ASAM REVIEW COURSE 2023

Psychiatric Co-Morbidities: Complexities of Diagnosis and Care

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Kelly Kleinert, MD

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Co-Occurring Disorders

- Two diagnoses/disorders
- Two systems
- If applied to all cases, the term has no meaning
- Both psychiatric and substance use disorders need to meet full criteria

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Dual Disorders

Psychiatric Disorders
- Major Depression
- Bipolar
- Social Anxiety
- Panic
- Schizophrenia
- Attention Deficit Hyperactivity
- Post Traumatic Stress

Substance Use Disorders
- Alcohol
- Stimulants
- Opioids
- Cannabis
- Benzodiazepines

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Systemic Issues

- Legislation
- Funding
- Personnel
- Training and certification
- Sites
- Culture

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Twelve-Month Prevalence of Mood and Anxiety Disorders Among Respondents with Substance Use Disorders Who Sought Treatment in the Past 12 Months

Disorder	Respondents, % (SE)
Those With Any Alcohol Use Disorder (5.81%)*	
Any mood disorder	40.69 (4.11)
Major Depression	32.75 (4.01)
Dysthymia	11.01 (2.74)
Mania	12.56 (2.81)
Hypomania	3.07 (1.37)
Any anxiety disorder	33.38 (4.17)
Panic disorder	
With agoraphobia	4.10 (1.54)
Without agoraphobia	9.10 (2.48)
Social phobia	8.49 (3.48)
Specific phobia	17.24 (3.10)
Generalized anxiety disorder	12.35 (3.01)
Any drug use disorder	33.05 (4.23)

*Data in parentheses are the percentages of respondents with the substance use disorders who sought treatment in the past 12 months.

Grant B, JAMA 2004

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Twelve-Month Prevalence of Mood and Anxiety Disorders Among Respondents with Substance Use Disorders Who Sought Treatment in the Past 12 Months

Disorder	Respondents, % (SE)	
Those With Any Drug Use Disorder (13.10%)*		
Any mood disorder	60.31	(5.86)
Major Depression	44.26	(6.28)
Dysthymia	25.91	(5.19)
Mania	20.39	(5.17)
Hypomania	2.48	(1.67)
Any anxiety disorder	42.63	(5.97)
Panic disorder		
With agoraphobia	5.92	(2.19)
Without agoraphobia	8.64	(3.05)
Social phobia	12.09	(3.48)
Specific phobia	22.52	(4.99)
Generalized anxiety disorder	22.07	(5.18)
Any alcohol use disorder	55.16	(6.29)

*Data in parentheses are the percentages of respondents with the substance use disorders who sought treatment in the past 12 months.

Grant B, JAMA 2004

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NESARC Study

- Limitations of research diagnoses
- Lay interviewers
- Underreporting
- Over-diagnosing

- Possible causal relationships between co-occurring disorders

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Clarifying the Diagnosis

- Differentiating between substance-induced disorders vs co-occurring psychiatric and substance use disorders
  - Onset of symptoms
  - Periods of abstinence
  - Resolution of symptoms

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Raphael is a 45-year-old man.

He is in your addictions program for alcohol use disorder. He has a history of recurrent depressive episodes. He started drinking more heavily in his late 20s.

His first depressive episode was in his early 20s.

He has depressive episodes during periods of sobriety.

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Major Depressive Disorder

- Symptoms:
  - Depressed mood
  - Anhedonia
  - Changes in appetite, sleep, psychomotor activity, energy, concentration
  - Guilt/worthlessness
  - Thoughts of death/suicide
- Course: At least 2 weeks
- 15-20% have co-occurring substance use disorder
- Associated with worse substance use outcomes, worse psychiatric symptoms, and increased suicide risk

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Depression Treatment

- Psychotherapy: CBT, interpersonal Interpersonal
- Pharmacotherapy
  - SSRIs
  - SNRIs
  - Atypical antidepressants (bupropion, mirtazapine)
  - TCAs and MAOIs not first-line
- Combination of psychotherapy and pharmacotherapy most effective
- In studies of depression and co-occurring SUD, placebo response moderated effects of medication

