



Co-Occurring Mental Health Disorders in Youth with Substance Use Disorders

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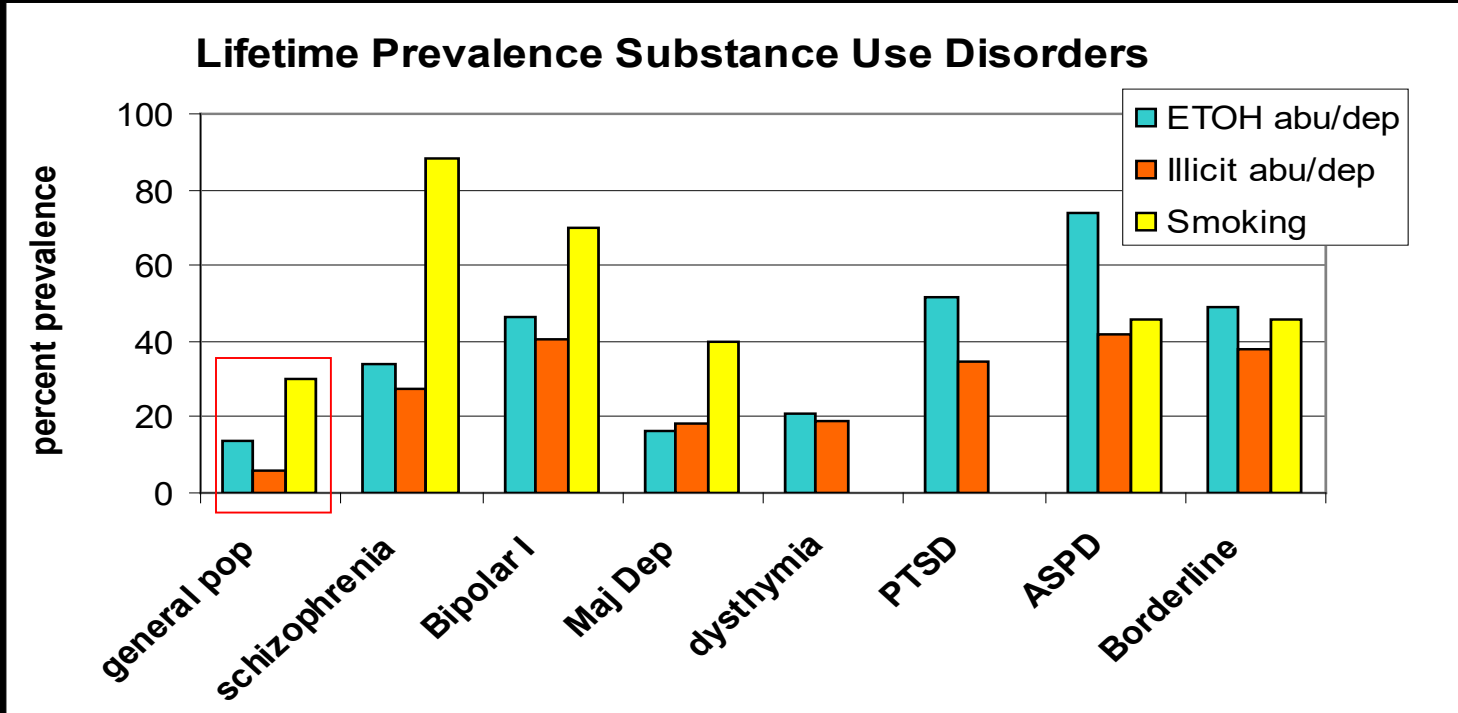


Co-Occurring Addictions and Mental Illness: “Dual Diagnosis Disorders”

Key Pearls:

