

# PSYCHIATRIC CO-MORBIDITY AND SUBSTANCE MISUSE



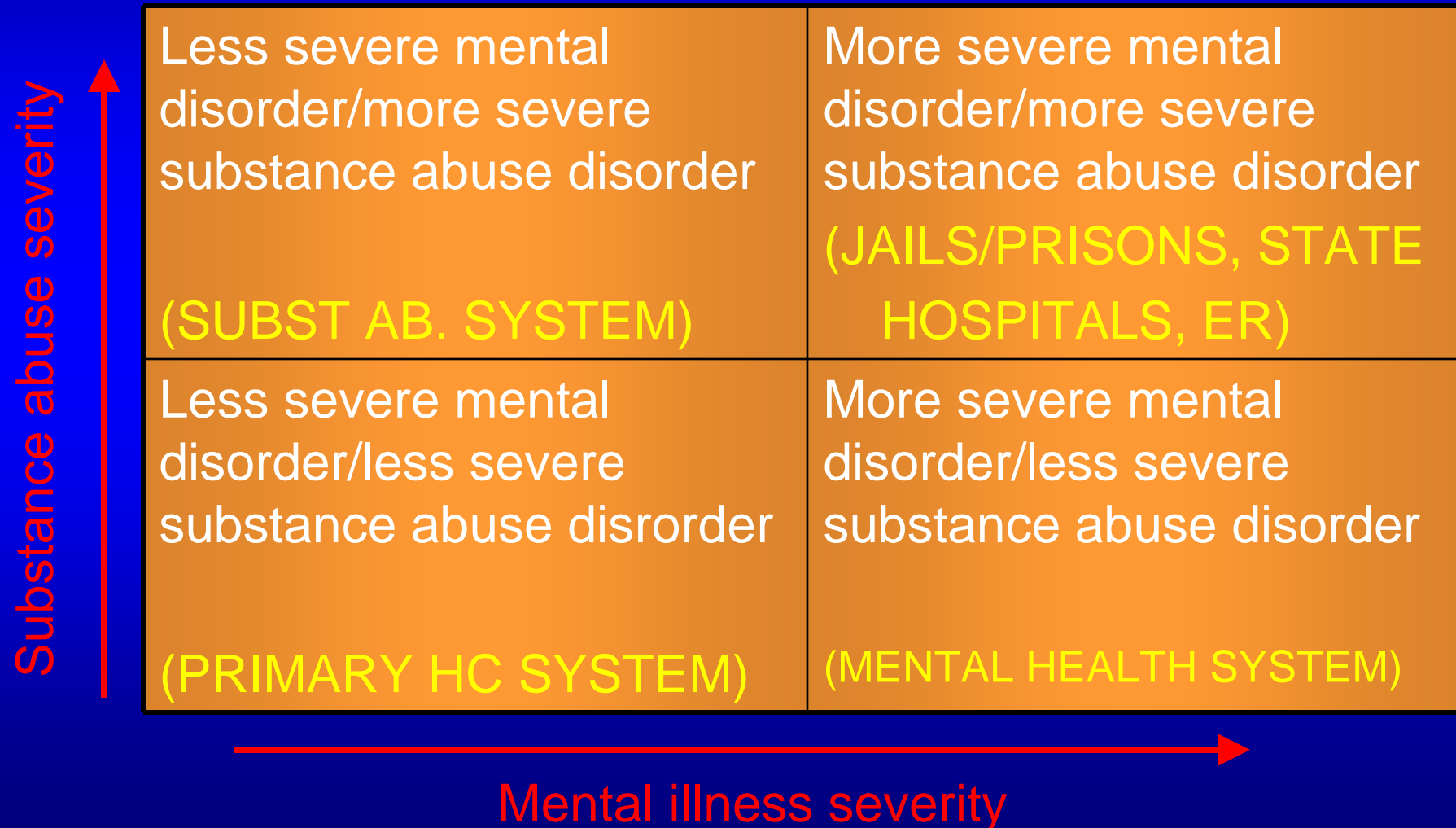
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# Definition

- Dual diagnosis refers to the co-occurrence of mental health disorders and substance misuse (abuse and/or dependence)
- Co-morbid Axis I Disorders

# Spectrum



# Epidemiology

- 60% of male and over 70% of female alcohol abusers were found to have had at least one other psychiatric disorder at some time in their lives (National Comorbidity Survey, 1991)
- 45% of alcoholics and 72% of illicit drug abusers had another psychiatric disorder (Epidemiological Catchment Area (ECA) Survey, 1980s) .
- A psychiatric disorder nearly tripled the risk of a substance abuse problem
- 20% of the seriously mentally ill were dependent on or abusing alcohol or drugs (2001 National Household Survey on Drug Abuse)

# Epidemiology

- Dual disorders are especially common among the homeless, prisoners, and mental hospital patients.
- 56% of prisoners had an alcohol problem, 54% an illicit drug problem, and 56% another psychiatric disorder (ECA survey).
- Almost all inmates with a mental illness were also substance abusers. Among residents of mental hospitals, 34% had been alcohol abusers and 16% had abused other drugs.
- Half of the mentally ill homeless were also abusers of alcohol or illicit drugs (National Household Survey).

# Epidemiology

- Mirin & Weiss 1991. - 30% prevalence of SA disorder with an axis I diagnosis
- Regier et al 1990. Co-occurrence of addictive and psychiatric disorder

Schizophrenia	47%	OCD	32.8%
Anxiety disorder	14.7%	Affect. Dis.	32%
Panic disorder	35.8%	Bipol. Dis.	60.7%

# Interpretation of data

1. The psychiatric disorder and the drug or alcohol problem may have common causes (biological, psychological, or social)
2. The drug or alcohol abuse itself may produce psychiatric symptoms
3. People with psychiatric disorders may develop a substance abuse problem because the mental illness impairs their judgment, or because they try to treat themselves with alcohol and illicit drugs

# **Etiological considerations**

- Social and psychological risk factors for drug and alcohol abuse and dependence, are also risk factors for other psychiatric disorders
- The genetic risks for substance misuse and other psychiatric disorders may be partly shared



# Cause and effect

- As drug abuse progresses, cause and effect become difficult to unravel
- By the time a person seeks (or is forced to seek) treatment, it has become a vicious cycle with no obvious starting point
- The picture constantly changes as substance abuse or psychiatric symptoms come and go

# Consequences

- Poor out patient attendance
- More noncompliance, discontinue treatment
- More arrests
- Increased hospitalization rate and criminal activity
- More severe psychiatric symptoms and hostility
- Increased suicide risk
- Poor treatment outcome

# Challenges

- Despite this high prevalence of combined mental illness and substance abuse, treatment resources are scarce
- Clients may not feel comfortable discussing their substance abuse in mental health settings, just as they are not likely to feel accepted discussing their mental illness in traditional substance abuse programs

# Issues with treatment

- Individuals with dual problems deserve high quality, patient focused, and integrated care
- Treatment has to be determined on a case-by-case basis, with constant attention to distinguishing drug-induced or alcohol induced symptoms from those caused by mental illness
- Only about 20% are treated for both types of disorders
- Few people are trained to treat both types of disorders
- Addiction programs are reluctant to admit people with serious psychiatric disorders, and psychiatric services usually lack the resources to help alcoholics and addicts

# Diagnostic Clarity

- Clinicians from either addiction or psychiatric backgrounds must learn to make the diagnosis for each disorder using the clear diagnostic criteria outlined in DSM-IV-TR
- Each service system must expand its resources to provide protocols for the assessment and diagnosis of the multiple disorders regularly encountered

