

Treating Mental Illness in drug abusers

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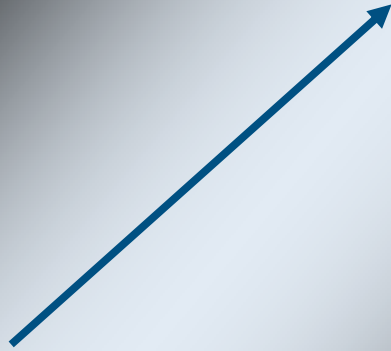


*"Ellen, I wish you'd had the chance to know me
before my medication was adjusted."*



*"Your tale is very sad, Ben. I'm almost sorry
I took an anti-depressant."*

RECOVERY IS NOT A PROCESS OF STRAIGHT LINE GROWTH



Recovery does not progress like this



It progresses more like this

DUAL DIAGNOSIS MYTHS

“Treatment of Mental Illness Will Cure Substance Abuse”

“Abstinence Will Cure Mental Illness”

MODELS OF DUAL DIAGNOSIS TREATMENT

- **Sequential**
- **Parallel**
- **Integrated**

POSSIBLE RELATIONSHIPS BETWEEN ADDICTIVE BEHAVIOR AND COEXISTING PSYCHOPATHOLOGY

(Meyer, 1986)

- **Axis I and II disorders may serve as a risk factor for addictive disorders**
- **Psychopathology may modify the course of an addictive disorder**
- **Intoxication may cause psychiatric symptoms**

POSSIBLE RELATIONSHIPS BETWEEN ADDICTIVE BEHAVIOR AND COEXISTING PSYCHOPATHOLOGY (CONT.)

- **Chronic use may cause psychiatric disorders**
- **Substance use and psychiatric symptoms may be
may be meaningful linked**
- **The two disorders may not be related**

SUBSTANCE ABUSE IN PATIENTS WITH PSYCHIATRIC ILLNESS

- **Enhanced Reinforcement**
- **Mood Change**
- **Escape**
- **Hopelessness**
- **Poor Judgment/Inability to Appreciate
Consequences**

SURVEYS OF DUAL DIAGNOSIS STRONG ASSOCIATION BETWEEN PSYCHIATRIC DIAGNOSIS AND DRUG ABUSE

Treatment groups of drug abusers

Mental Patients

Community Surveys

PSYCHIATRIC CORMORBIDITY IN INDIVIDUALS WITH ALCOHOL DISORDERS

Community Samples - 24%

Addiction Treatment Settings - 65%

**Co-morbid Psychiatric Problems
linked to more severe alcohol dependence**

*Ross HE, Glaser FB, Germanson T. Arch. Gen Psychiatry
45: 1023-1031, 1988*

LIFETIME DIAGNOSIS IN SUBSTANCE ABUSERS

Diagnosis	Opioid Addicts	Cocaine Abusers	Alcoholics	Population ECA
	%	%	%	%
Major Depression	54.0	30.5	38	6.7
Antisocial	26.5	7.7	41	21.0
Alcoholism	35.0	61.7	-	15.0
Drug Abuse	-	-	43	5.8
Phobia	16.0	13.4	27	7.8
Schizophrenia	0.8	0.3	2	1.9
Bipolar	0.6	3.7	4	1.1

PERSONALITY DISORDER COMORBIDITY FINDINGS

Depending on the study, 50-100% of substance abusers have personality disorder

- **Opiates** (median=**79%**)
- **Cocaine** (median=**70%**)
- **Alcohol** (median=**44%**)

Verheul et al. (1995, 1998)

ECA Odds Ratios of SUDS's In Persons With Psychiatric Diagnoses

▪ Antisocial Personality Disorder	29.6
▪ Bipolar Disorder	6.6
▪ Schizophrenia	4.6
▪ Panic Disorder	2.9
▪ Major Depression	1.9
▪ Anxiety Disorder	1.7

