Co-Occurring Mental Conditions in OUD

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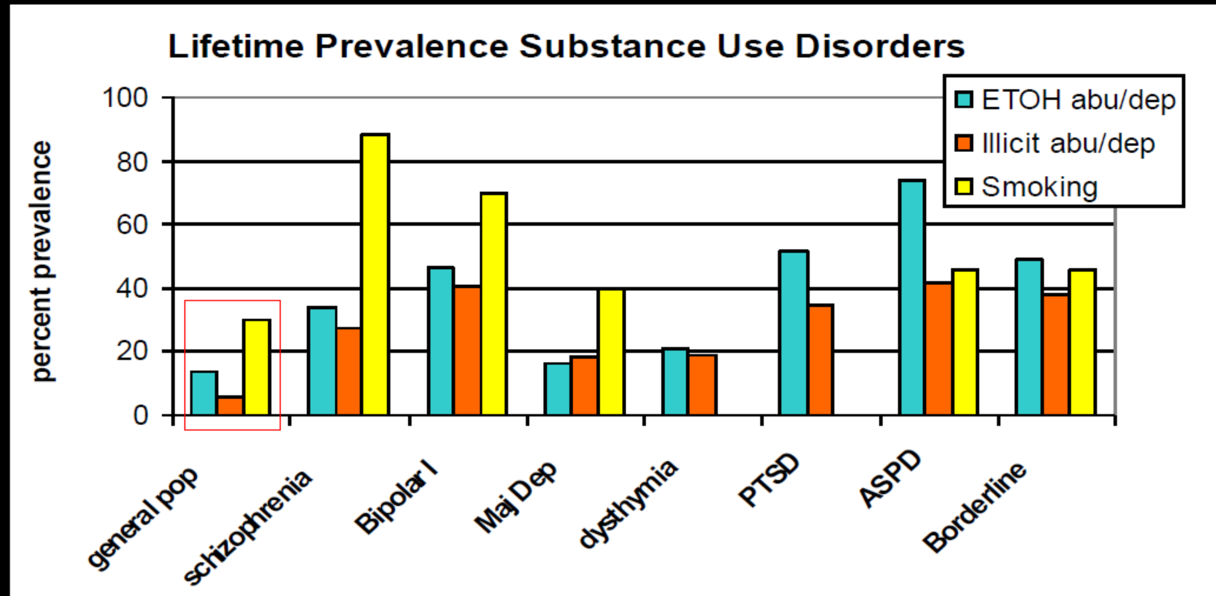
- Complex co-morbidities of mental illness and addiction is the rule and not the exception

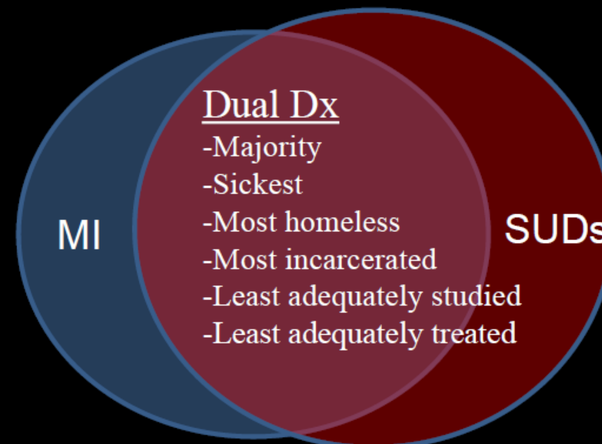
Scope of the problem- numbers

- 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)



MOOD DISORDERS

- Depression
- Cyclothymia
- Bipolar 1 and Bipolar 2 disorder

Major Depressive Disorder

- *Sad mood* OR *loss of interest or pleasure (anhedonia)*
  - Symptoms are present nearly every day, most of the day, for at least 2 weeks
  - Symptoms are distinct and more severe than a normative response to significant loss
- PLUS four of the following symptoms:
  - Sleeping too much or too little
  - Psychomotor retardation or agitation
  - Poor appetite and weight loss, or increased appetite and weight gain
  - Loss of energy
  - Feelings of worthlessness or excessive guilt
  - Difficulty concentrating, thinking, or making decisions
  - Recurrent thoughts of death or suicide

Bipolar disorder

- Bipolar I
  - At least one episode or mania
- Bipolar II
  - At least one major depressive episode with at least one episode of hypomania