# Traditional treatment approaches

- Emphasize willingness and motivation. Must be aware of the problems substance abuse has caused and must be "ready" and "motivated" to engage in treatment
- Agreeable to participating in the treatment process as outlined, willing to accept the consequences of faulty participation, and agreeable to abstinence from all substances

# Traditional treatment approaches

- DD patients often cannot meet those admission criteria
- DD patients who are motivated are excluded because some programs do not admit persons who are taking prescribed medications
- Alcohol and drug detoxification programs, by nature, are exceptions
- DD patients may also be specifically excluded from many traditional detoxification programs, due to the lack of adequate staffing and staff training

# Traditional treatment approaches

- Traditional programs for alcoholism and drug addiction treatment are often intense and highly confrontational
- Many experts denounce the use of confrontation with DD clients, deeming it anti-therapeutic and unnecessary  
(Sciacca, 1987b)

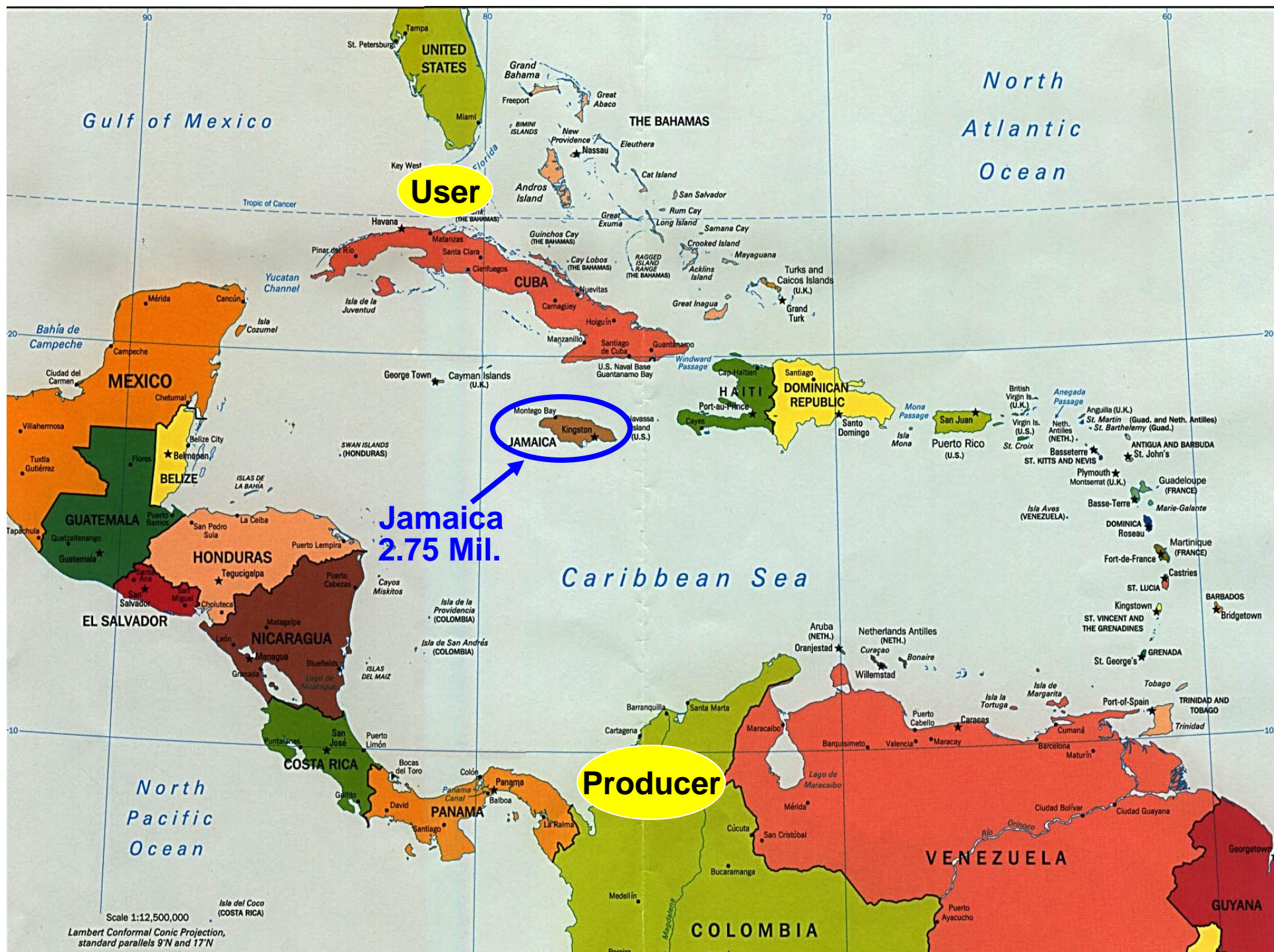


# Traditional treatment approaches

- Traditional addiction treatment emphasizes the concept of "hitting rock bottom" as a necessary prerequisite to sobriety
- For DD patients, however, "hitting bottom" can mean decompensation into severe psychosis and regression in all areas of functioning.
- This is not recommended

# An Integrated Treatment Approach

- A comprehensive approach, integrating mental health and addiction treatment in a single program design
- Provide effective treatment for Dually Diagnosed patients in their usual treatment setting
- Specific education on both mental illness and substance abuse is an essential part of the treatment process