MAJOR DEPRESSION IN DRUG ABUSERS

	Opioid Addicts	Cocaine Addicts
Total sample	54%	31%
Rate in ASP Group	65%	55%

TREATMENT IMPLICATIONS OF DUAL DIAGNOSIS

Confers poor prognosis

In drug abuse settings

- ◆ responds to treatment
- ◆ psychotherapy studies
- ◆ pharmacotherapy studies

Most dually diagnosed go to drug abuse programs

CHARACTERISTICS OF DEPRESSED vs. NON-DEPRESSED ALCOHOLICS

Heavier drinking

More suicide attempts

More alcoholism in both parents

More affective and anxiety disorders

DRUG INDUCED PSYCHOPATHOLOGY

Drug States

Withdrawal

- ◆ acute
- ◆ protracted

Intoxication

Chronic Use

Symptom Groups

Depression

Anxiety

Psychosis

Mania

DUAL DIAGNOSIS OPTIONS

Exclude symptoms unless

- ◆ preceded substance abuse or
- ◆ occurred during drug free period

Count symptom regardless of temporal relationship substance abuse

Exclude symptoms if they occur only during

- ◆ increased use
- ◆ discontinuation
- ◆ steady state use of stimulants: paranoia, depression, anxiety
- ◆ PCP/Hallucinogen: psychosis

PROBLEMS WITH EXCLUDING DUAL DIAGNOSIS

Miss clinically relevant syndromes

- ◆ morbidity/mortality
- ◆ poorer prognosis
- ◆ relevance to relapse prevention

Practical difficulties

- ◆ memory of sequence
- ◆ chronicity of substance use
- ◆ few protracted drug free periods

Timing treatment onset

- ◆ inpatient
- ◆ outpatient

SELF - MONITORING FORM

Intrapersonal

35 - 45%

0 - 5%

10 - 20%

3 - 5%

9 - 12%

Negative emotional states

Negative physical states

Testing personal control

Positive emotional states

Primary urges and cravings

Interpersonal

25 - 35%

0 - 5%

10 - 20%

Interpersonal conflict

Celebrate with others

Social pressure to drink

** After Marlatt, Littman, and others*

COCAINE ABUSERS

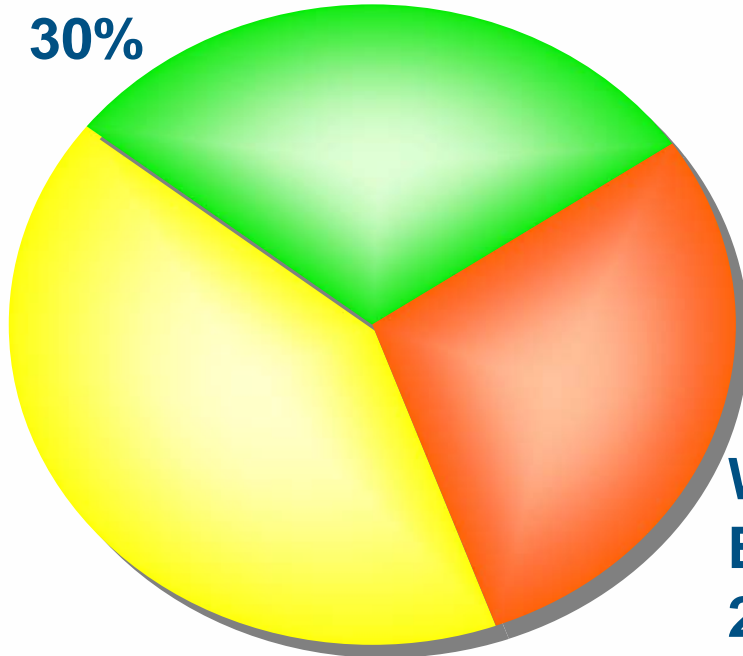
	Preceded Substance Abuse %	Same Year %	Substance Abuse First %
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Type of Disorder