Mania

- Distinctly elevated or irritable mood for most of the day nearly every day
- *Abnormally increased activity and energy*
- At least three of the following are *noticeably changed from baseline* (four if mood is irritable):
  - Increase in goal-directed activity or psychomotor agitation
  - Unusual talkativeness; rapid speech
  - Flight of ideas or subjective impression that thoughts are racing
  - Decreased need for sleep
  - Increased self-esteem; belief that one has special talents, powers, or abilities
  - Distractibility; attention easily diverted
  - Excessive involvement in activities that are likely to have undesirable consequences, such as reckless spending, sexual behavior, or driving
- For a manic episode:
  - Symptoms last for 1 week or require hospitalization or include psychosis
  - Symptoms cause significant distress or functional impairment
- For a hypomanic episode:
  - Symptoms last at least 4 days
  - Clear changes in functioning that are observable to others, but impairment is not marked
  - No psychotic symptoms are present

Psychotic Disorders

- Schizophrenia
- Schizoaffective disorder
- Brief Psychotic disorder

Schizophrenia

- Two or more of the following symptoms for at least 1 month; one symptom should be either 1, 2, or 3:
  - (1) delusions
  - (2) hallucinations
  - (3) disorganized speech
  - (4) disorganized (catatonic) behavior
  - (5) negative symptoms (diminished motivation or emotional expression)
- Functioning in work, relationships, or self-care has declined since onset
- Signs of disorder for at least 6 months; if during a prodromal or residual phase, negative symptoms or two or more of symptoms 1-4 in less severe form

Anxiety Disorders

- Specific phobias
- Social anxiety disorder
- Panic disorder
- Agoraphobia
- Generalized anxiety disorder