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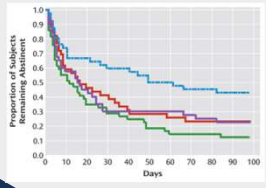
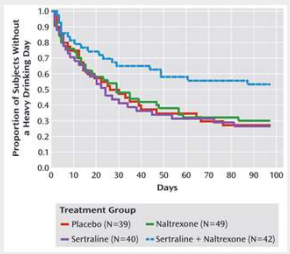
Sertraline and Naltrexone for Treating Co-Occurring Depression and Alcohol Dependence

Time to first drinking day and time to first heavy drinking day in depressed alcohol-dependent patients.





Pettinati HM, Am J Psychiatry. 2010 Jun;167(6):668-75.

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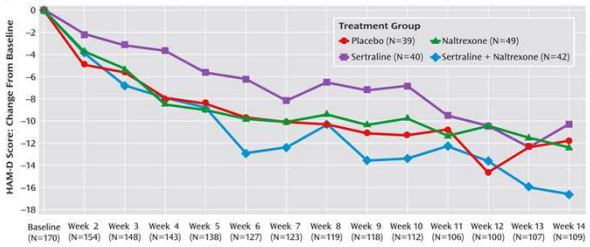
FIGURE 3. Change in Hamilton Depression Rating Scale (HAM-D) Scores Across Treatment Weeks in Depressed Alcohol-Dependent Patients Randomly Assigned to Medication Treatment or Placebo



Pettinati HM, Am J Psychiatry. 2010 Jun;167(6):668-75.

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Serotonin Syndrome

Increased serotonergic activity in the CNS

-Features: clonus (spontaneous or inducible), diaphoresis, agitation, tremor, hyperreflexia, hypertonia, elevated temperature (>38C)

-Treatment: discontinue the offending agent
supportive care + benzos
-> cyproheptadine

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Serotonin Syndrome vs NMS

	Serotonin syndrome	NMS
Onset	Within 24 hours	Days to weeks
Neuromuscular findings	Hyperactivity	Bradyreflexia, rigidity
Causative agents	Serotonin agonists	Dopamine antagonists
Treatment	Benzos, cyproheptadine	Bromocriptine
Course	Within 24 hours	Days to weeks

Boyer, EW. Serotonin syndrome. In: UpToDate, Post, TW (Ed), UpToDate, Waltham, MA, 2021

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Justine is a 38-year-old woman.

She presents to methadone clinic for treatment. She has been using IV heroin or other opioids for 20 years. She has a history of depression, suicide attempts, and overdoses.

Do you start an antidepressant in addition to methadone?

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Co-occurring Depression and Opioid Use Disorder

- Lifetime prevalence of depression is 44-54% (vs 16% in the general population)
- Heterogeneity of effect of antidepressant medication across trials
- Cochrane Review metanalysis: low evidence supporting antidepressant use for depression treatment in individuals on opioid agonists

Pani PP et al. Cochrane Database Syst Rev. 2010 Sep 8;(9):CD008373. doi: 10.1002/14651858.CD008373.pub2

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A patient presents with depressive symptoms as well as heavy alcohol use. Which of the following indicates a diagnosis of major depressive disorder and not substance-induced mood disorder?

A. The patient's episode of depressive symptoms preceded their alcohol use by 3 months.
B. The patient has active suicidal ideation only when intoxicated.
C. The patient's last episode of depressive symptoms occurred during college, when they were drinking a moderate amount of alcohol.
D. The patient feels more depressed when drinking heavily.