1. With SUDs, 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

Dual Diagnosis: Scope of the Problem

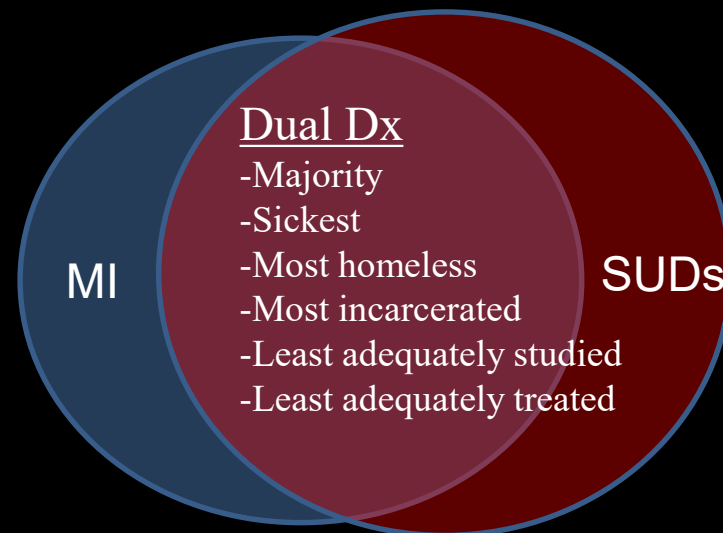


- General pop, schizophrenia, bipolar, unipolar, dysthymia (ECA data early 1980's) Regier et al. (JAMA, 1990)

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

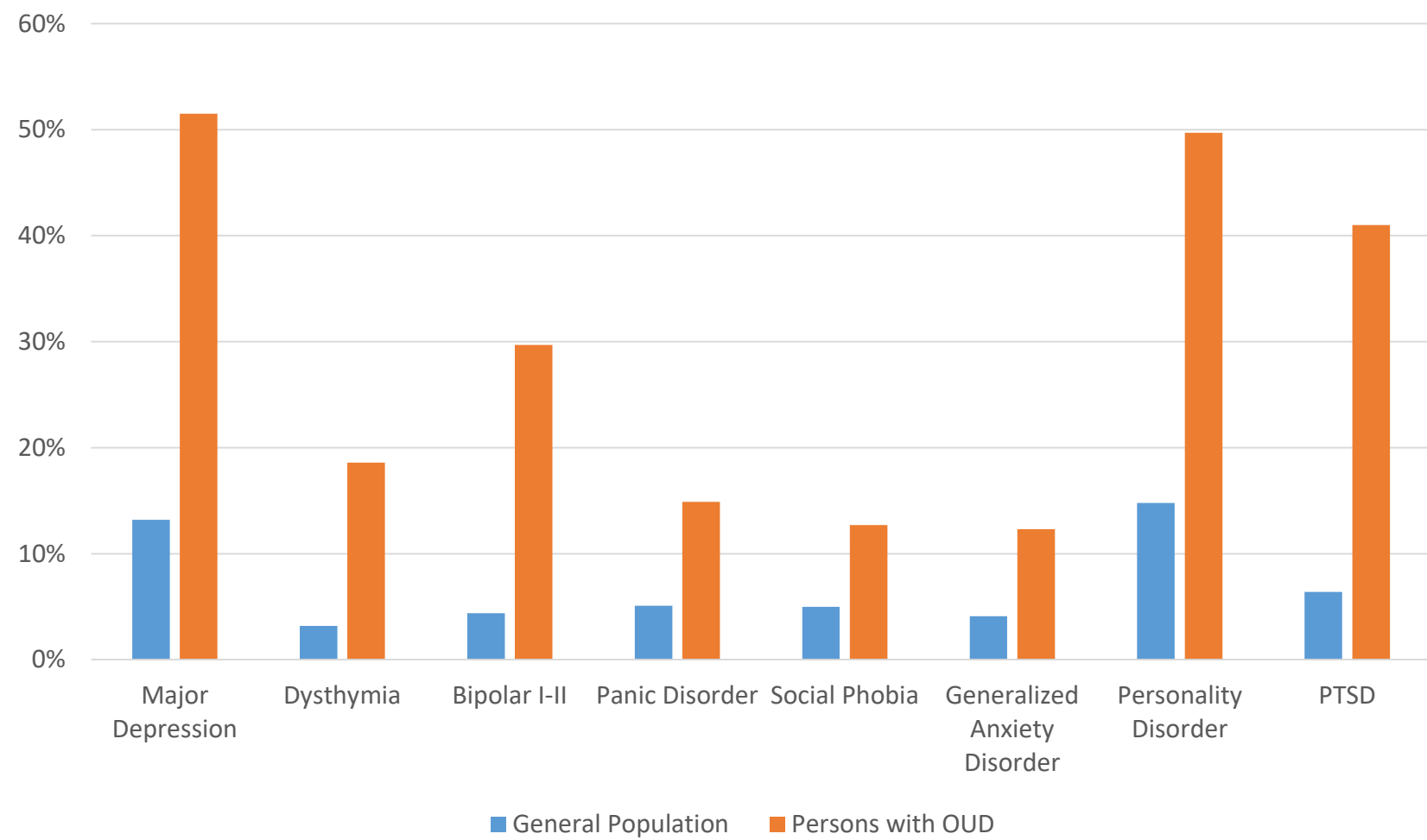
- Borderline (1980's – 1990s), Trull et al. (Clin Psy Rev, 2000)