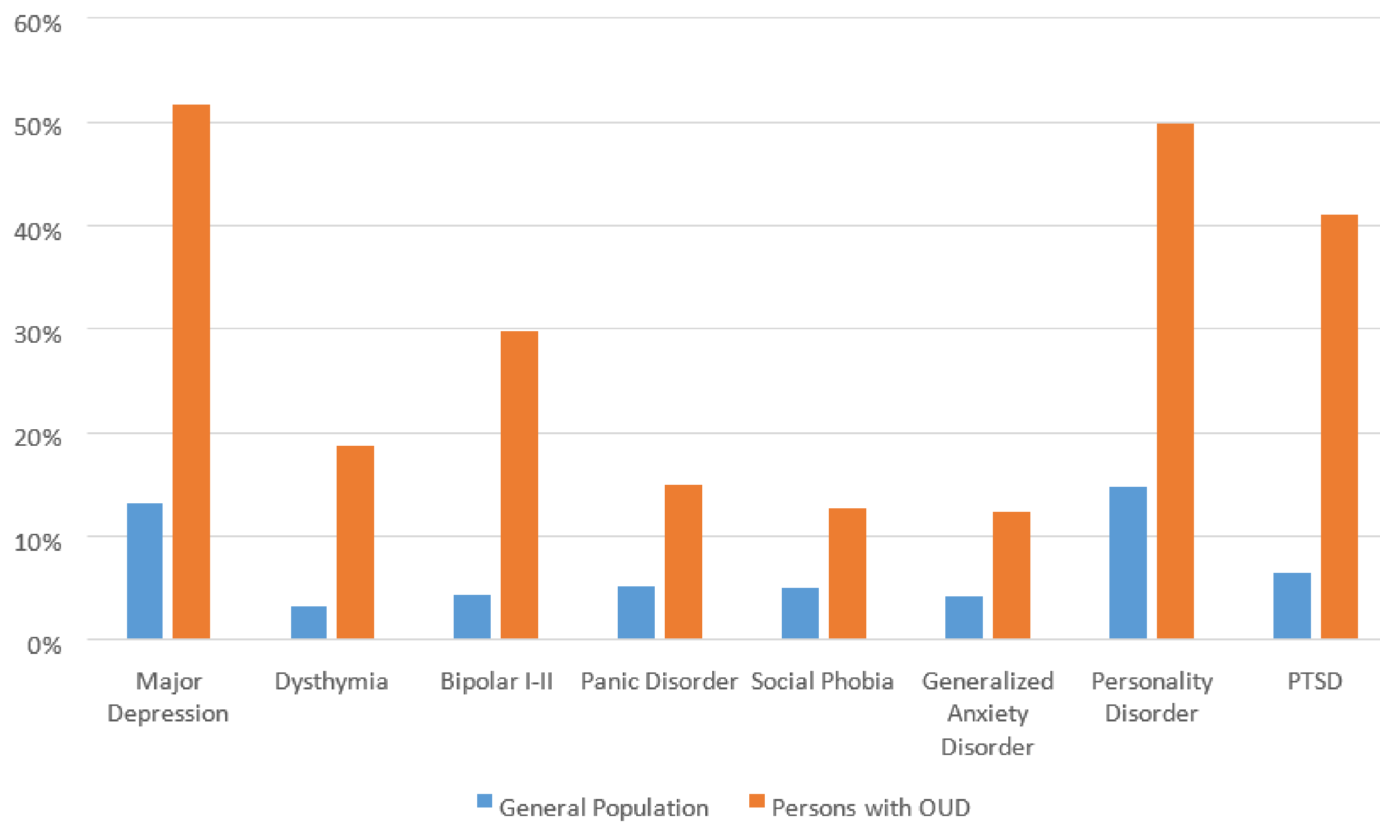
GAD

- Involves chronic, excessive, generalized, uncontrollable worry
  - Lasts at least 6 months
  - Interferes with daily life
    - Often cannot decide on a solution or course of action
- Other symptoms:
  - Restlessness, poor concentration, tiring easily, restlessness, irritability, muscle tension
- Common worries:
  - Relationships, health, finances, daily hassles

Trauma related disorders (PTSD)

- The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence
- Intrusion symptoms
- Persistent avoidance of stimuli associated with the trauma
- Negative alterations in cognitions and mood that are associated with the traumatic event
- Alterations in arousal and reactivity that are associated with the traumatic event

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

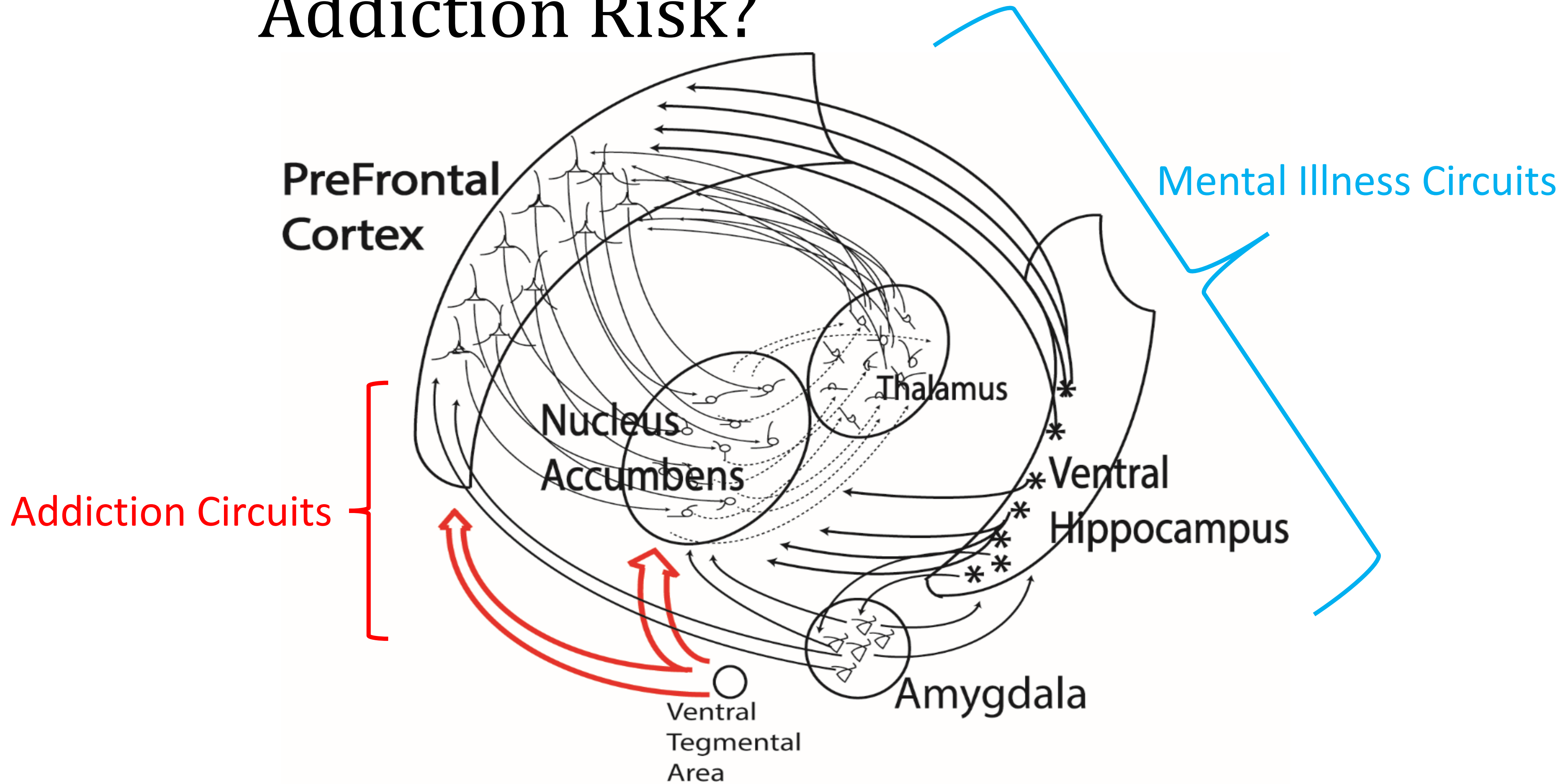
- Pre-existing Psychiatric disorder and risk of OUD
  - GAD: 11x risk
  - Bipolar disorder: 10x risk
  - Panic disorder: 7x risk
  - MDD: 5x risk