Major Depression	36.3	8.8	54.9
Bipolar	27.3	18.2	54.5
Any Anxiety	67.7	4.8	27.5
Attention Deficit Disorder	99.0	0	1.0
Alcoholism	20.7	16.3	63.0

DEPRESSION SUBTYPES IN COCAINE ABUSERS N=298

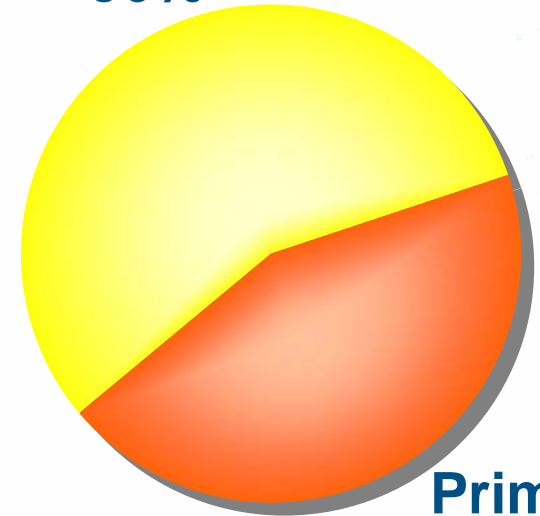
W/Exclusion
30%



No Diagnosis
41%

W/O
Exclusion
29%

Secondary
56%



Primary
44%

IS DUAL DIAGNOSIS RELIABLE?

**Reliability Depression Anxiety
Comorbid < Disorders Alone
(Kappa Difference .3-4)**

TEST-RETEST RELIABILITIES

	Current Drug Use (n=97)	Past Drug Use (n=146)	No Drug Use (n=356)
Current Diagnoses	Kappa	Kappa	Kappa
Any Psychotic	.46*	.87	.85
Any Mood	.42*	.75	.72
Any Anxiety	.61	.49	.68
Lifetime Diagnoses			
Any Psychotic	.66	.87	.87
Any Mood	.58	.65	.70
Any Anxiety	.59	.50	.65

IS DUAL DIAGNOSIS VALID?

Prognosis

- ◆ Depression/anxiety confer poorer prognosis

Significant Other Informants

- ◆ Information raises rate of depression/anxiety

Symptom Patterns

- ◆ Similar profile/factor structure in comorbid and primary depression

IS DUAL DIAGNOSIS VALID?

Diagnostic Stability

- ◆ Considerable shifts
- ◆ Much recovery with abstinence
- ◆ Initiation

Family History

- ◆ Higher rates of depression in families of depressed substance abusers

DUAL DIAGNOSIS PHARMACOTHERAPY

- Focuses on treatment of the psychiatric disorder
- Choice of drug based on usual considerations: side effect profile, family history, etc.

TREATMENT FOR COMORBID DEPRESSION/ANXIETY

Psychotherapy

- ◆ More effective with depressed heroin and cocaine abusers

Pharmacotherapy

- ◆ Antidepressants
 - Heroin+; Cocaine+; Alcoholism+.
- ◆ Anxiolytics
 - Buspirone for anxious alcoholics

PHARMACOTHERAPY OF ALCOHOLISM & DEPRESSION

(McGrath et al., 1996)

- **Imipramine vs. placebo for 12 weeks – 69 actively drinking patients with primary depression (i.e., depressed first or when 6 mos. sober)**
- **Depression (Ham-D) improved with imipramine**
- **No overall effect on drinking**
- **Patients whose mood improved drank less, especially if on imipramine**

DESIPRAMINE VS. PLACEBO IN TREATMENT OF NONDEPRESSED AND DEPRESSED PRIMARY ALCOHOLICS (Mason et al., 1996)

Depression scores were significantly lower in depressed alcoholics on desipramine vs placebo

81% of desipramine depressed patients showed a depression response compared with 22% of placebo patients

Desipramine treatment led to lower risk of relapse to heavy alcohol use

PHARMACOTHERAPY OF ALCOHOLISM & DEPRESSION

(Cornelius et al., 1997)