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





Lifetime Prevalence of Psychiatric Disorders: General Population vs OUD

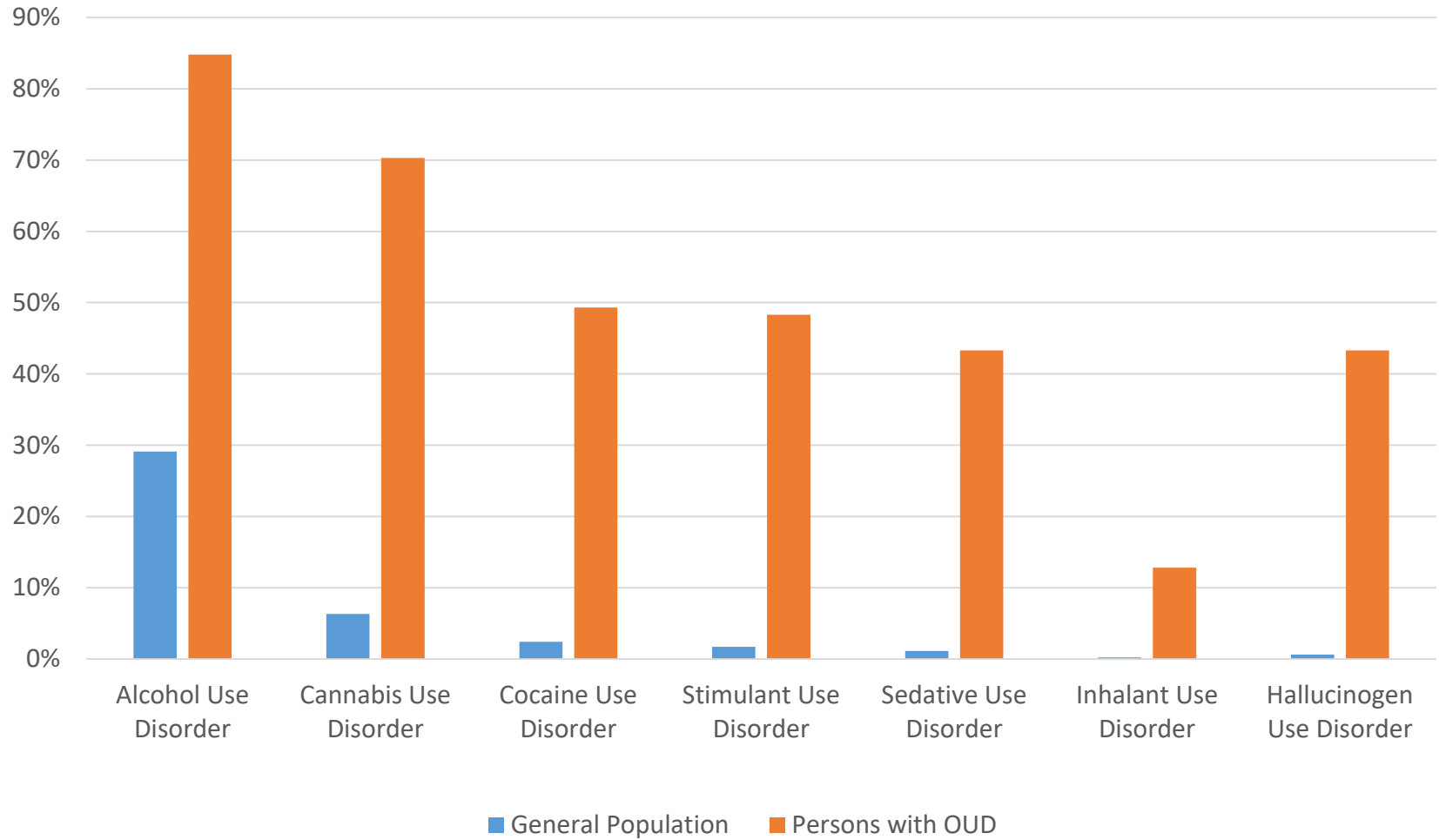


Grant et al 2004, Grella et al 2009, Hasin et al 2015, Mills et al 2004