Martins et al 2009

OUD 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

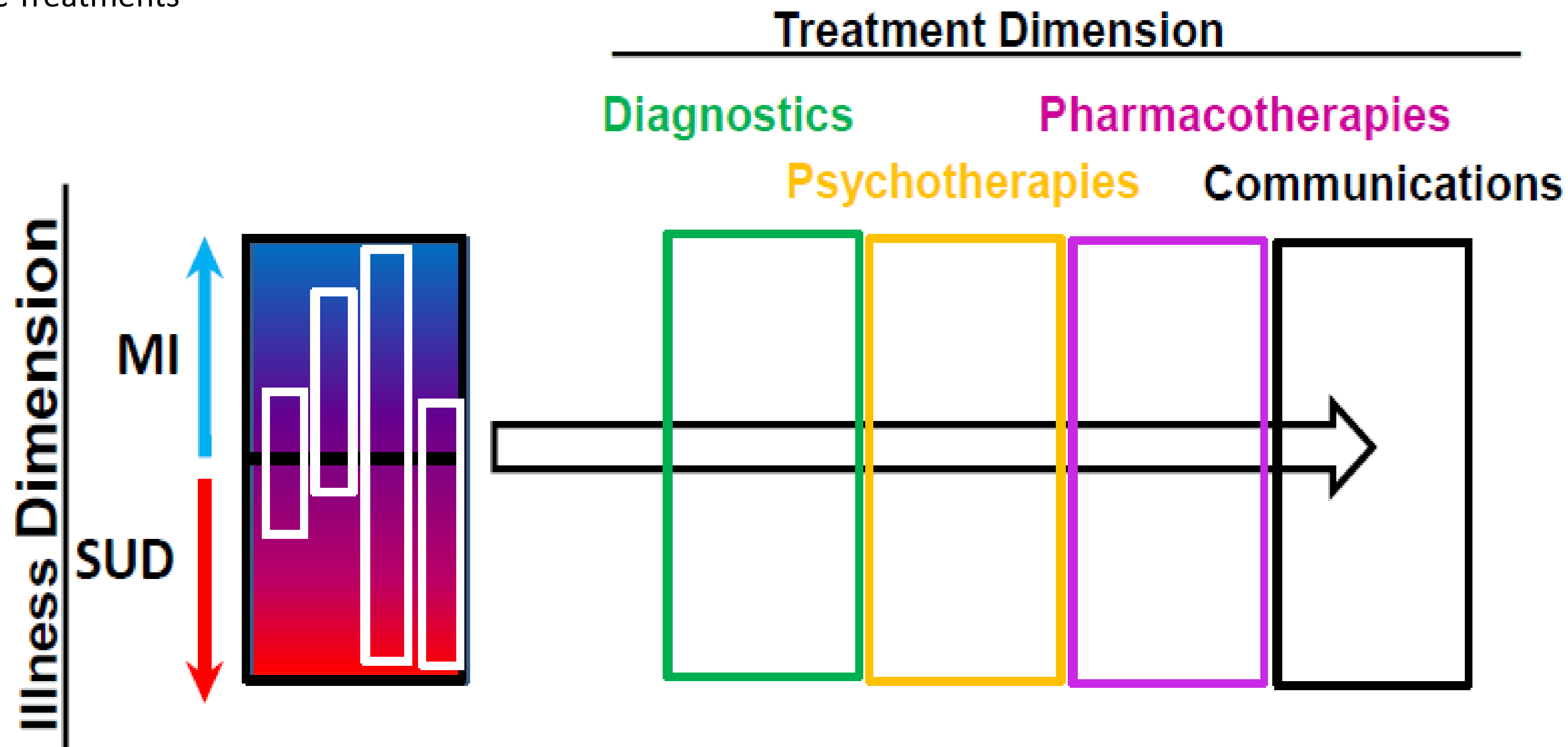
- Earlier onset of disease
- More severe disease course
- Diagnostic confusion (imitate, mask, mimic, exacerbate)
- Poor adherence to treatment
- Worse dysfunction
- More service days- days in ER, hospitals, and Mental health services
- Violence, incarceration
- Poor outcomes- morbidity and mortality

