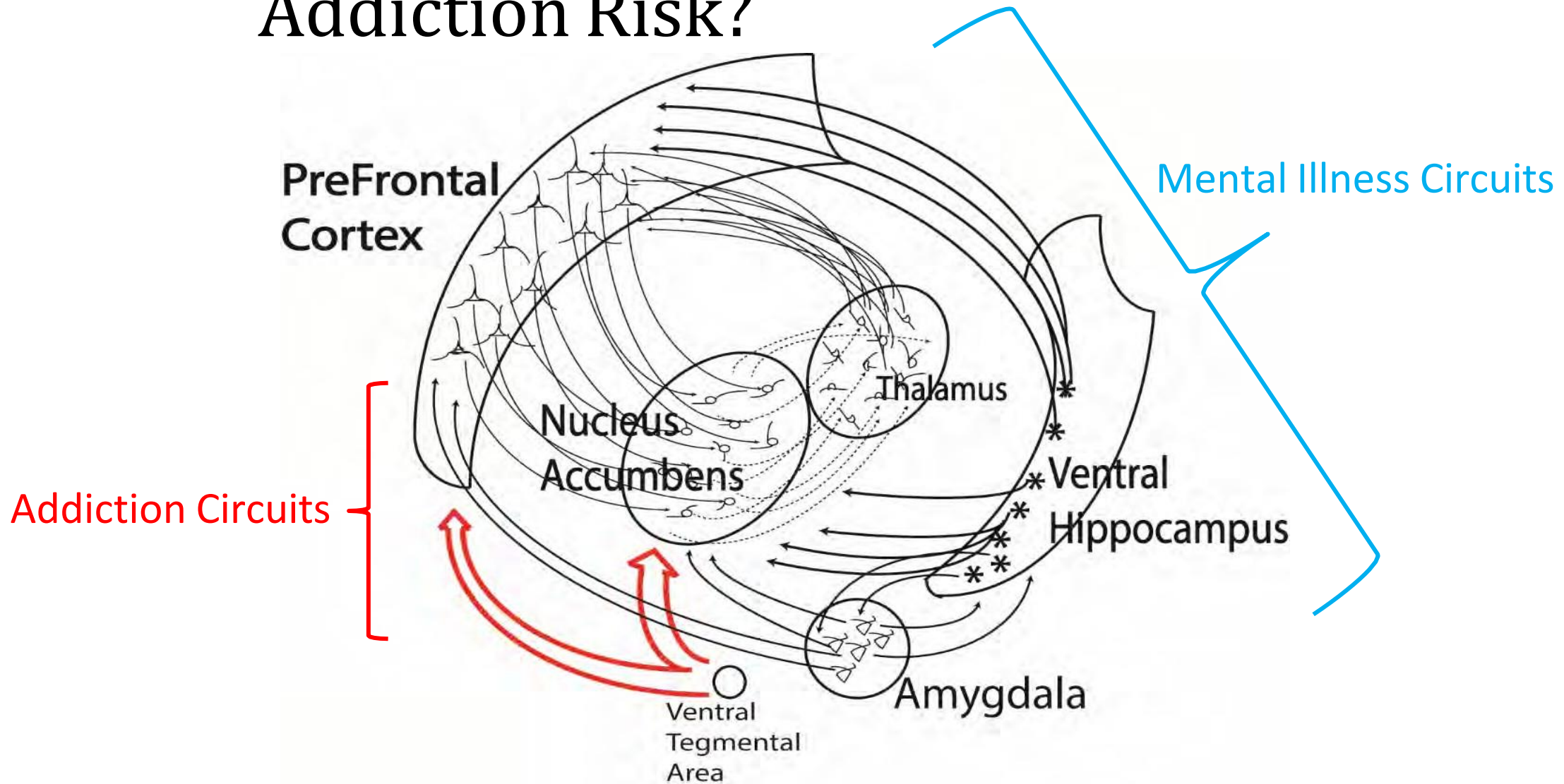
Psychiatric Disorders have higher prevalence of OUD

- Pre-existing Psychiatric disorder and risk of OUD
 - GAD: 11x risk
 - Bipolar disorder: 10x risk
 - Panic disorder: 7x risk
 - MDD: 5x risk

ODD have higher prevalence of psychiatric disorders

- Pre-existing opioid dependence and risk of mental illness
 - 9 x risk of Panic disorder
 - 5 x risk of MDD
 - 5x risk of Bipolar
 - 4x risk of GAD

How does Mental illness generate Addiction Risk?