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Bipolar Disorder

- Definition:
  - Bipolar I – one episode of mania
  - Bipolar II – one episode of hypomania , one depressive episode
- Symptoms of mania:
  - one week of elevated mood and increased energy
  - 3 of the following: grandiosity, decreased need for sleep, talkativeness, racing thoughts, distractibility, increase in goal-directed or psychomotor activity, risk-taking
- Rates of substance use disorder 40%
- Often present depressed - treatment with antidepressant not indicated

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Anxiety Disorders

- Almost 20% of individuals with SUD have co-occurring anxiety disorder
  - 15% of those with anxiety disorder have a comorbid SUD
- Double the rates of nicotine and opioid use than general population
  - Most common co-occurring disorders
  - Generalized Anxiety
  - Social Anxiety
  - Panic

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Anxiety Disorder Treatment

- Pharmacotherapy: SSRIs
  - Avoid benzodiazepines
- Psychotherapy: CBT

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Generalized Anxiety Disorder (GAD)

- Most frequent anxiety disorder seen in primary care, 22%
- 50% have lifetime comorbid SUD
  - 12-22% of individuals with SUD presenting for treatment
- Alcohol use more prevalent than in other anxiety disorders
- Comorbid substance use affects recovery

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Common Somatic Complaints Of Social Anxiety Disorder

Beidel. J Clin Psychiatry. 1998;59(suppl 17):27.

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Screening for Social Anxiety Disorder

- Does fear of embarrassment cause you to avoid doing things or speaking to others?
- Do you avoid activities in which you are the center of attention?
- Is being embarrassed or looking stupid among your worst fears?

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Social Anxiety and Substance Use Disorders

- Usually starts in childhood/adolescence
- Risk factor for alcohol use – prevalence of AUD is 48%
- Paradoxically, addiction treatment may worsen social anxiety

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Integrated Psychiatric Treatment and AA Facilitation

So you thought about going to a meeting last night but were afraid you would panic if you were called on, so you didn't go. Let's work out a strategy:

1. Treat social phobia with medication
2. Rehearsal of what to say in meetings with visualization ("Hi I'm Kelly and I'm glad to be here")
3. Remind patient - no requirement for speaking

Ries RK et al. (2015). Twelve-Step Facilitation: An Adaptation for Psychiatric Practitioners and Patients. In M Galantar et al (Ed). Textbook of Substance Abuse Treatment. Arlington: Aerican Psychiatric Publishing.

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Marina is a 28-year-old woman.

She complains to her primary care doc about frequent panicky feelings, anxiety, and feeling sweaty in afternoons at work. She states that she feels better once home and after large glass of wine. She is worried because she is drinking more.

She thinks she has panic disorder and that this is causing more drinking.

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Panic Attack

Surge of fear or discomfort lasting for several minutes to an hour, with 4+ associated symptoms

- Palpitations
- Sweating
- Trembling / shaking
- Shortness of breath
- Chest pain
- Nausea
- Dizziness
- Chills/hot flash
- Paresthesias
- Derealization/depersonalization
- Fear of losing control
- Fear of dying

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Posttraumatic Stress Disorder

- Diagnosis: all 5 criteria for 1+ month
  - Exposure to traumatic event
  - Re-experiencing
  - Avoidance
  - Negative alterations in mood and cognition
  - Alterations in arousal and reactivity
- Often comorbid depression, anxiety disorders
- Increases likelihood of SUD by 2-4x
- Usually precedes SUD

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PTSD Treatment

- Psychotherapy
  - Exposure
  - Cognitive therapy (trauma-focused CBT, cognitive processing)
  - EMDR
- Pharmacotherapy
  - SSRIs
  - Prazosin

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Attention Deficit Hyperactivity Disorder (ADHD)

- Diagnosis: 5+ symptoms in either inattentive or hyperactive/impulsive domains, in 2+ settings, for 6+ months
- Inattentive: difficulty paying attention to details, sustaining attention, and organizing, forgetful, loses things, easily distracted
- Hyperactive/Impulsive: fidgets, restless, driven by motor, talks excessively, difficulty waiting turn
- Rates of SUD 2-3x general population

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ADHD Treatment

- Typically, amphetamines are first-line treatment
- For individuals with SUD history, atomoxetine
- If active substance use, acutely stabilize/treat substance use first

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A patient with ADHD and an active substance use disorder presents for treatment. Which of the following is the recommended first-line treatment?

A. Sertraline (Zoloft)
B. Mixed amphetamine salts (Adderall)
C. Methylphenidate (Ritalin)
D. Atomoxetine (Strattera)

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Kelvin is a 28-year-old man.