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



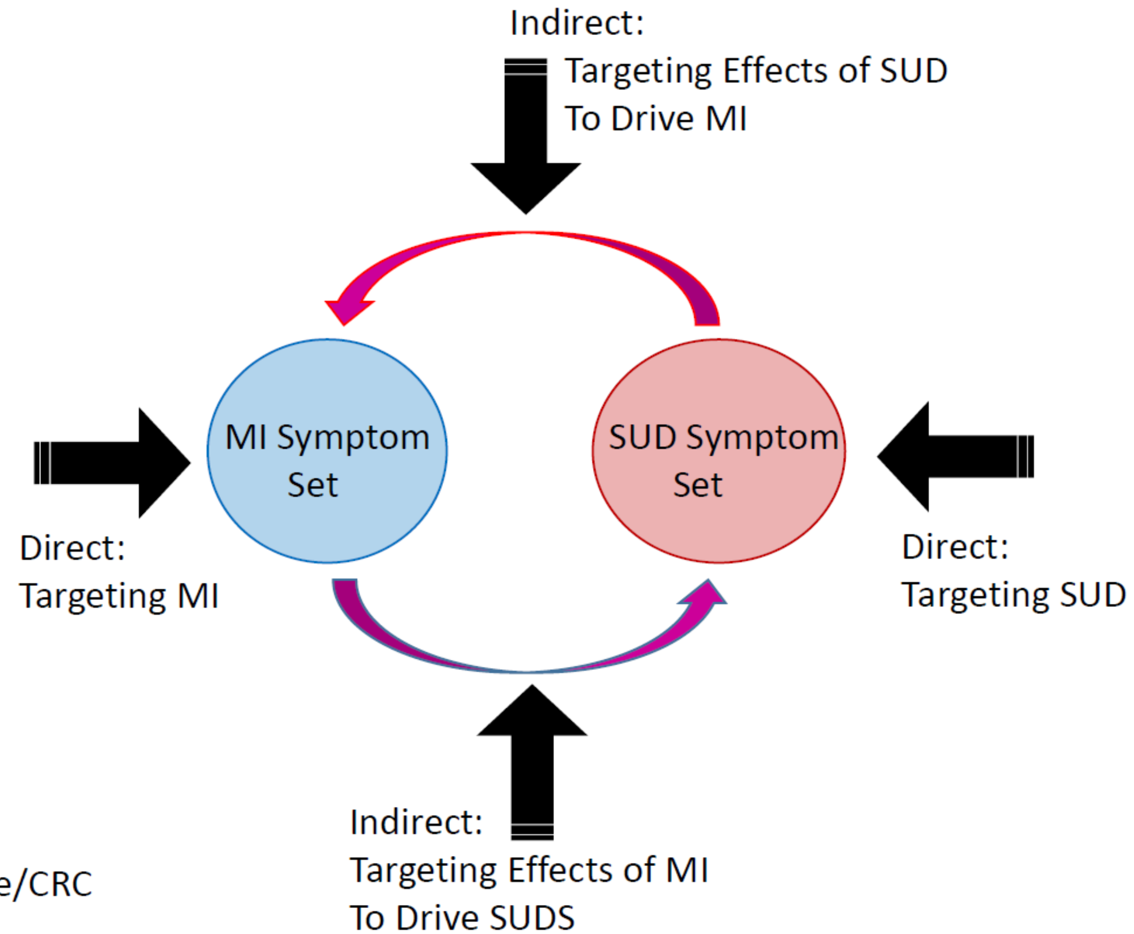
The 2 x 4 Model

Treatment

- Medications
- Therapies
  - Interpersonal psychotherapy (IPT)
  - Cognitive Behavioral therapy
  - Behavioral activation (BA) therapy
  - Behavioral couples therapy

Figure 15

Points of Attack in 2 x 4 Model Treatment



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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