Co-Occurring Mental and Physical Health Conditions

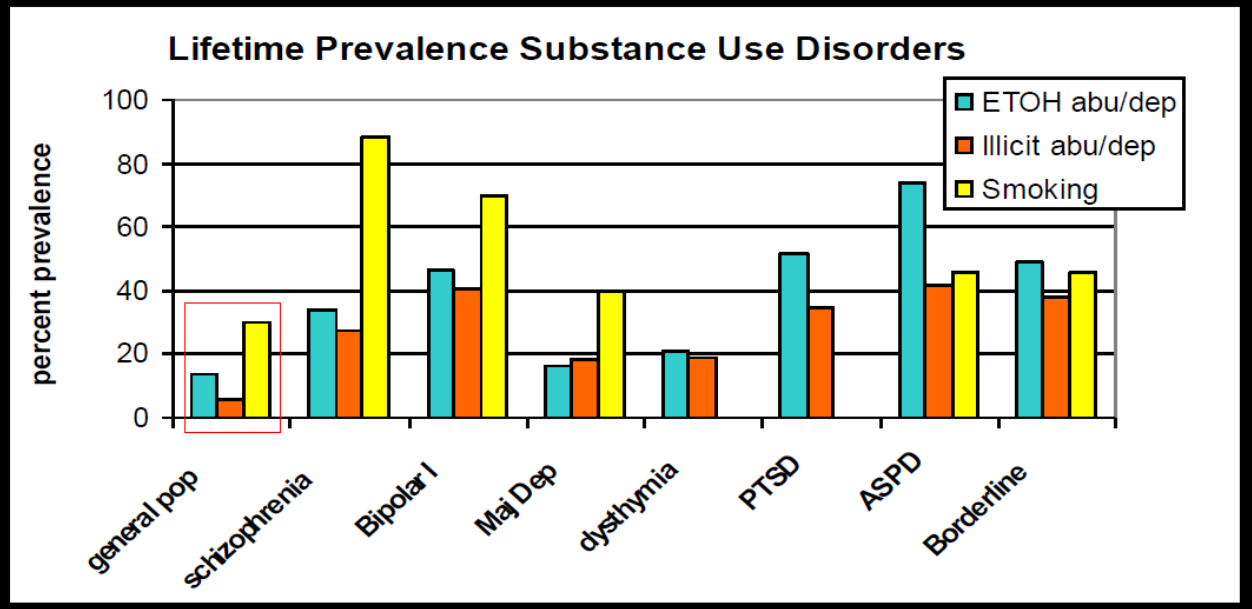
Olawale Ojo MD

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

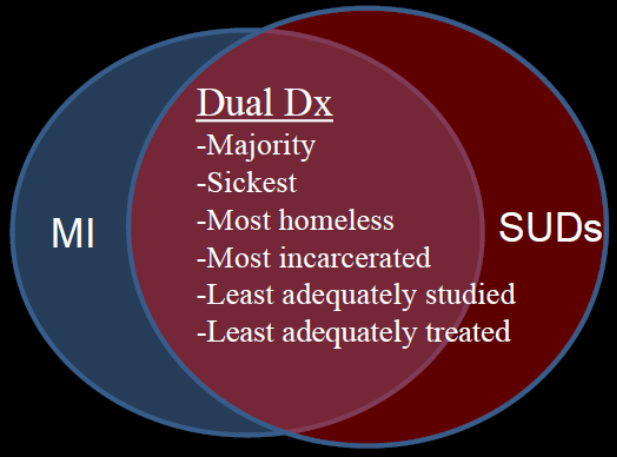
Scope of the problem- numbers

- 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)



