The Importance of Identifying Co-Occurring Disorders

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What are Co-occurring Disorders?

When two disorders or illnesses occur in the same person, simultaneously or sequentially.

Also called:
- Comorbidity
- Dual Diagnosis
- Mentally ill chemical abuser

A patient has symptoms of any substance use disorder and any mental health disorder.

In most cases, the symptoms and issues related to one can worsen the issues of the other.
What is a Co-occurring Disorder?

A person who has at least one mental health disorder and who also abuses drugs or alcohol.

1. Mental Health Disorder
   - Examples:
     - Bipolar
     - Anxiety
     - Depression
     - PTSD
     - Schizophrenia

2. Substance Abuse Problem
   - Examples:
     - Alcohol
     - Opiates
     - Marijuana
     - Cocaine
     - Meth
What comes first: Addiction or Mental Illness?

- Experiences vary
  - Childhood mental issues lead to drug experimentation
  - Early adulthood attempts to self-medicate emerging mental health issues with alcohol and/or drugs
  - Severe drug abuse triggers development of mental health disorders
What is addiction?

A problematic pattern of alcohol/drug use leading to clinically significant impairments or distress, such as:

- Lack of control over the amount used and/or time spent focused on drugs or alcohol
- Inability to stop on their own
- Craving, or a strong desire or urge to use
- Effects ability to fulfil responsibilities in one or many areas of their lives
Addiction

- Continued use despite having social or interpersonal problems caused or exacerbated by the effects of drugs or alcohol
- Important social, occupational, or recreational activities are given up or reduced because of use
- Ongoing use despite physical hazards and/or psychological problems
- Tolerance: need to use more drug for the same effect
- Withdrawal: physical symptoms when use stops
- The severity of these symptoms are determined to be Mild, Moderate, or Severe
What is mental illness?

- Depression
- Anxiety
- Bipolar Disorder
- Attention Deficit Hyperactivity Disorder
- Post Traumatic Stress Disorder
- Personality Disorders

- Symptoms also affect levels of social, occupational, and recreational functioning
Recent study identified risk factors for substance abuse in bipolar patients:

- Male gender
- History of manic episodes
- History of suicidal ideation
Mental Illness
- Bipolar
- Depression
- Obsessive Compulsive
- Anxiety
- PTSD
- Trauma
- Phobia
- Schizophrenia
- Mood Disorders
- Mania

Substance Abuse
- Alcohol
- Opioids
- Crystal
- Ecstasy
- Inhalants
- Benzodiazepines
- Hydrocodone
- OxyContin

Addiction
- Prescription
- Meth
- Cocaine
- Drugs
- Ecstasy
- OxyContin
- Alcohol Addict

Neurosis
- Mood Disorder
- Panic Disorder
- Mania

Anorexia
- Mood Disorders
- Panic Disorder
- Phobia
- PTSD
- Trauma

Depression
- Obsessive Compulsive
- Anxiety
- Phobia
- Schizophrenia
- Mood Disorders
- Mania
WHY?

Origins of Diagnosis

Biology
- Prenatal development, early childhood exposures, injury, accident

Genetics
- Both mental health disorders and addiction disorders can be inherited

Trauma
- Can lead to both mental health and addiction issues

Environment
- Substance use exposure

Life Experience
- Chronic illness, chronic pain, heavy use of substances
Manifestation of Co-morbidity

- Drugs of abuse can cause abusers to experience one or more symptoms of another mental illness.
  - Increased risk of psychosis in some marijuana abusers
- Mental illnesses can lead to drug abuse.
  - Individuals may abuse drugs as a form of self-medication
- Both drug use disorders and other mental illnesses are caused by overlapping factors such as underlying brain deficits, genetic vulnerabilities, and/or early exposure to stress or trauma.
40-60% of an individual’s vulnerability to addiction is attributable to genetics.

Complex interactions: multiple genes + genetic interactions + environmental influences.

A gene product may act directly, as when a protein influences how a person responds to a drug:
- Determines whether the drug experience is pleasurable.
- How long a drug remains in the body.

Genes can act indirectly - influencing how an individual responds to stress (risk-taking behavior that could lead to drug experimentation).