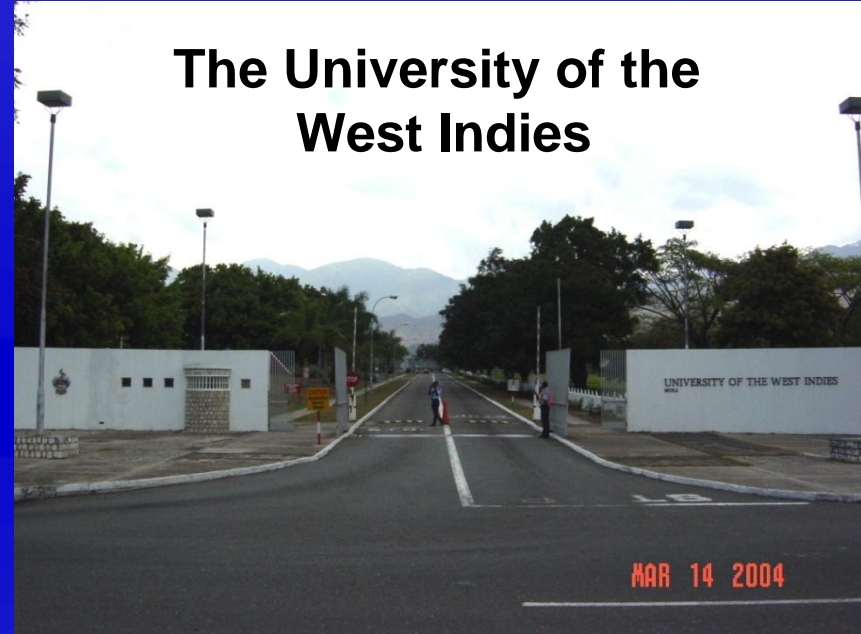


# University Hospital of the West Indies

University Hospital  
of the West Indies

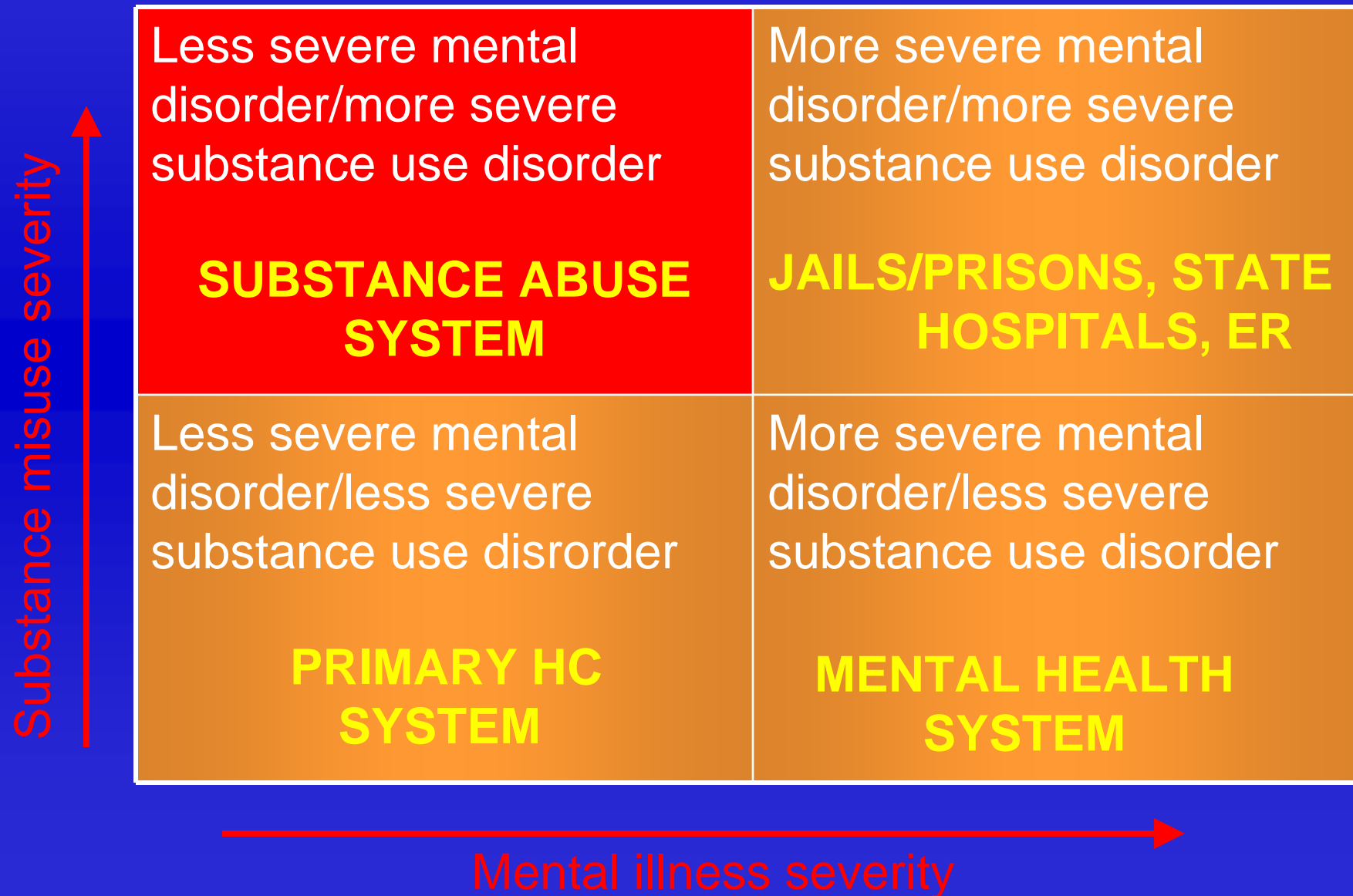


The University of the  
West Indies



- General teaching hospital training the majority of physicians in the Caribbean Region since 1948

# Spectrum of Dual Disorders



# Aim

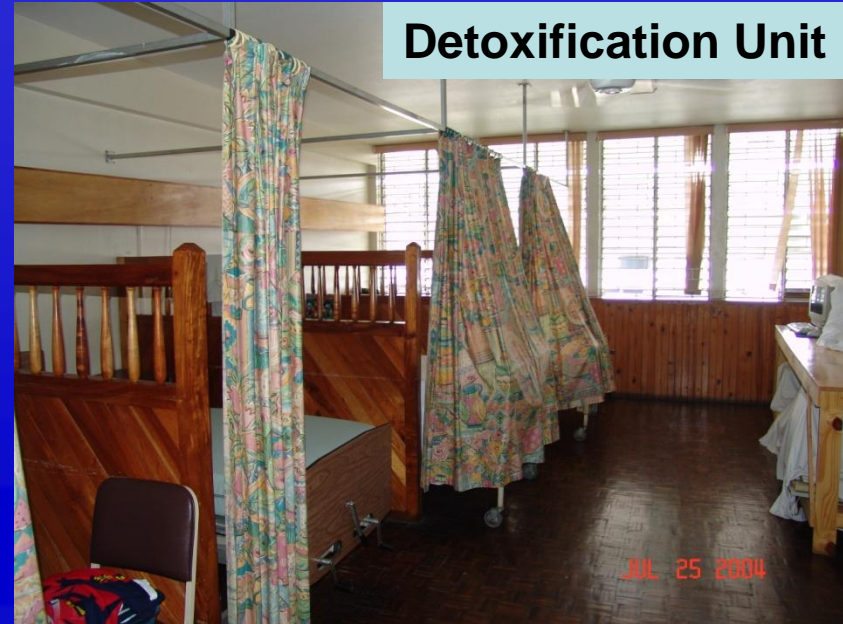
- To describe the demographic characteristics, pattern of substance misuse and co-morbid Axis I psychiatric disorders
- Clients with voluntary admission to the Detoxification Unit of the University Hospital of the West Indies

# Site

Department of Psychiatry



Detoxification Unit



- Assessment, Detoxification and Early Rehabilitation
- Only hospital in-patient Unit for substance abusers
- 8 beds

