



CO-OCCURRING PSYCHIATRIC DIAGNOSIS IN PATIENTS WITH OPIOID USE DISORDER

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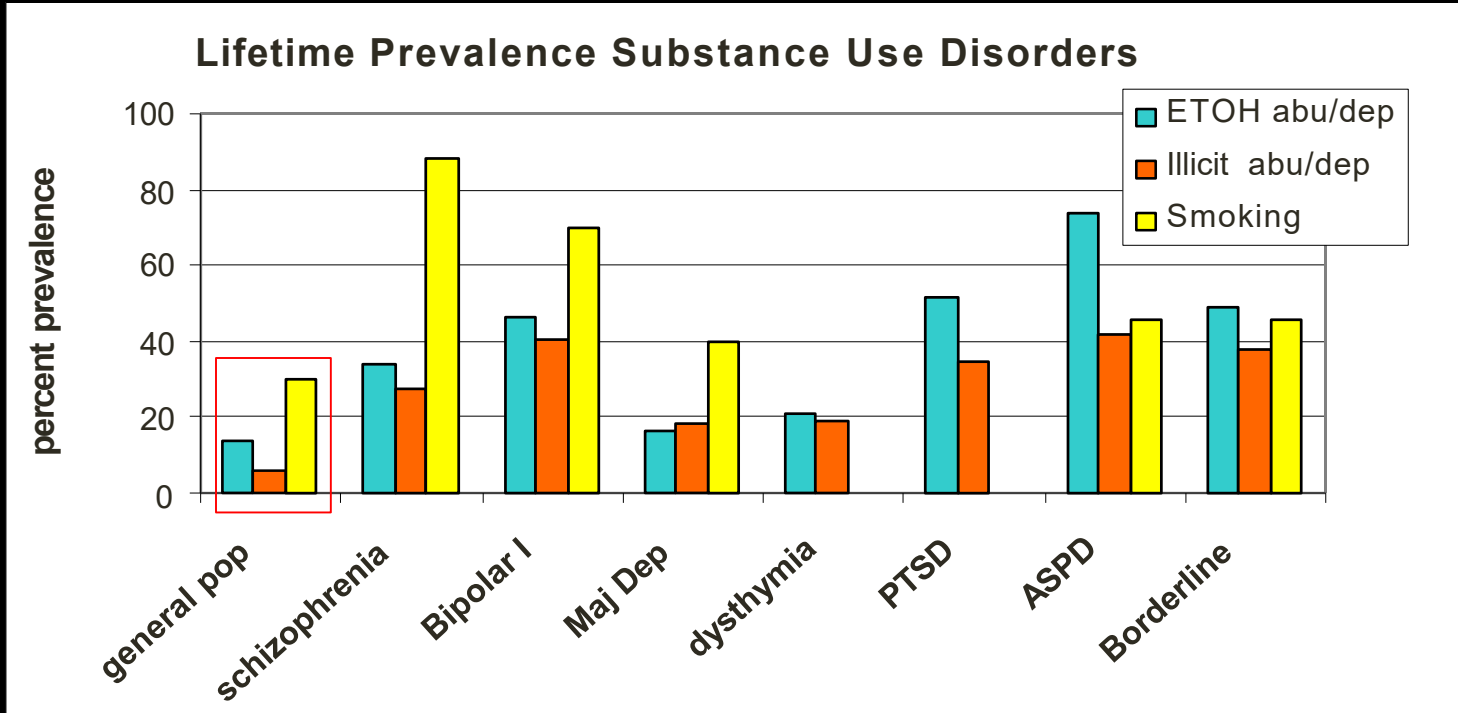
DISCLOSURES