Adapted From: Chambers "The 2 x 4 Model", Routledge/CRC press, New York, 2018

Why?

SUD and mental illnesses share common factors

- Shared brain circuitry for both mental illness and SUD
- Genetic and epigenetic factors
- Stress and Early life adversities
- Social and contextual: social support and isolation

SUD + Mental health

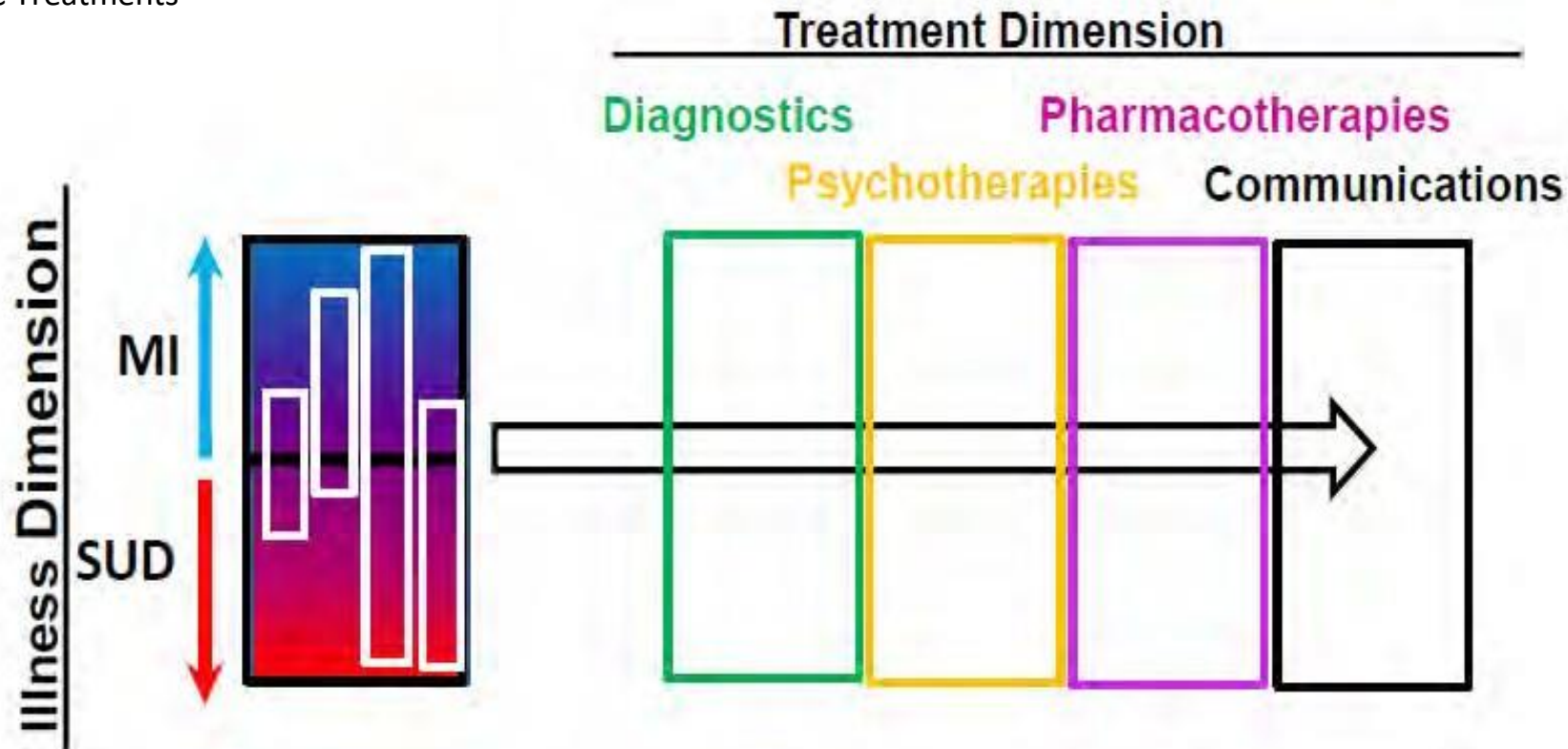
- Earlier onset of disease
- More severe disease course
- Diagnostic confusion (imitate, mask, mimic, exacerbate)
- Poor adherence to treatment
- Worse dysfunction
- More service days- days in ER, hospitals, and Mental health services
- Violence, incarceration
- Poor outcomes- morbidity and mortality