# Sample

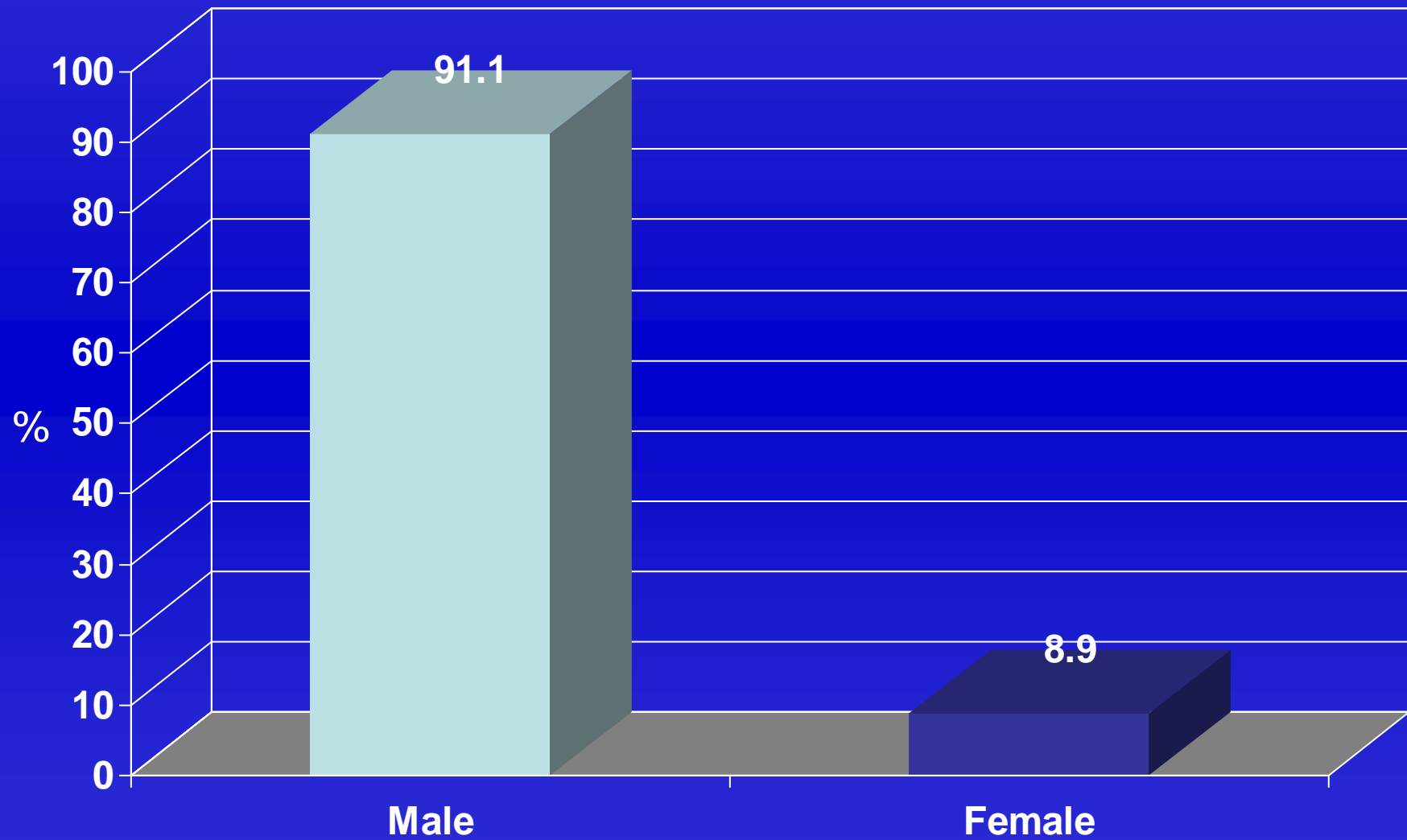
- 158 clients with a history of substance misuse
- Presented for voluntary admission to the Detox Unit
- January 1, 2005 – December 31, 2005



# Method

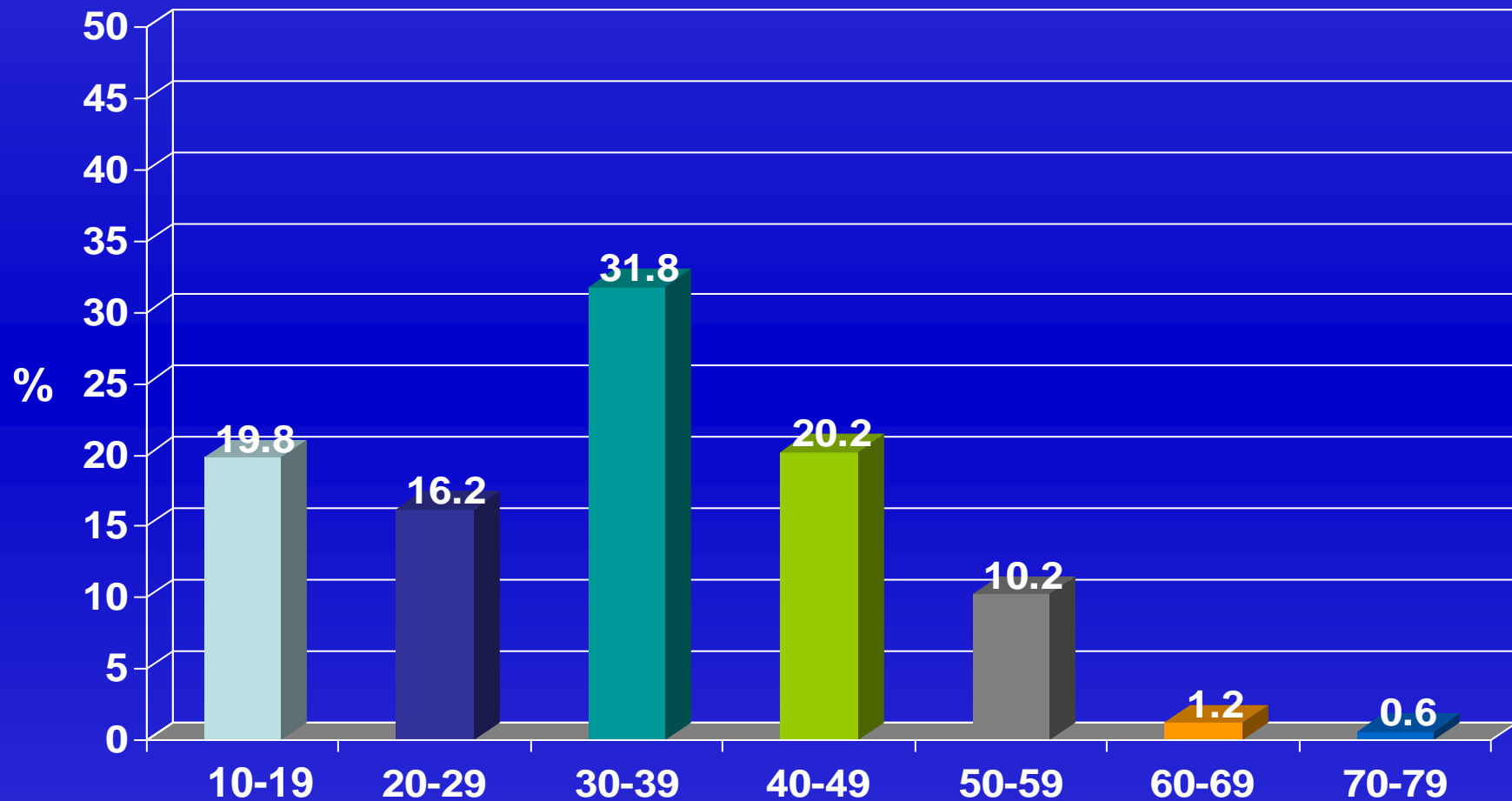
- Retrospective chart extractions provided the following information:
  - age
  - gender
  - substance misuse
  - education
  - co-morbid Axis I psychiatric disorders