I have no relevant disclosures for this presentation

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

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

DUAL DIAGNOSIS: SCOPE OF THE PROBLEM

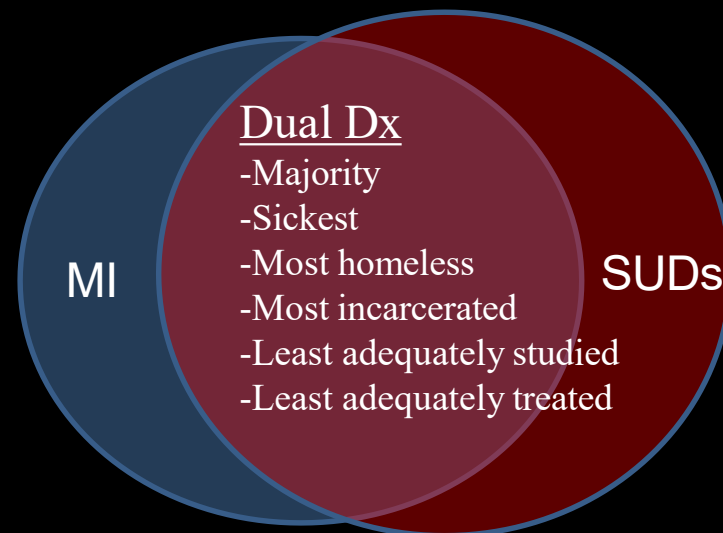


- General pop, schizophrenia, bipolar, unipolar, dysthymia (ECA data early 1980's) Regier et al. (JAMA, 1990)

- 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)



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%)

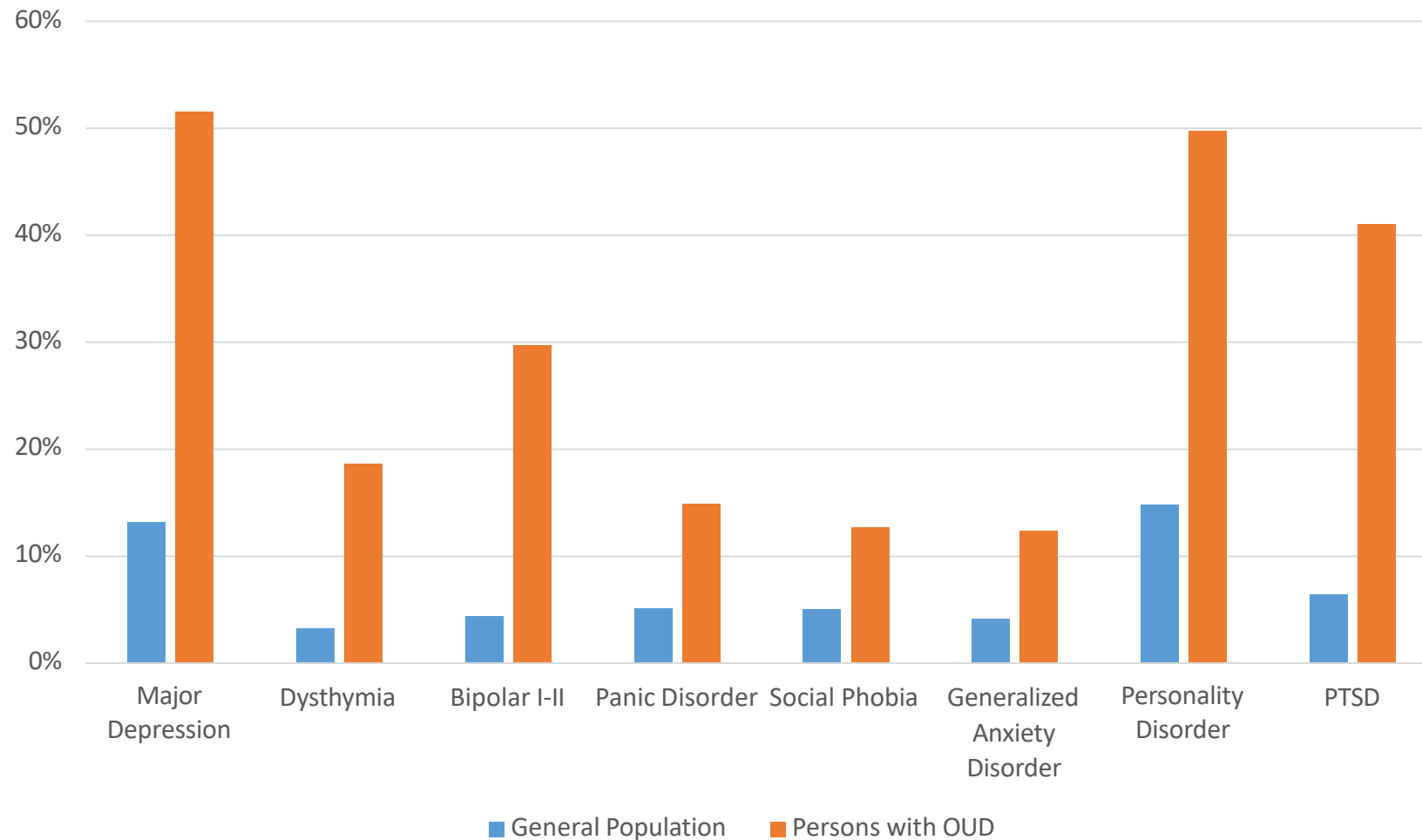
- 36.4% use illicit drugs
- 75.2% alcohol
- 11.5% had both alcohol and illicit drug use