Psychiatric Disorders have higher prevalence of OUD

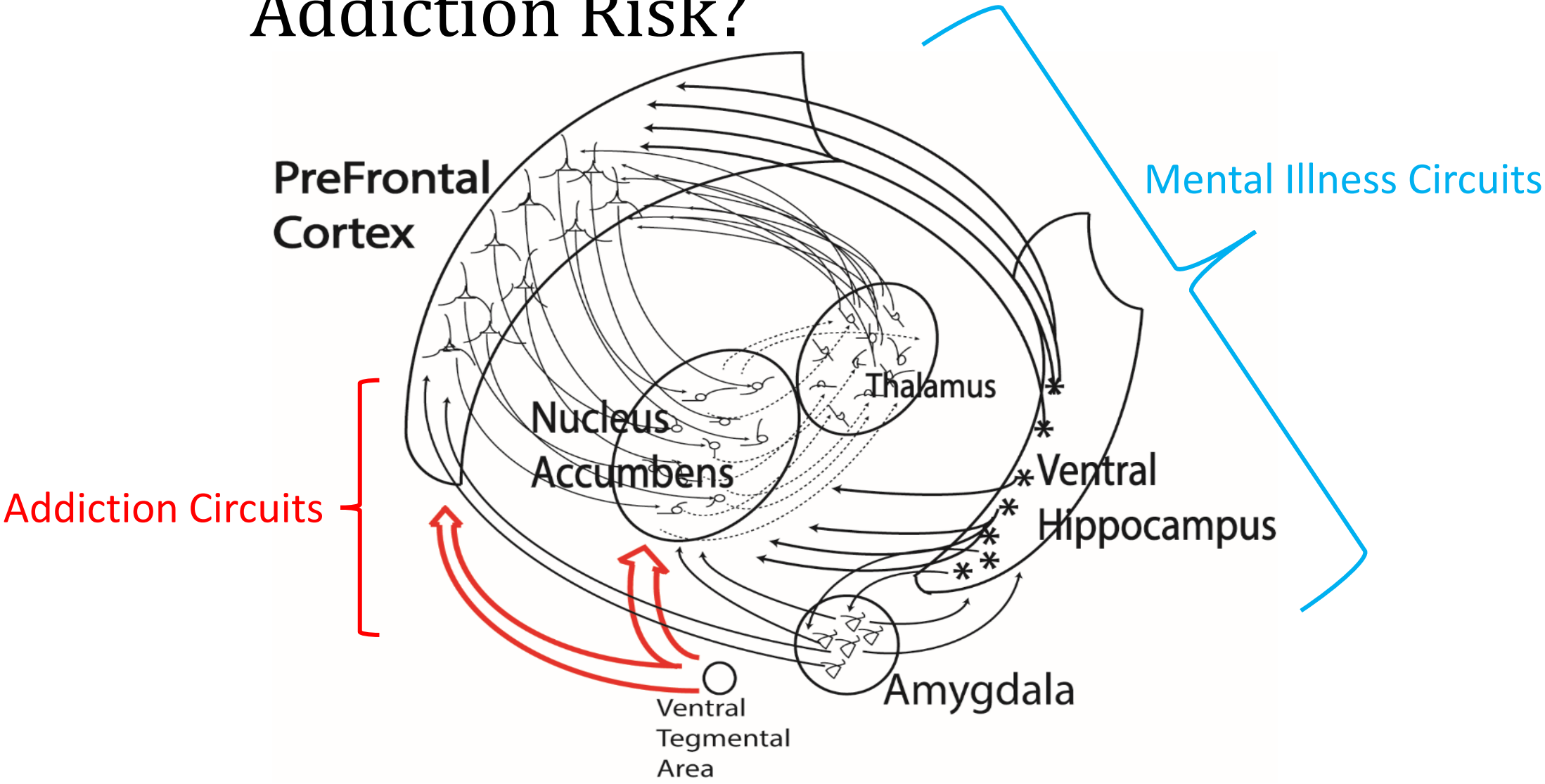
- Pre-existing Psychiatric disorder and risk of OUD
  - GAD: 11x risk
  - Bipolar disorder: 10x risk
  - Panic disorder: 7x risk
  - MDD: 5x risk

