ECHO Idaho: Behavioral Health in Primary Care

Treatment of Co-occurring Disorders

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Learning Objectives

• Define Co-occurring disorders
• Co-occurrence of Mood Disorders and Substance Use Disorders (SUD)
• Diagnostic considerations for co-occurring mood disorders and SUD
• Treatment Considerations
Definitions

• The coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders.
Prevalence

• According to SAMHSA’s 2014 National Survey on Drug Use and Health (NSDUH) (PDF | 3.4 MB) an estimated 43.6 million (18.1%) Americans ages 18 and up experienced some form of mental illness.

• In the past year, 20.2 million adults (8.4%) had a substance use disorder. Of these, 7.9 million people had both a mental disorder and substance use disorder, also known as co-occurring mental and substance use disorders.

• During the past year, for those adults surveyed who experienced substance use disorders and any mental illness, rates were highest among adults ages 26 to 49 (42.7%).

• For adults with past-year serious mental illness and co-occurring substance use disorders, rates were highest among those ages 18 to 25 (35.3%) in 2014.
Anxiety Disorders and SUD

• Substance use, physiologic dependence, and withdrawal can mimic or exacerbate symptoms of anxiety.
  • Stimulants
    • can cause heart palpitations, trembling or shaking, sweating, dizziness or feeling faint, depersonalization, paresthesias, nausea, and hot flushes.
  • Withdrawal from abused substances, including opioids, alcohol, and benzodiazepines, can generate anxiety symptoms.
  • Opiate withdrawal
    • insomnia, nausea, and diarrhea
    • may be distinguished from independent anxiety by the often severe muscle aches, vomiting and fever.
  • Alcohol and benzodiazepine withdrawal
    • may generate anxiety symptoms
      • insomnia, psychomotor agitation, tachycardia, perspiration, nausea, and tremor.
Anxiety Disorders and SUD

- Substance use disorder (SUD) commonly co-occurs in anxiety-related disorders (in DSM-5 these include the anxiety disorders, trauma and stressor-related disorders, and obsessive-compulsive and related disorders)

- Need for period of abstinence to accurately diagnose

- Treatment
Depression and SUD

• Depressive syndromes may be caused by intoxication or withdrawal from a wide range of substances and medications including:
  • alcohol
  • amphetamines
  • cocaine
  • opiates
  • sedative-hypnotics
  • stimulants

• Treatment
Bipolar and SUD

- Studies of bipolar patients in clinical settings indicate that comorbid alcohol and drug use disorders are associated with a worse course of illness
  - More mood symptoms
  - More hospitalizations
  - Decreased likelihood of recovery from mood episodes
  - More recurrent mood episodes
  - Poorer psychosocial functioning and quality of life
  - Higher levels of aggressiveness and more arrests
  - More suicide attempts
Methamphetamine

- Treatment
- Diagnosis
Treatment Considerations

• Risk of Suicide
• Benzodiazepines not “first-line” with SUD
• SSRIs
• Gabapentin
• Medications to help reduce cravings
  • Naltrexone (Vivitrol)
  • Antabuse
• Nonpharmacologic Interventions
  • Cognitive Behavioral Therapy (CBT)
  • 12 Step Model (AA or NA)
Key Points

• Treat the patient in front of you
• Consider
  • Timelines
  • Collateral
  • Prior treatment
• Pharmocologic treatment and nonpharmacologic treatment
Additional Resources

References