Mental illness- 46.6 million (18.9%)

- 24% had SMI

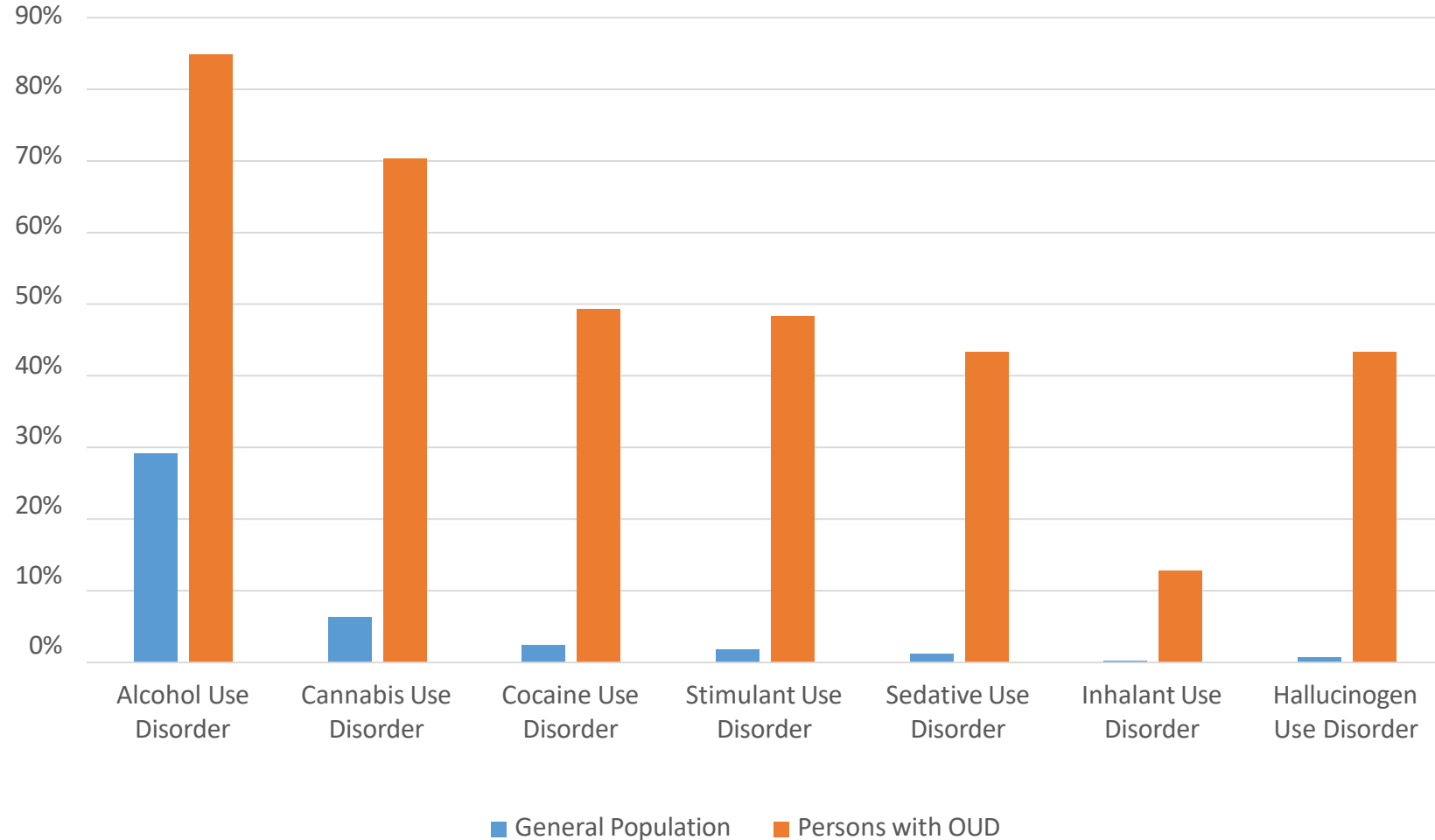
Both SUD and MI- 8.5 million people (3.4%)