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



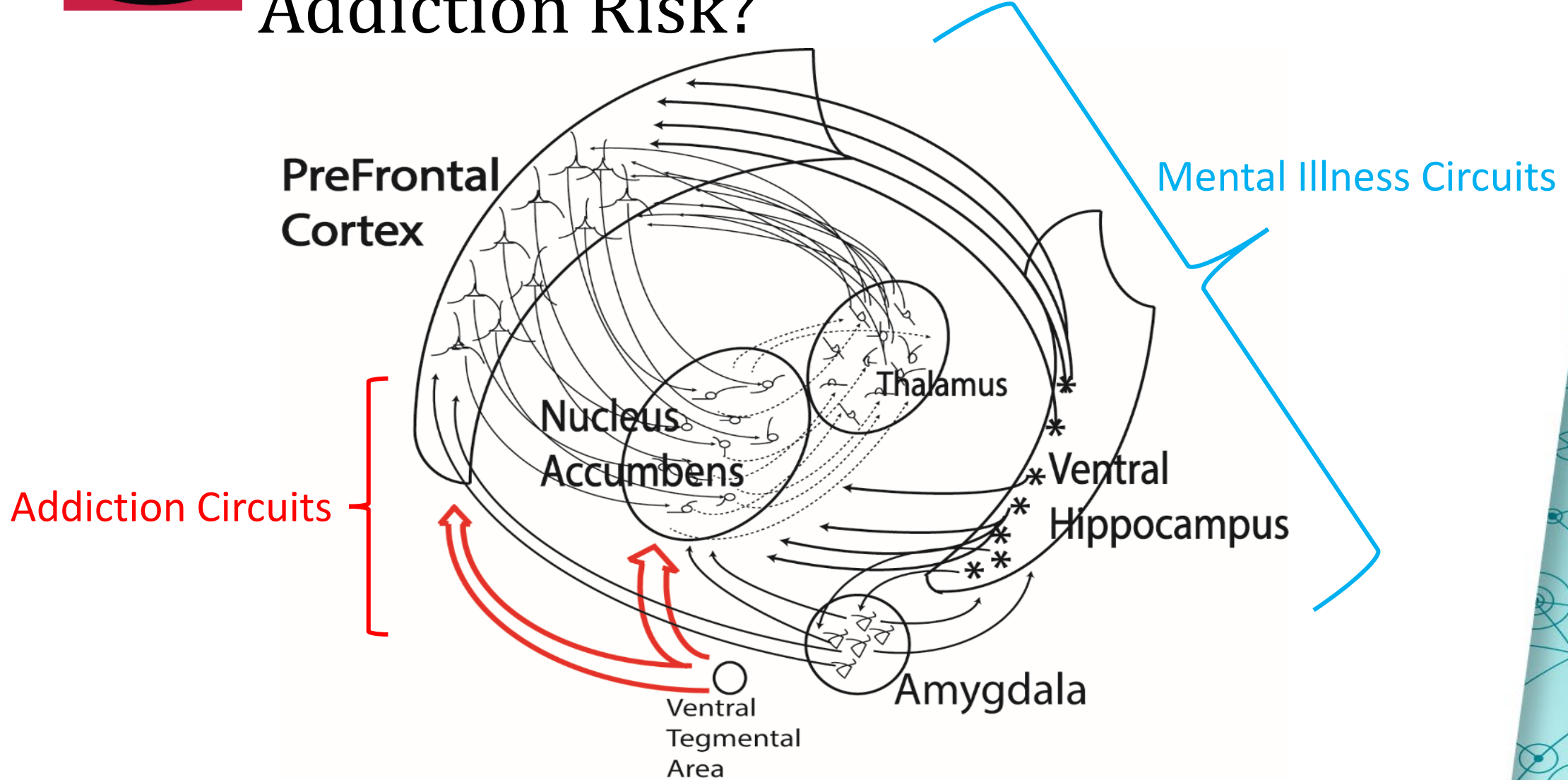


Psychiatric Disorders and Opioid Dependence Reciprocally Increase Risk

- 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



How does Mental illness generate Addiction Risk?