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

Medical comorbidities

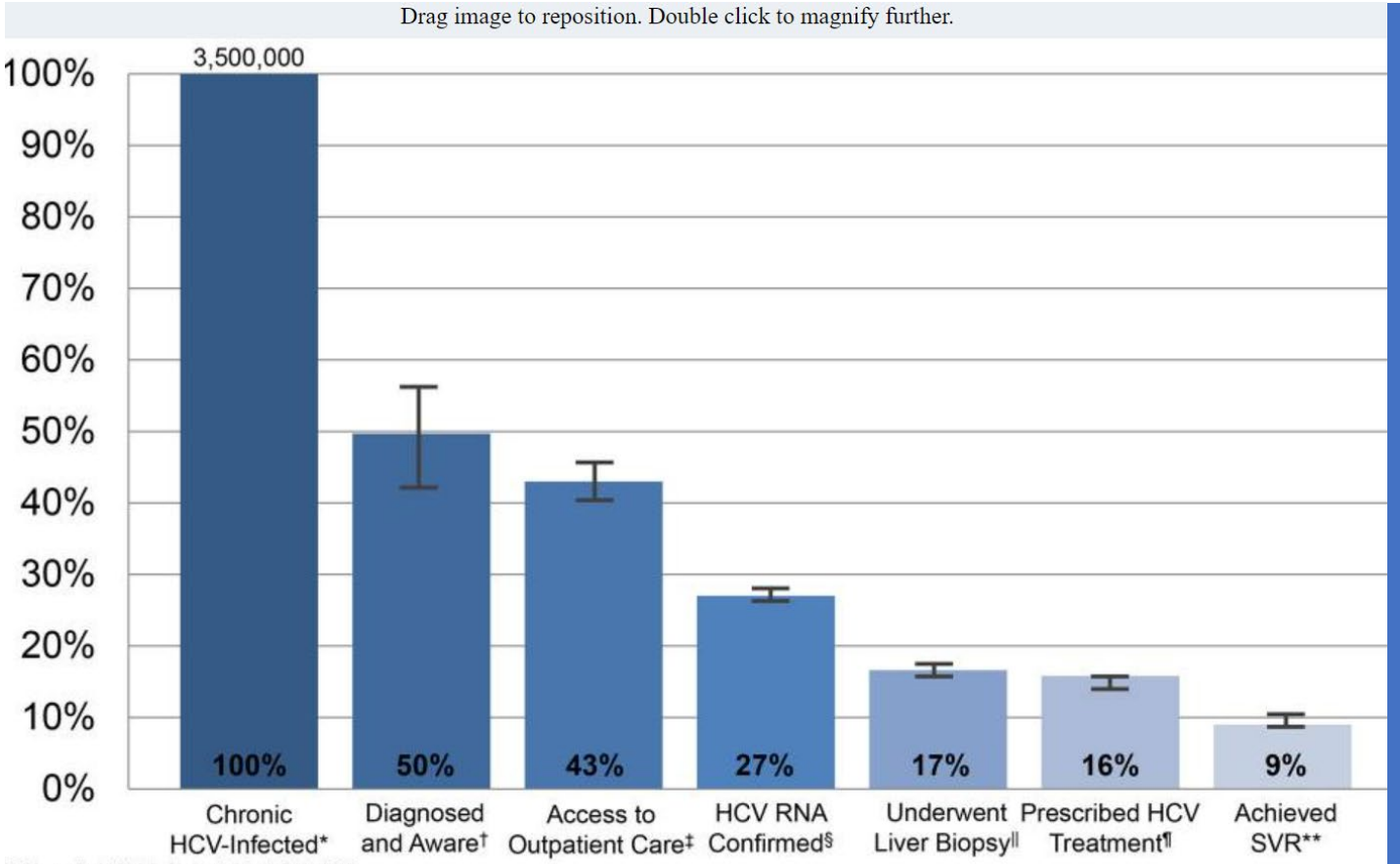
- Organ systems
- Disease category
- Substance type
- Route of administration

Medical co-morbidities

- Cardiovascular- QTc prolongation with methadone and arrythmias
- GI: direct hepatic toxicity and from infectious diseases, constipation
- Renal: heroin nephropathy
- Endocrine: Osteopenia, amenorrhea, alterations in gonadotropins
- Infectious disease: Cellulitis, Osteomyelitis, endocarditis, HIV, Hep C
- Pregnancy; NAS
- Pulmonary: overdose, aspirations, pulmonary edema

HCV

- Leading cause of cirrhosis, hepatocellular cancer and liver transplant in the U.S
- 3.2 million individuals are infected in the U.S
- 70% of PWID age 30 years and above
- Up to 75% of those infected are unaware
- 80% develop chronic Hep C
- Risks factors: IVDU, intra nasal drug use, multiple sexual partner, children born to HCV+ mothers, blood transfusion before 1992, incarceration



Not many know they are infected and even fewer complete treatment!