Several regions of human genome have been linked to increased risk of both drug use disorders and mental illness.
Involvement of Similar Brain Regions

- Dopamine circuits are related to both addiction and mental health
- Some antidepressants and all antipsychotics directly target dopamine regulation
- Overlap of brain regions suggests that one may affect the other:
  - Drug abuse that precedes the first symptoms of a mental illness may produce changes in brain structure and function that kindle an underlying propensity to develop that mental illness.
  - If the mental illness develops first, associated with changes in brain activity may increase the vulnerability to abusing substances by enhancing their positive effects, reducing awareness of their negative effects, or alleviating the unpleasant effects associated with the mental disorder or medication used to treat it.
Influence of Developmental Stage

Adolescence - a vulnerable time:

- Typical age of drug experimentation and emergence of mental health symptoms
- Drugs of abuse affect brain circuits involved in learning and memory, reward, decision making, and behavioral control. Long term effect?

Early occurrence increases later risk

- Early drug use is a risk factor for later substance abuse problems AND development of mental illness
How common are co-occurring disorders?
Mental and Substance Use Disorders in America

Among those with a substance use disorder:
- **3 IN 8 (36.4%)** struggled with illicit drugs
- **3 IN 4 (75.2%)** struggled with alcohol use
- **1 IN 9 (11.5%)** struggled with illicit drugs and alcohol

7.6%
(18.7 MILLION)
People aged 18 or older had a substance use disorder

3.4%
(8.5 MILLION)
18+ HAD BOTH substance use disorder and a mental illness

Among those with a mental illness:
- **1 IN 4 (24.0%)** had a serious mental illness

18.9%
(46.6 MILLION)
People aged 18 or older had a mental illness

See figures 40, 41, and 54 in the 2017 NSDUH Report for additional information.
Definitions

*Any mental illness*: mental, behavioral, or emotional disorder - mild to moderate in severity

*Serious mental illness*: mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. Includes those on disability for mental illness.
Serious Mental Illness

9.6 million Americans Living with a serious mental illness

Children under 18 years of age At one time or currently have a debilitating mental health problem

20%
Co-Occurring Issues: Substance Use among Adults with Mental Illness

PAST MONTH, 2017, 18+

Special analysis of the 2017 NSDUH Report.

+ Difference between this estimate and the estimate for adults without mental illness (MI) is statistically significant at the .05 level.
Co-Occurring Issues: Substance Use is More Frequent in Adults with Mental Illness

PAST YEAR, 2017, 18+

Special analysis of the 2017 NSDUH Report.

+ Difference between this estimate and the estimate for adults without mental illness (MI) is statistically significant at the .05 level.
Co-occurring disorders in military veterans

Operation Enduring Freedom + Operation Iraqi Freedom

- 82-93% of veterans diagnosed with a substance use disorder also were diagnosed with another mental health disorder
- Veterans with a substance abuse diagnosis were 3-4 times more likely to receive a diagnosis of PTSD or depression
- <1% of veterans received a stand-alone substance abuse disorder diagnosis
- Greater symptom severity and poorer treatment outcomes
- More likely to have experienced homelessness and to receive VA disability benefits
Co-occurring disorders in military veterans

- Compared to veterans with mental health diagnoses only, veterans with co-occurring disorders are more likely to suffer from:
  - Obesity
  - Sleep disturbance
  - Physical injury
  - Chronic pain
  - Lower overall quality of life
  - Poor quality of relationships
  - Higher levels of aggression
Intimately connected in etiology, symptomology, and outcomes

- Treatment of mental health disorders without addressing substance abuse DOES NOT WORK
- Treatment of substance abuse disorders without addressing mental health DOES NOT WORK
How should comorbid conditions be treated?

- Most effectively treated concurrently
- Difficult task due to:
  - Symptoms are usually more persistent, severe, and resistant to treatment (compared to having either alone)
- Medication can play a role
  - Medications identified to help mental illness OR addiction
  - Look at those with potential dual purpose:
    - Bupropion helps with depression, nicotine craving, and methamphetamine craving
    - More research needed
- Behavioral therapies
- Safety considerations
Suicidal Thoughts, Plans, and Attempts among Adults by Substance Use Disorder (SUD)

Special analysis of the 2017 NSDUH.

+ Difference between this estimate and the estimate for adults with no SUD is statistically significant at the .05 level.
Barriers to Comprehensive Treatment of Co-occurring Disorders

- In the US, different treatment systems address drug use disorders and other mental illnesses separately.
  - Different populations of treatment access (medical-MH vs psychosocial-CD)
  - Women seek care for MH more, men seek care for CD more
- Lingering bias
  - Must treat one before the other mentality
- Criminal justice system
  - 45% of population have co-occurring disorders
  - Adequate treatment often not available
- Access to programs that address co-occurring disorders
Despite Consequences and Disease Burden, Treatment Gaps Remain Vast

PAST YEAR, 2017

See the 2017 NSDUH Report for additional information.
Encourage Treatment

Comprehensive treatment provides best outcomes.

Research ongoing to establish best practices.
References