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



Co-Psychiatric Disorders Unique to Adolescents

- ADHD → pharmacotherapies for ADHD
- ODD/Conduct Disorder → parent management training
- Less Psychosis/Bipolar Disorder



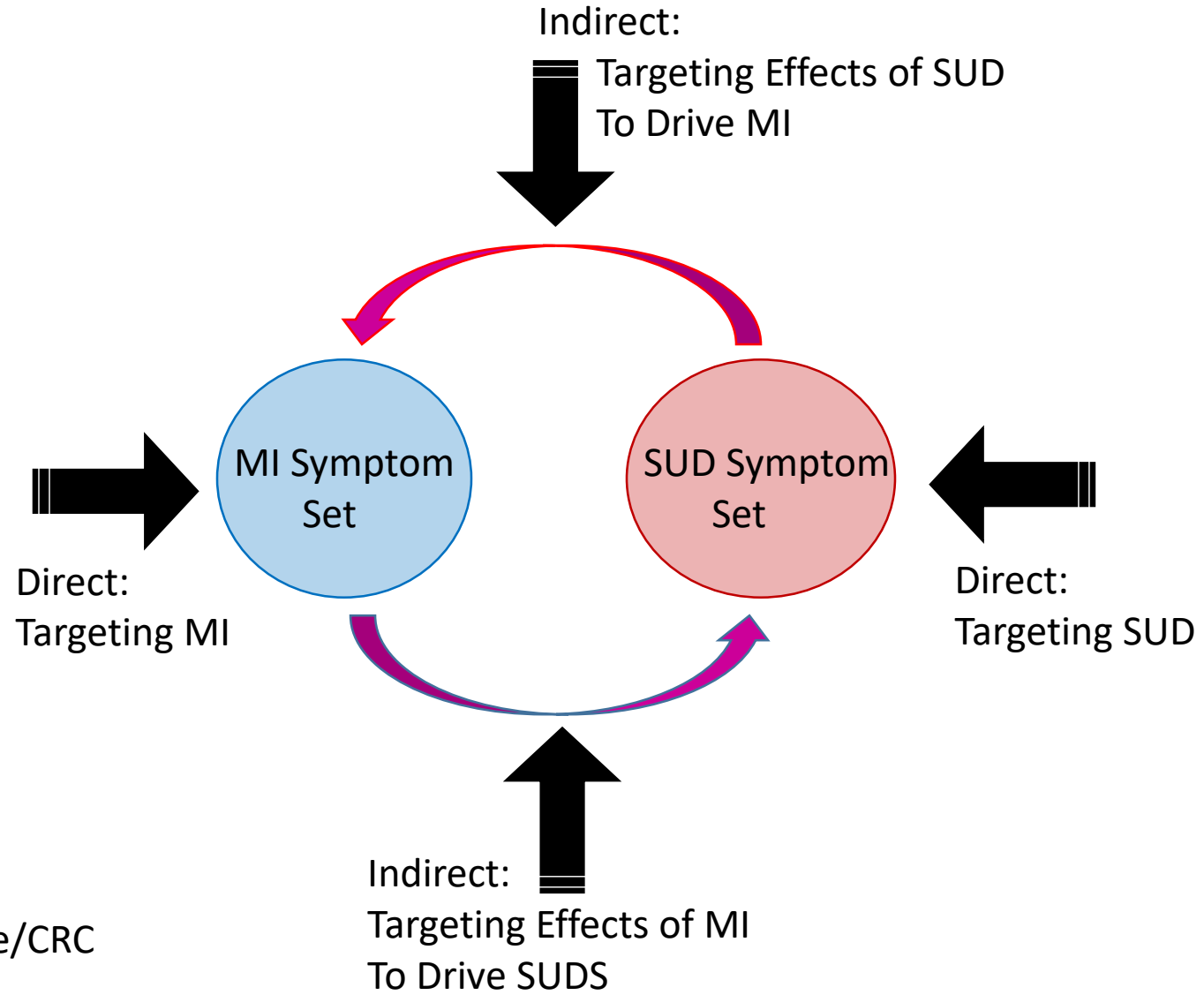


Treating Co-occurring Disorders Requires Integrated Addiction and Mental Health Treatment:

Ideal models integrate mental illness and SUD Diagnosis and Treatment
(using meds and psychotherapies) by one team under one roof



Figure 15



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



Summary

- Opioid Addiction causes many often deadly secondary medical and neuropsychiatric complications
- Mental Illness is a primary causal risk factor for acquiring opioid and other addictions
- Complex Comorbidities of Opioid, Mental illness and other addictions are the Rule; solo opioid addiction is rare
- The evidence-based standard of care for co-occurring disorders is *integrated* Addiction/Mental Health Care:
Team Care that provides and *integrates multiple* diagnostic/psychotherapeutic and pharmacological treatment tools for opioid addiction and comorbid disorders



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