- **Fluoxetine vs. placebo for 12 weeks in 51 alcoholic psychiatric inpatients with MDD, dx'd 1 wk post detox**
- **Patients high in suicidality: 2/3 had made an attempt**
- **Significant improvement in depressive sx only in fluoxetine pts; significant difference between groups**
- **Placebo pts had 3x more drinks than fluoxetine pts**
- **# of drinking days, time to 1st heavy drinking day, all significantly higher in placebo group**

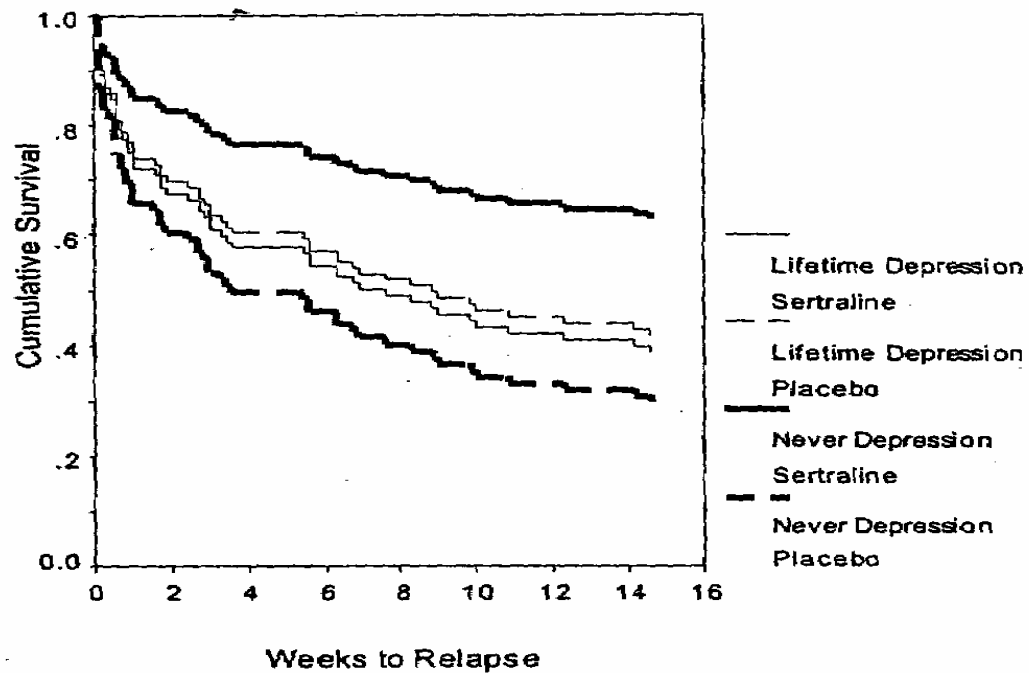
**DOUBLE-BLIND CLINICAL TRIAL OF
SERTRALINE
TREATMENT FOR ALCOHOL DEPENDENCE**

**Helen Pettinati, Joseph Volpicelli, Gary Luck,
Henry Kranzler, Margeret Rukstalis and Avital Cnaan**
J Clin Psychopharm 21: 143-153, 2001