He presents to urgent care. He is concerned that his computer and phone are bugged. He also is paranoid that police have been following him. He notes these symptoms have been occurring for months. He denies substance use.

Utox is positive for amphetamines. He then acknowledges frequent crystal meth use.

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Substance-Induced Psychosis vs Schizophrenia

Substance-Induced (methamphetamines)
- Clear heavy drug use
- More likely to preserve general function
- Usually positive symptoms (paranoia, hallucinations), but not many negative symptoms

Schizophrenia
- Earlier onset
  - Prodrome of withdrawal, negative symptoms, few friends
- More global impairment, thought disorder

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Psychotic Disorders

- Up to 15% of substance-induced psychosis can persist after 1mo of abstinence
- Up to 50% of individuals with schizophrenia have co-occurring SUD
  - 75% have tobacco use disorder
- Cannabis use: doubles the odds of developing a psychotic illness
- Substance use in individuals with psychotic disorders
  - Associated with increase in duration of untreated illness
  - Impacts adherence with treatment
  - Leads to increase symptom burden and poorer quality of life

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Which of the following psychiatric disorders carries the greatest risk of a co-occurring nicotine use disorder?

A. Bipolar Disorder
B. Major Depressive Disorder
C. Schizophrenia
D. Generalized Anxiety Disorder

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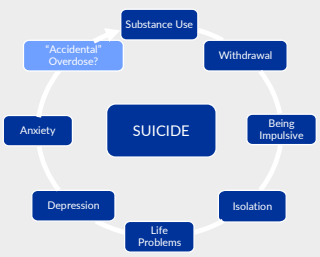
Addiction and Suicide



Addiction = 5-10 x risk

Youdelis-Flores 2015

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Substance Use and Suicide

- Suicides in the U.S. (NVDRS Data)
  - 22% involve alcohol intoxication
  - 20% involve opioids
  - 10% involve cannabis
- Individuals with substance use at 2-100x the risk of general population
- Limitations of suicide research
  - Exclusion of women

SAMHSA/NIMH

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Suicide and Alcohol

- U.S. study of individuals with AUD
- 4.5% attempted suicide
- Related factors: More severe substance use
  Substance-induced psychiatric disorders
  Separated/divorced, prior attempts
- European autopsy study of suicides
  - 40% with alcohol use disorder

SAMHSA/NIMH

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Opioid Overdose Deaths and Suicide

- About 50,000 deaths from each last year
- In 2017, >40% of all suicides and overdose deaths involved opioids
- Intentionality of ODs dimensional, not categorical

Bohnert and Ilgen. N Engl J Med. 380:14, 1379-1380.

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Suicide and Opioids

- Interventions should address multiple risk factors
  - Quality of pain care
  - Access to psychotherapy
  - Access to medication-assisted treatment for opioid use

Bohnert A and M Ilgen (2019). N Engl J Med 2019; 380:71-79.

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Assessing Imminent Risk

- Withdrawal/cravings
- Changes in pattern of use
- Loss of agency/identity, shame, humiliation, erosion of social supports
- Increased use of other substances
- Stressful life events (recent relapse, legal problems, end of romantic relationship)

Maruti S et al. (2019). Prev Med 128: 105854

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Thank You

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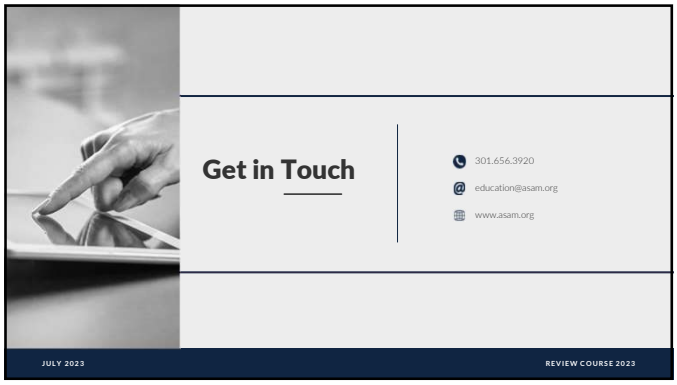
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