# Admissions



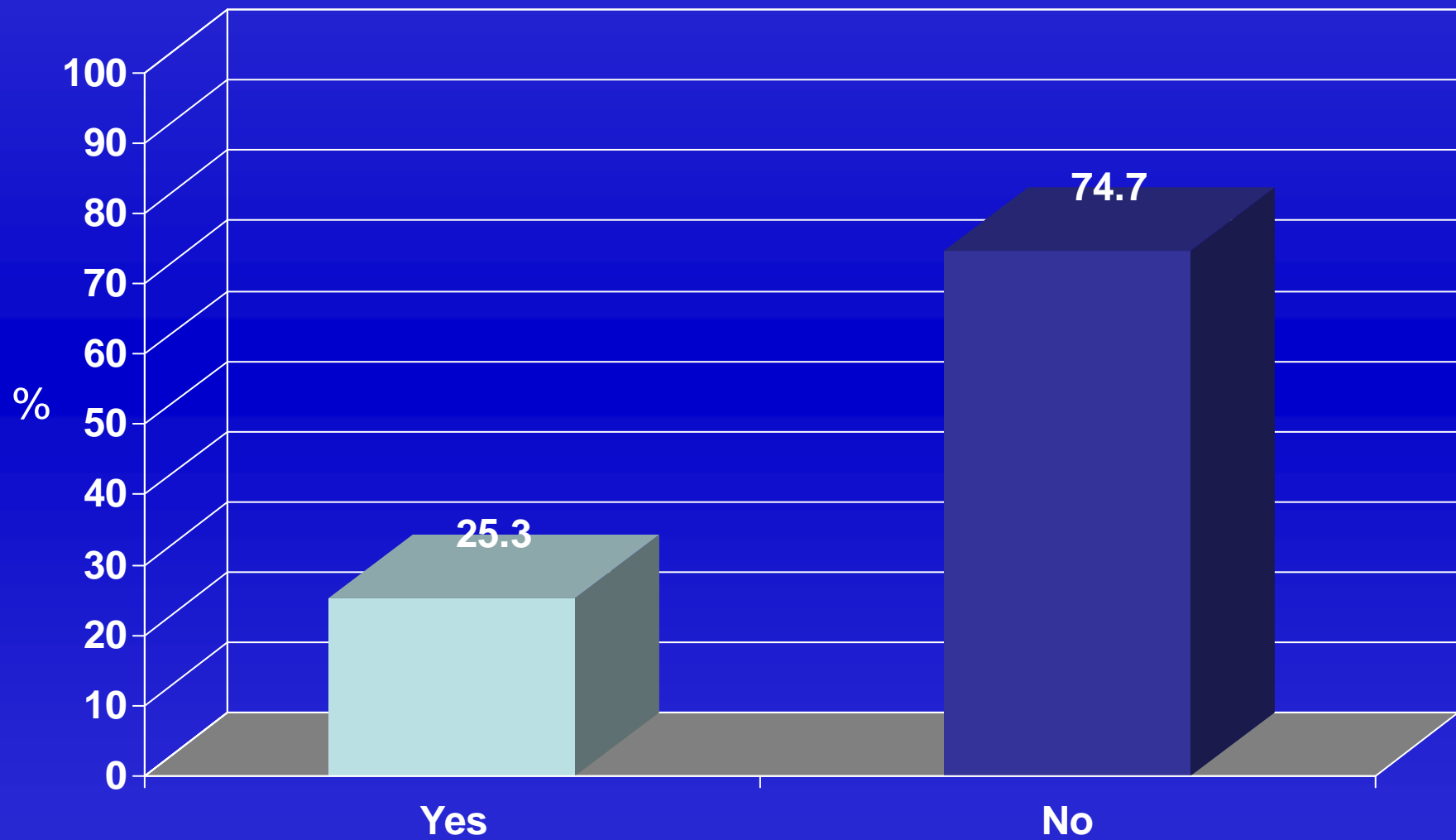
**N = 158, p = 0.000**

# Age distribution



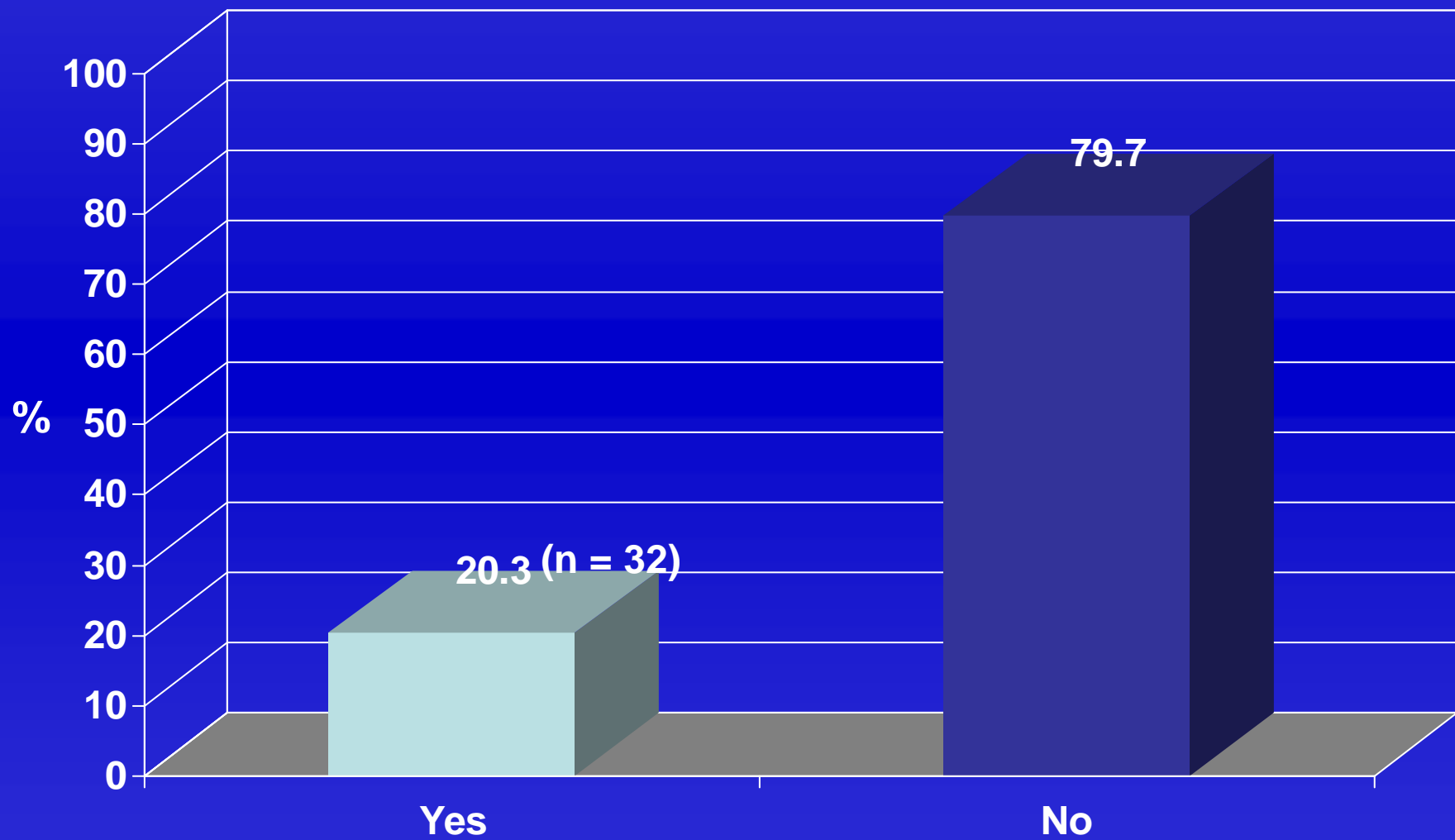
**N = 158, mean age  $33.3 \pm 12.85$  years,  
median age 35, range 14 - 77 years,  $p = 0.000$**