HIV

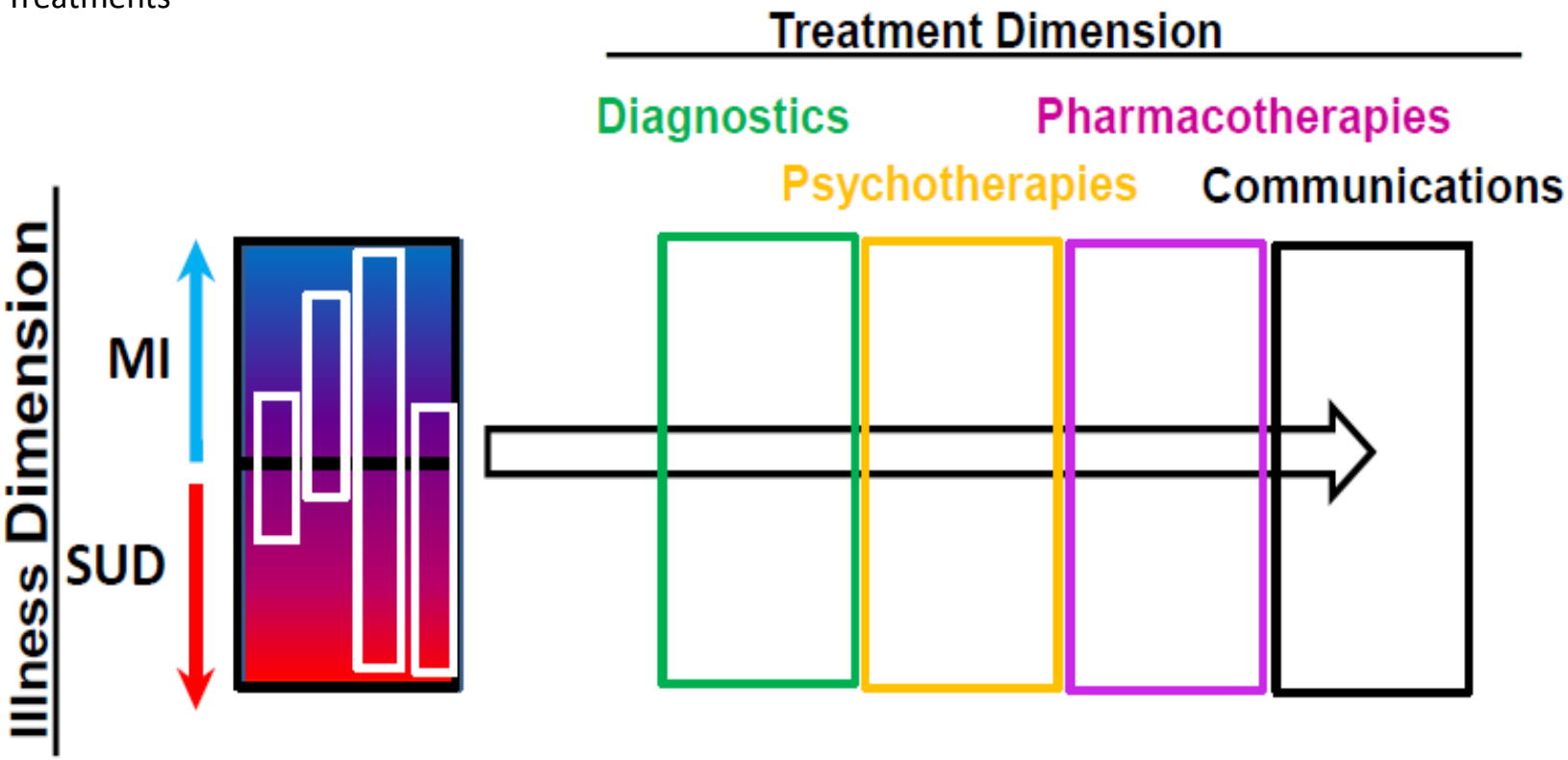
- 14,500 with injection drug use unaware of HIV Status
- Testing is not routine in opioid treatment programs
- Less likely to initiate antiretroviral therapy
- Less likely to achieve viral suppression
- Less likely to be retained in care