Management

- Integrated and comprehensive approach but individualized
- Avoid mis/over diagnosis during withdrawals or intoxication
- Emphasis treatment engagement and Therapeutic alliance

General principles of Management of Addictions in the Context of Addiction Psychiatry and the 2 x 4 Model

- Integrated with Pharmacological Treatments for Mental illness
- Integrated with Pharmacological treatment for Addiction
- Psychodynamic Treatments
- Primary care

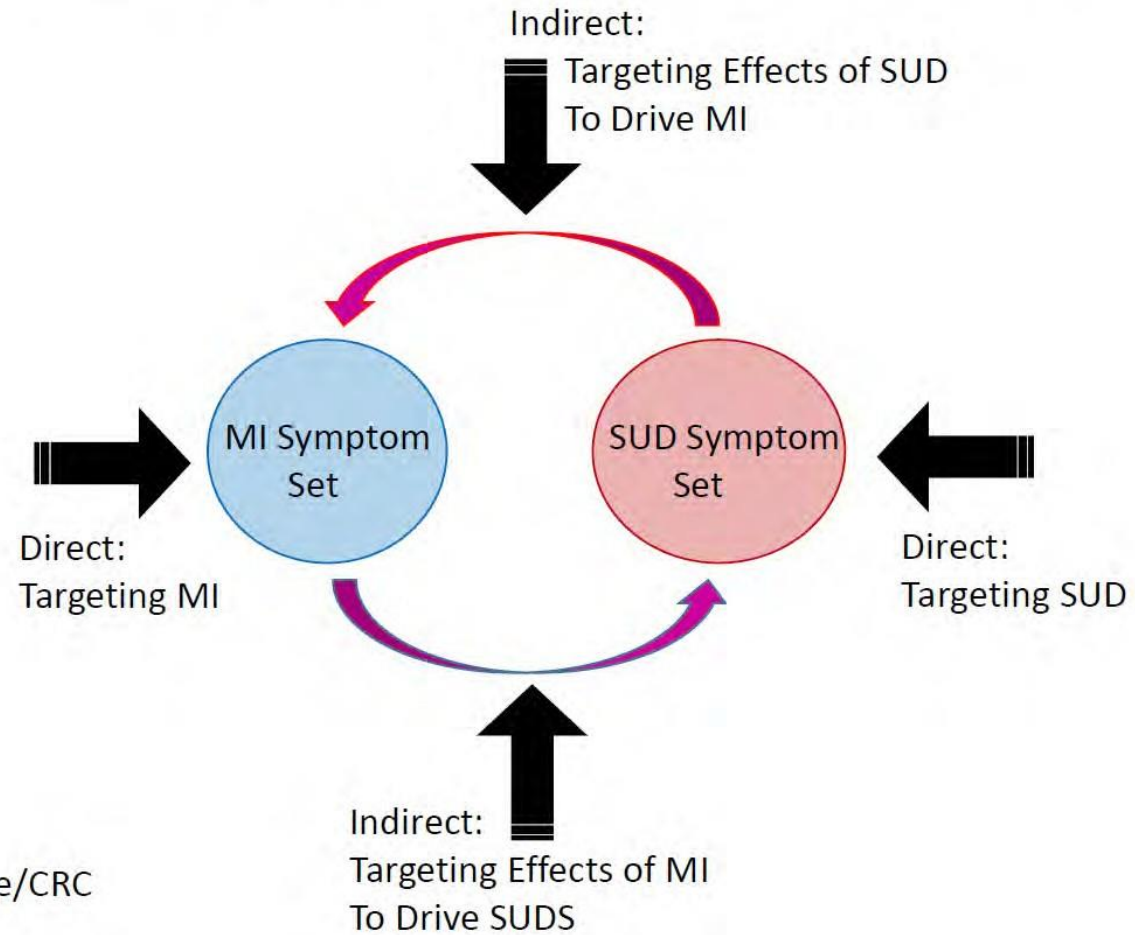


The 2 x 4 Model



Figure 15

Points of Attack in 2 x 4 Model Treatment



Adapted From: Chambers
"The 2 x 4 Model", Routledge/CRC
press, New York, 2018

SUMMARY

- Mental illness and SUD are interlinked with a bidirectional relationship
- Co-morbidities are the rule not the exception
- OUD causes severe medical and neuropsychiatric complications
- Key for treatment is Integrated mental/addiction health care with primary care involvement