ECHO Idaho: Opioid Use Disorder and Depression / Suicidality

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Learning Objectives

• What: Depression and suicide in opioid dependence

• Why: Connection between opioids and depression

• How: Treatment approaches
Statistics

- 10% given opioids for chronic pain developed depression within 1 month.¹
- Lifetime prevalence of depression in OUD is 44-54% vs 16%.²
- Suicide rates in Heroin users approach 35%.²
- Opiates present in 20% U.S. suicides.⁶
Statistics

• Adults w/ OUD are 13x more likely to die by suicide than general population\textsuperscript{7}

• Patients with Depression + Chronic Pain\textsuperscript{3}:  
  – 2x as likely to be on long-term opiates  
  – On higher doses at lower pain intensity with higher levels of physical functioning  
  – Have higher rates of misuse  
  – Opioids are less effective in depressed
Why?

- Depression = emotional pain, lack of pleasure, state of withdrawal and detachment
- Opioids produce dis-inhibition, feelings of pleasure, relief from physical/emotional pain
- Ketamine: AD effects tied to opioid system\(^4\), effective in opioid withdrawal\(^5\)
- Reduced endogenous opioid response to stressors in depressed people\(^3\)
Neurobiological Correlates

• Mu Opioid Receptor: mediates physical pain relief properties

• Kappa Opioid Receptor: over-activity linked with opioid withdrawal and depression, fatigue, anhedonia

• Buprenorphine Kappa blockade: significant anti-depressant effects
Key Interactions

• Opioid Pro-Drugs Hydrocodone/Codeine Inhibited by SSRI’s

• Methadone/Bupe Increased by 3A4 Inhibitors:
  – Fluvoxamine, Fluoxetine

• Methadone/Bupe Decreased by 3A4 Inducers:
  – Carbamazepine/St. John’s Wort
Treatment

• MAT, therapy and medication

• Lack of convincing evidence for AD

• Depression ↑ with chronic opioids and ↓ with treatment

• If AD used:
  – Recommend: Sertraline/Escitalopram
  – Avoid: TCA’s and sedating
Future Directions

• Expanded Access to MAT and Psychiatric Treatment
• De-stigmatization Campaigns
• Universal Screening for Suicide and SBIRT
• Mental Health EMS and Crisis Now Model (Hub, Mobile, Facilities)
• Substance Treatment Centers focusing on co-occurring disorder
Key Points

• More research needed
• Awareness: Screen for depression and suicidality
• Distinguish MDD vs substance-induced
• Use mild SSRI and non-opioid alternatives for pain
• Advocacy
References