# Previous rehabilitation for substance misuse



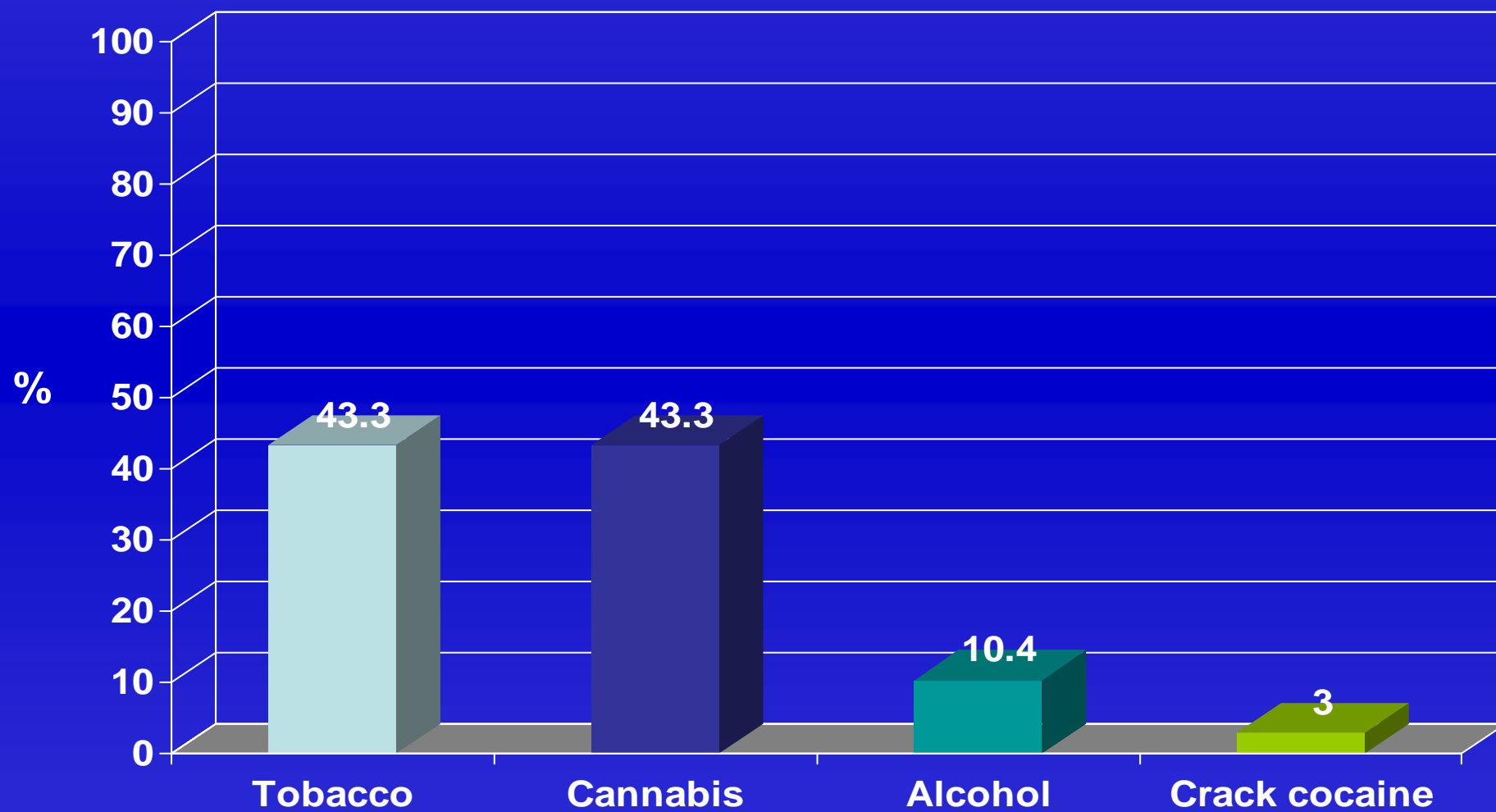
**N = 158, p = 0.000**

# Past psychiatric history



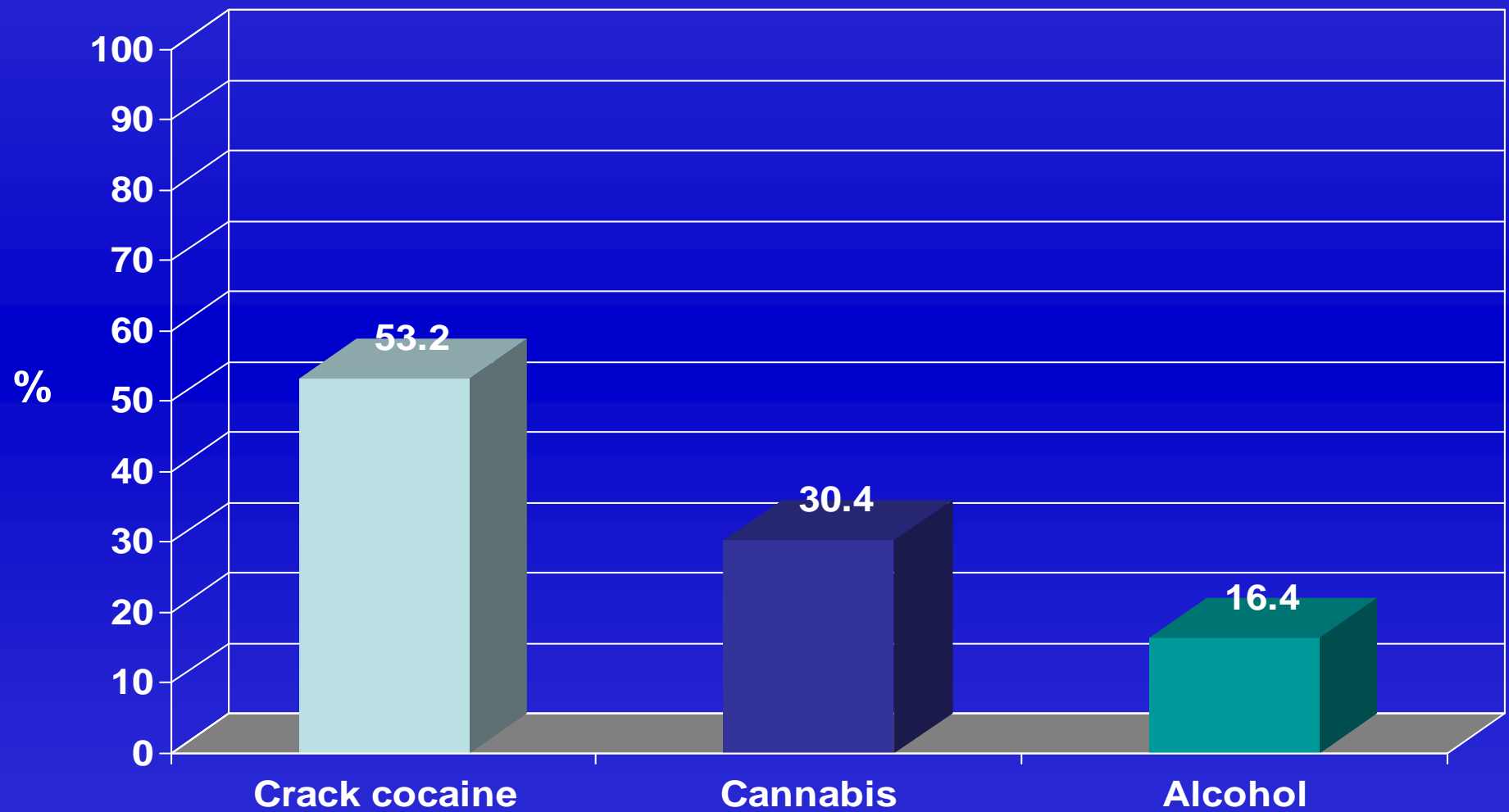
**N = 158, p = 0.000**

# Drug of onset



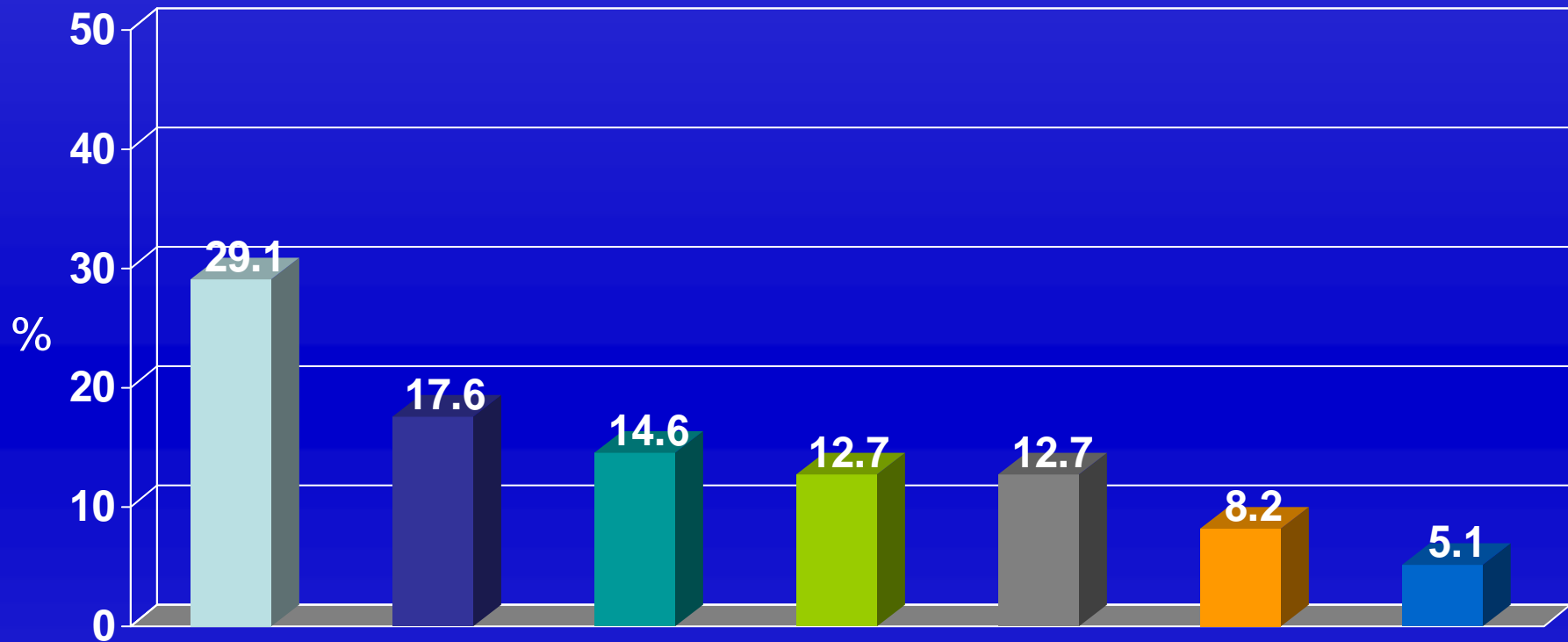