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

LIFETIME PREVALENCE OF SUBSTANCE USE DISORDERS: GENERAL POPULATION VS OUD



Grant et al 2004, Grant et al 2016, Grella et al 2009, Hasin et al 2015



PSYCHIATRIC DISORDERS AND OPIOID DEPENDENCE RECIPROCALLY INCREASE RISK

Pre-existing psychiatric disorders:

- Generalized anxiety disorder: 11x risk of developing opioid dependence
- Bipolar I disorder: 10x risk of developing opioid dependence
- Panic disorder: 7x risk of developing opioid dependence
- Major depression: 5x risk of developing opioid dependence

Pre-existing opioid dependence:

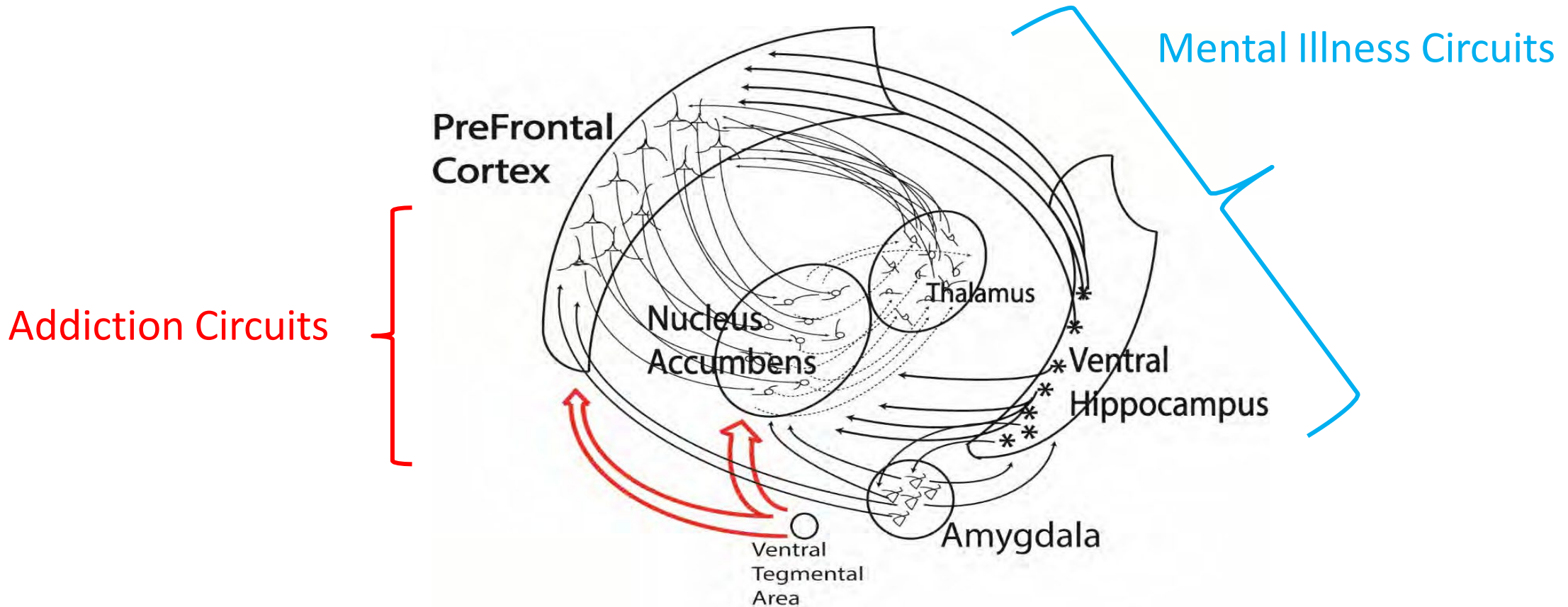
- 9x risk of developing panic disorder
- 5x risk of developing major depression
- 5x risk of developing bipolar I disorder
- 4x risk of developing generalized anxiety disorder
- *Martins et al 2009*

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

HOW DOES MENTAL ILLNESS GENERATE ADDICTION RISK?