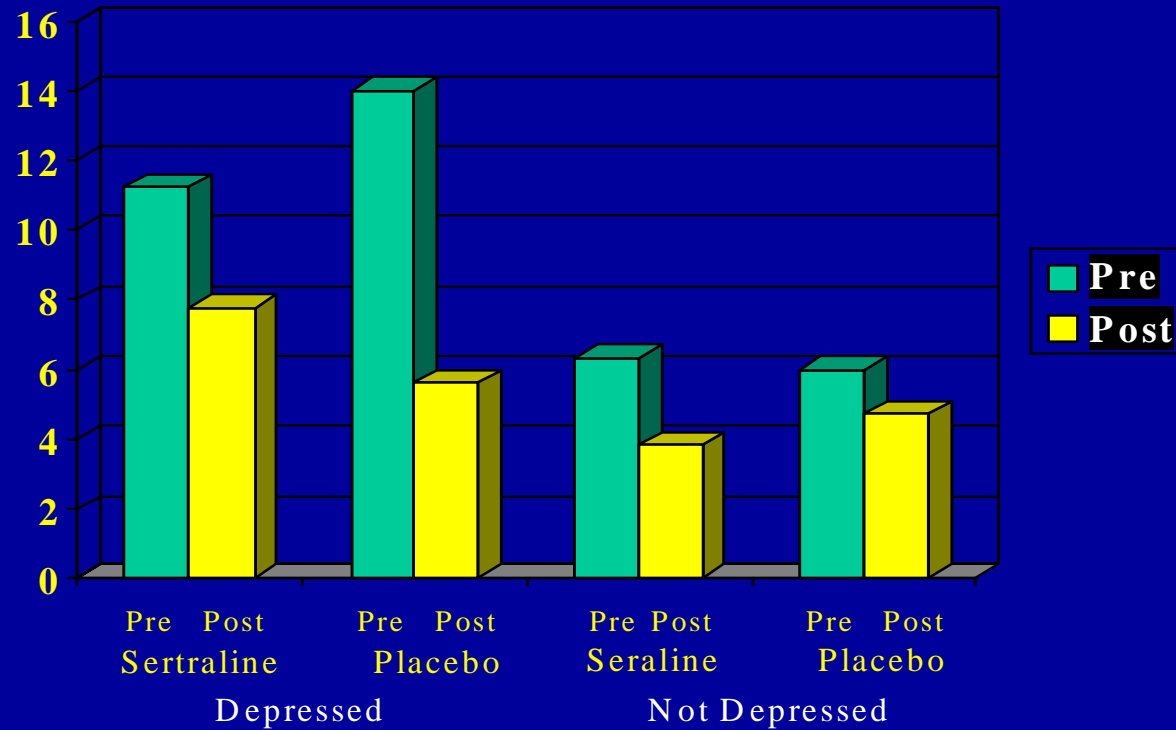
Patients: 100 Alcohol Dependent
Treatment: 14 Weeks
Sertraline/Placebo

Alcohol Dependence

Relapse x Depression



Sertraline for Alcohol Dependence Depression Outcome



CHOOSING MEDICATIONS FOR DUAL DIAGNOSIS

↗ Side Effect Profile

Chose Agents Similar to Abused Substance

Monitor possible overuse of stimulation of craving

↗ Patient History or Family History with Similar Medication

↗ Drug-Drug Interactions

Tricyclic Antidepressants and alcohol

Methadone Interactions

Carbamazepine, phenytoin lower levels/Valproate ok

Fluvoxamine raises levels

↗ Compliance/Reluctance

ROLE OF MEDICATION

Withdrawal Aids

Agonists-Maintenance Agents

Aversive Agents

Antagonists

Drugs for Comorbid Mental Disorder

Drugs to reduce desire/craving for substance

MEDICATIONS AVAILABLE FOR SUBSTANCE ABUSE

Groups	Alc	Opioids	Coc	Tranqs	THC	Psychedelics	Nicotine
W/D Aids	+	+	NA	+	NA	NA	+
Agonist	-	+	-	-	-	-	+
Antagonist	-	+	-	-	-	-	-
Aversive	+	-	-	-	-	-	-
comorbid	+	+	+	+	+	+	+
Anticraving	+						+

ARGUMENTS AGAINST TREATING COMORBID DISORDERS

Unreliable

Answer:

- ◆ Still moderately reliable

Substance Induced/Unnecessary

Answers:

Can be protracted

Risk if low for psychotherapy and new pharmacotherapies

SAMHSA Publication

Strategies for Developing Treatment Programs for People with Co-Occurring Substance Abuse and Mental Disorders

www.samha.gov

800-789-2647



*"We don't say you've been bad. You've just
made some bad choices."*



"Will he ever be able to produce revenue again?"