**N = 158, p = 0.000**

# Drug of impact



**N = 158, p = 0.000**

# Pattern of alcohol and illicit drug misuse

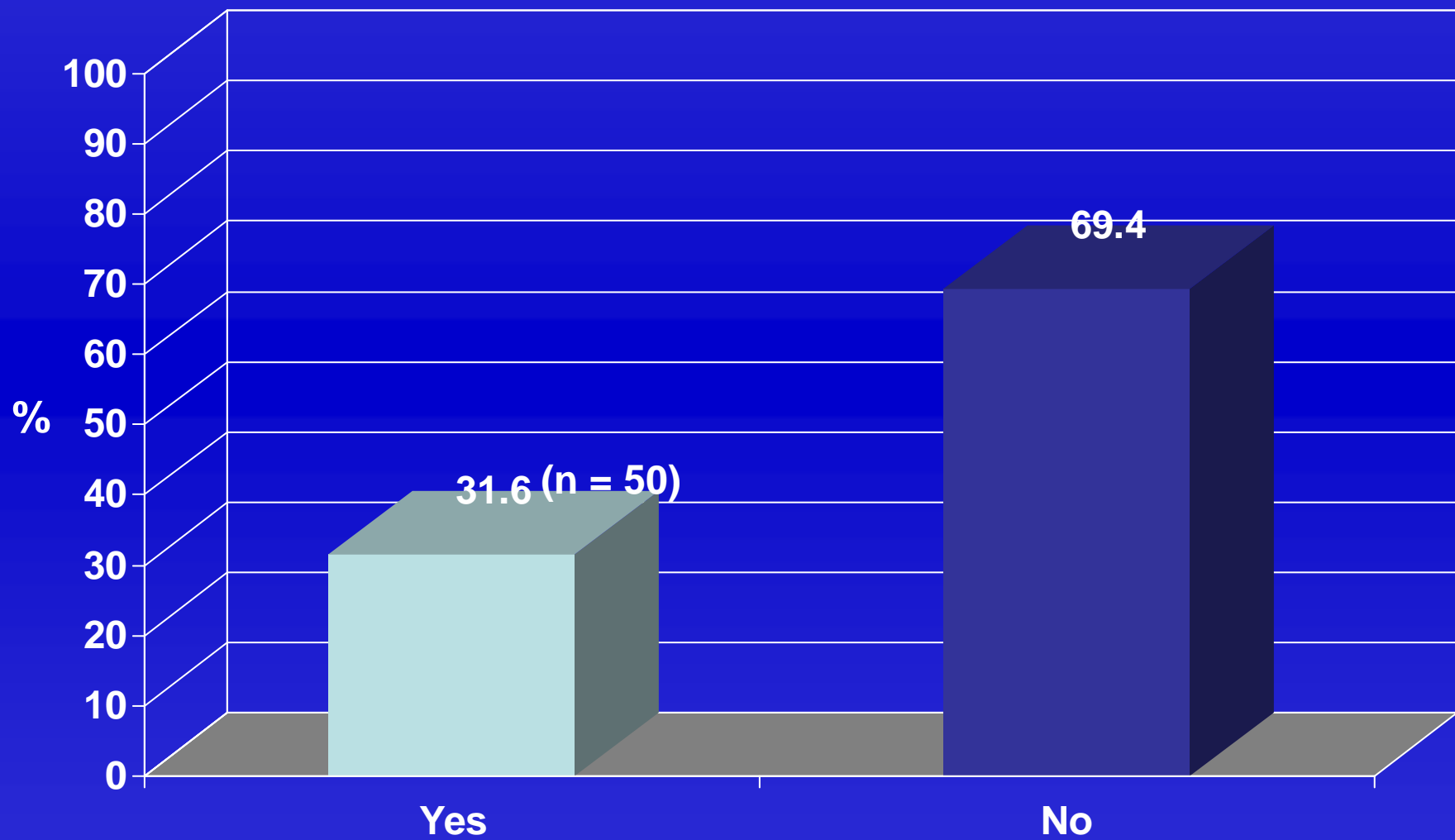


Alcohol + Cannabis + Crack Cocaine    Alcohol + Cannabis  
Cannabis only    Cannabis + Crack Cocaine  
Alcohol only    Alcohol + Crack Cocaine  
Crack Cocaine only