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

OUD + MENTAL ILLNESS

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 that is individualized
- Avoid mis/over diagnosis during withdrawals or intoxication
- Emphasis treatment engagement and therapeutic alliance

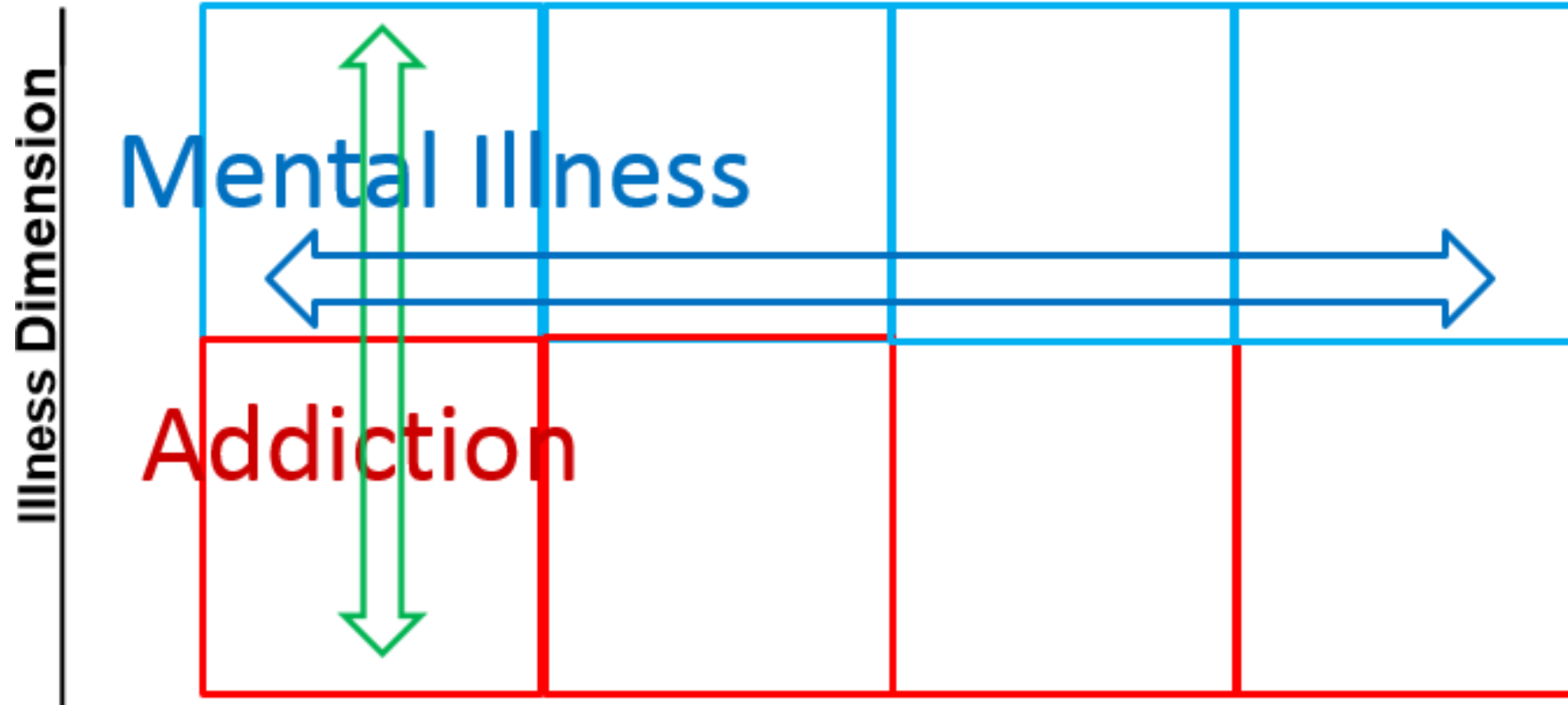
Treatment Dimension


Diagnostics

Pharmacotherapies

Psychotherapies

Communications





CO-OCCURRING ADDICTIONS AND MENTAL ILLNESS

Key Pearls:

1. With Opioid Addiction, having Complex Co-morbidities of Mental illness and Addiction is the Rule and not the exception
2. Causality between the Addiction and Mental illness is bidirectional.
 - Opioid Use Disorders Biologically pre-dispose to Mental Illness
 - Mental Illness Biologically pre-disposes to Acquiring addiction