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

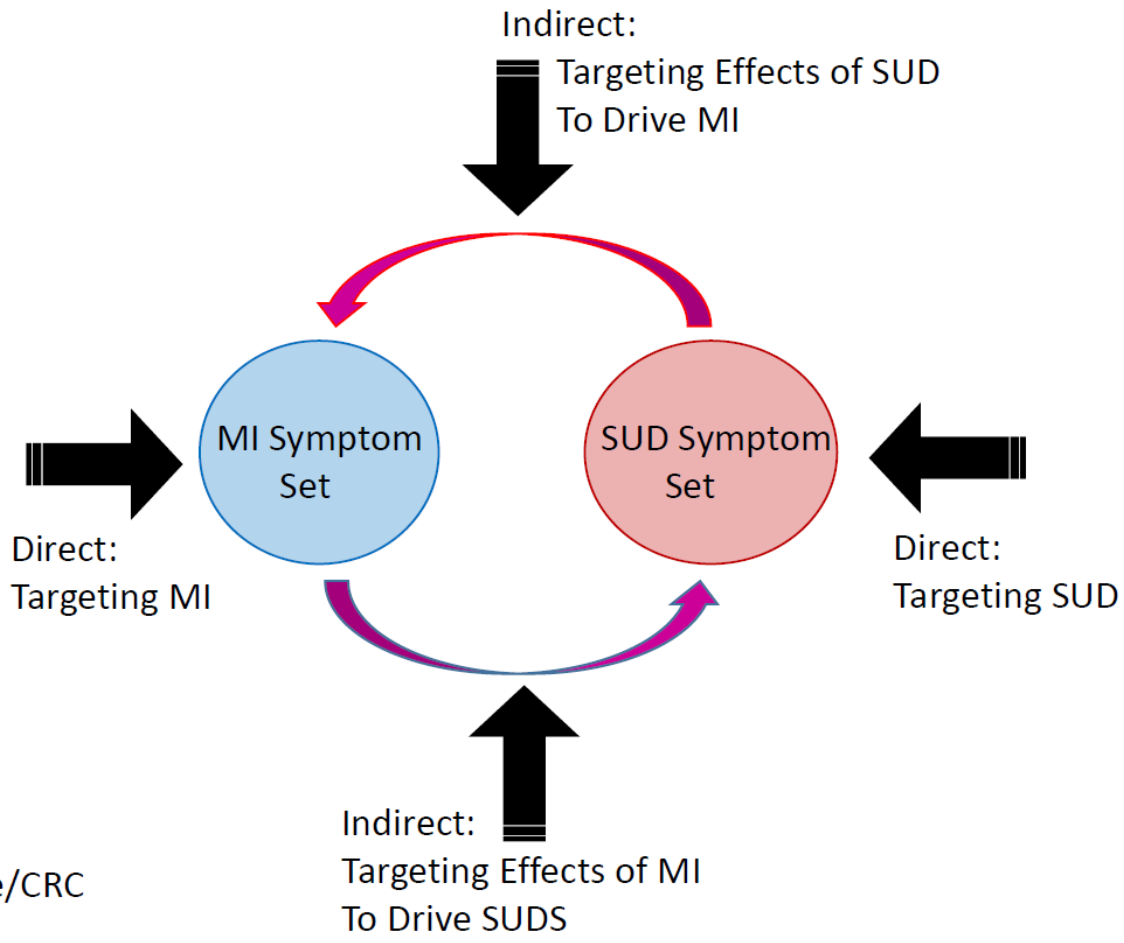
-Integrated with Pharmacological Treatments for Mental illness
-Integrated with Pharmacological treatment for Addiction
-Psychodynamic Treatments
-Primary care



The 2 x 4 Model

Figure 15

Points of Attack in 2 x 4 Model Treatment



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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