$n = 50, p = 0.000$

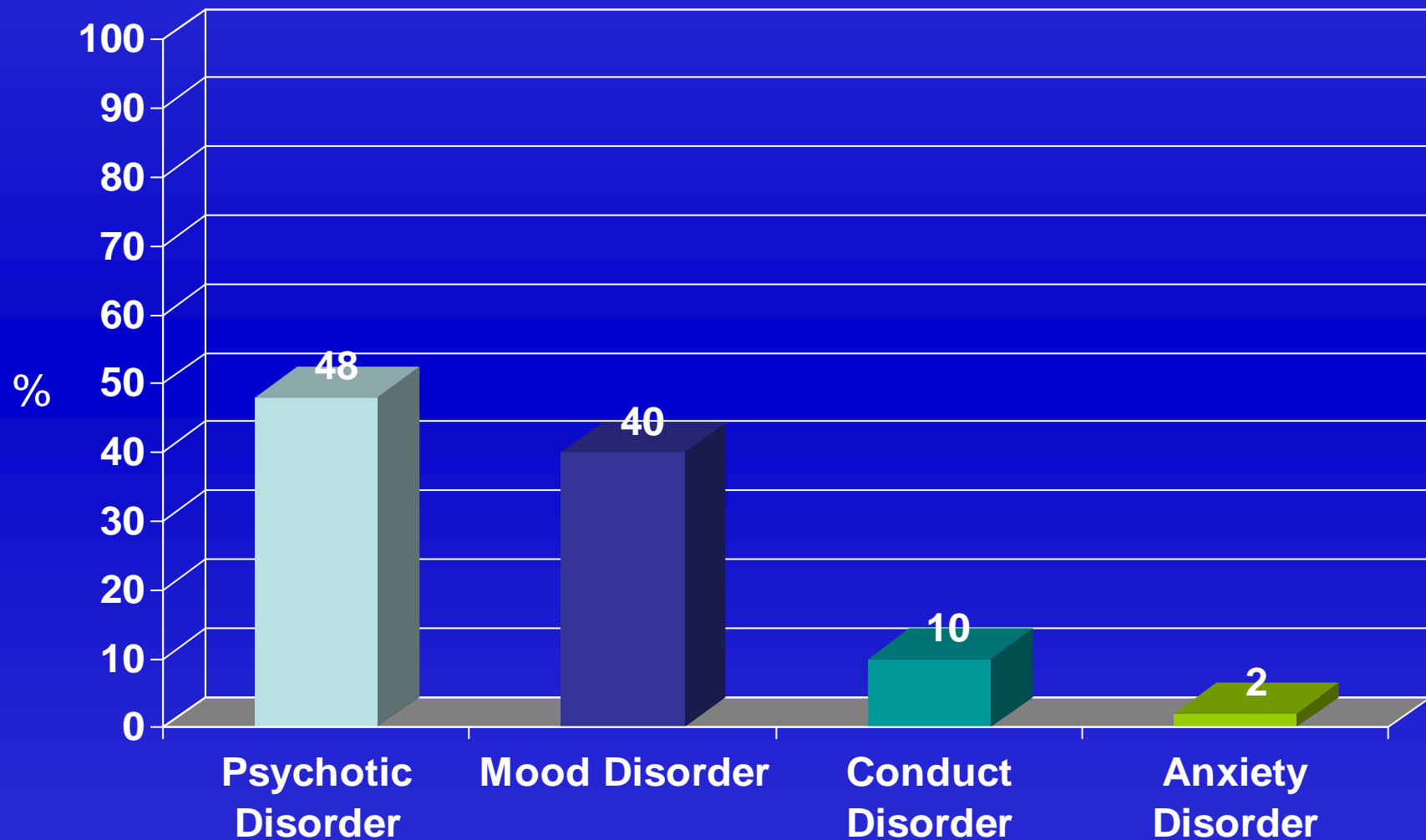


# Co-morbid psychiatric disorders



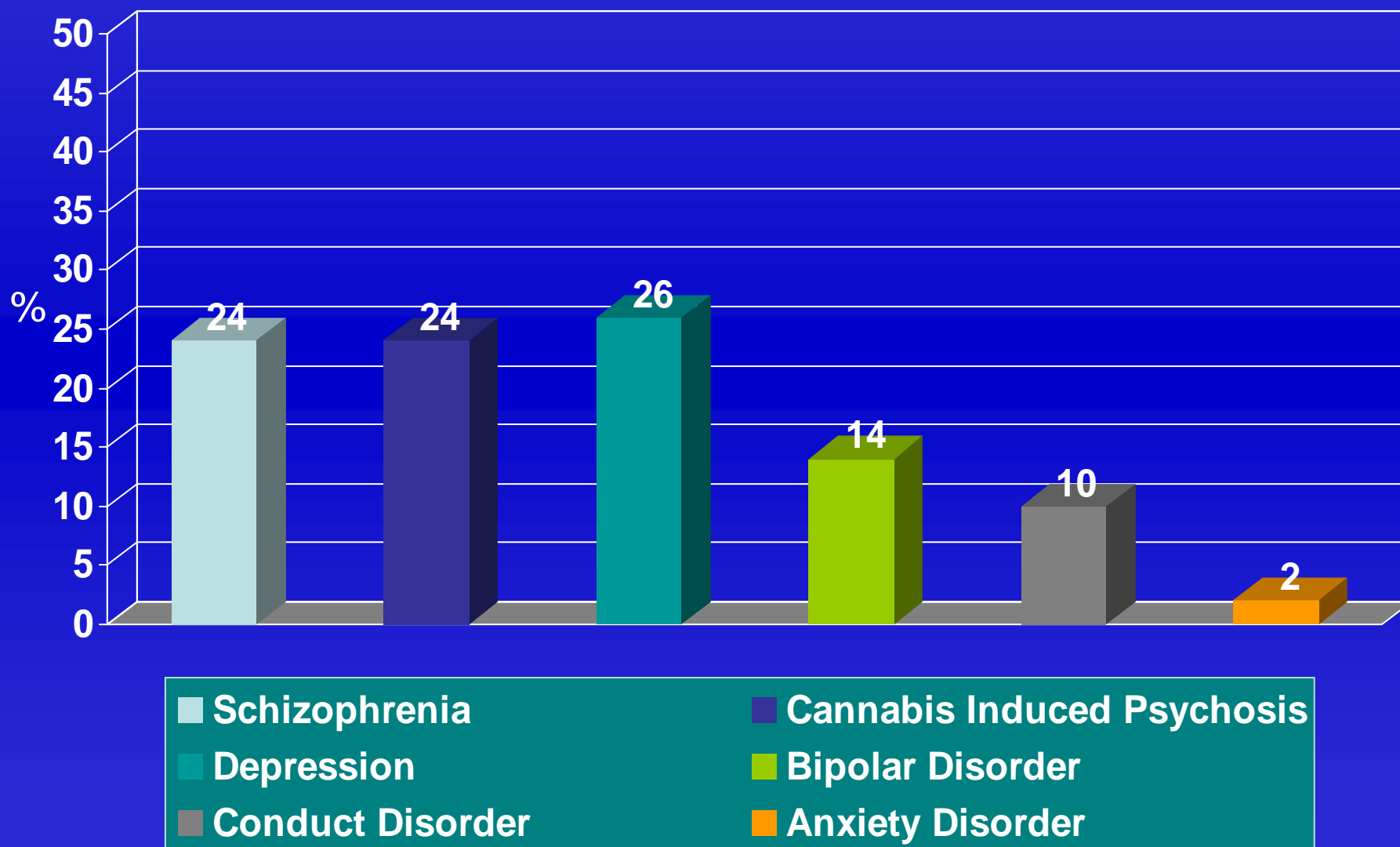
**N = 158, p = 0.000**

# Co-morbid psychiatric disorders



**n = 50, p = 0.000**

# Co-morbid psychiatric disorders



$n = 50, p = 0.000$

# Conclusion

- There is a high prevalence of co-morbid psychiatric disorders (30-40 %) amongst substance abusers
- The results underscore the importance of evaluating substance abusers for co-morbid psychiatric illnesses
- After identification, integrated treatment of both conditions necessary



Thank you