The Dual Diagnosis Patient

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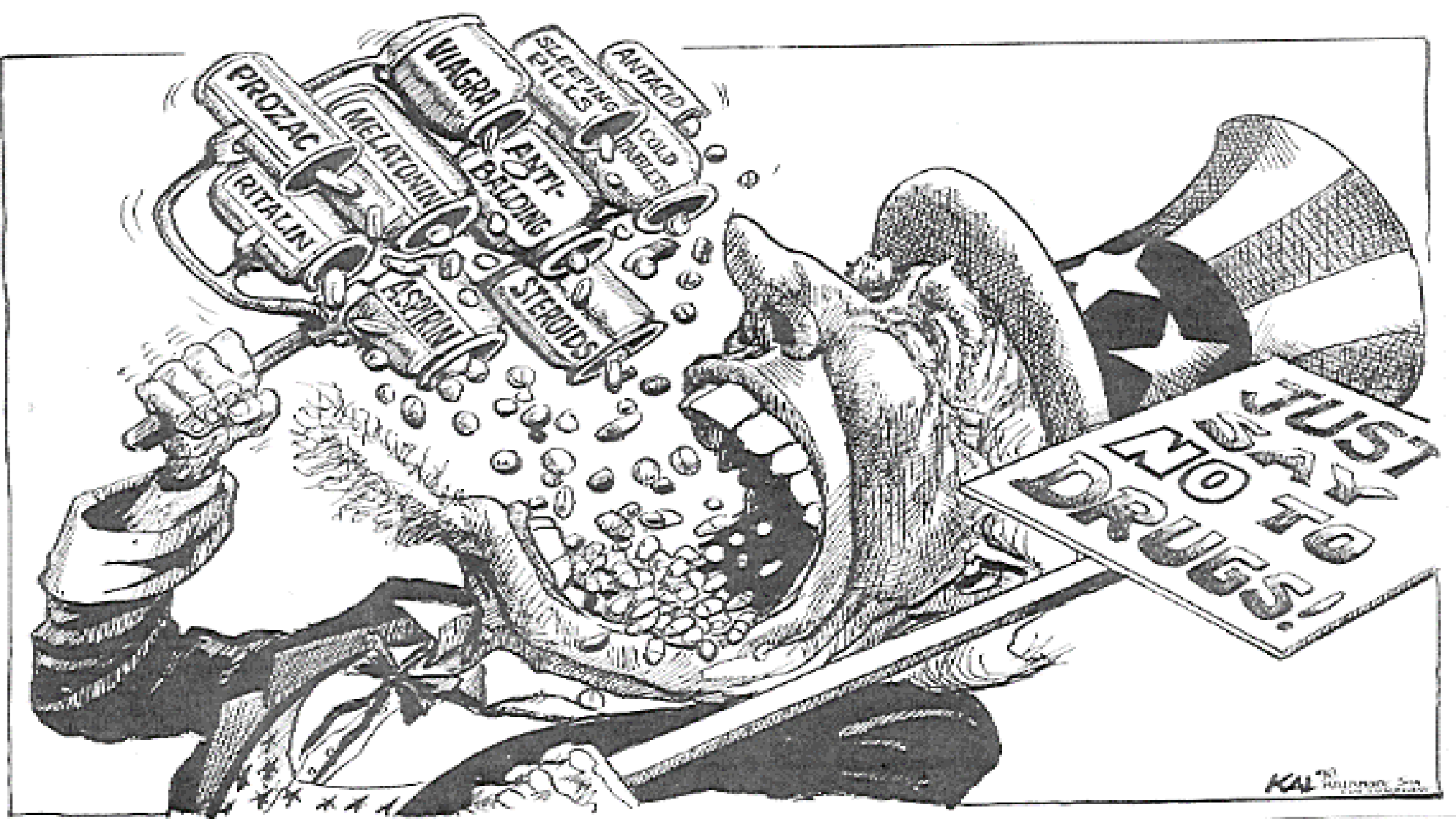
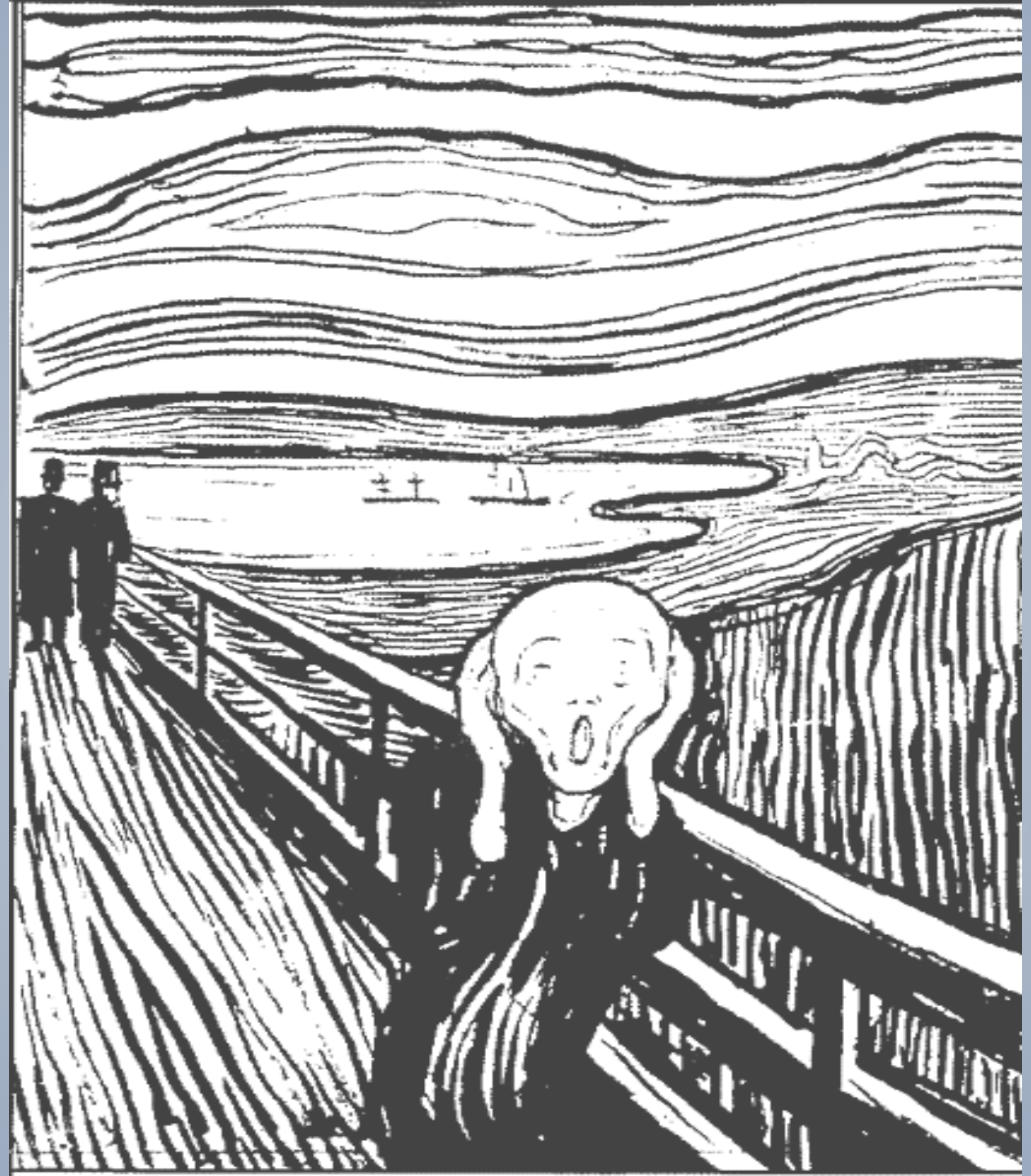
Dual Diagnosis Patient

~~co-occurring disordered patient~~

The “Dueling” Diagnosis Patient


VIAGRA
SLEEPING PILLS
ANTACID
PROZAC
MELATONIN
ANTI-BALDING
COLD TABLETS
RITALIN
ASPIRIN
STEROIDS
JUST SAY NO TO DRUGS!

EVEN OUR MICE ARE SMOKING POT!



Who are these dually diagnosed patients?

The “True” Dually diagnosed patient

The “**true**” Dually diagnosed patient -

The chemically dependent person who <u>also meets</u> criteria for an independent, non substance related, mental disorder.

True dual Dx.

Mental illness

Substance use

dependence

True Dual Dx

The “**Pseudo**” Dually diagnosed patient

The “Pseudo” Dually diagnosed patient

- Substance **use** plus drug induced:
  - delirium or dementia
  - Psychosis
  - Mood disorder
  - Anxiety disorder
  - Sleep disorder
  - Sexual dysfunction.

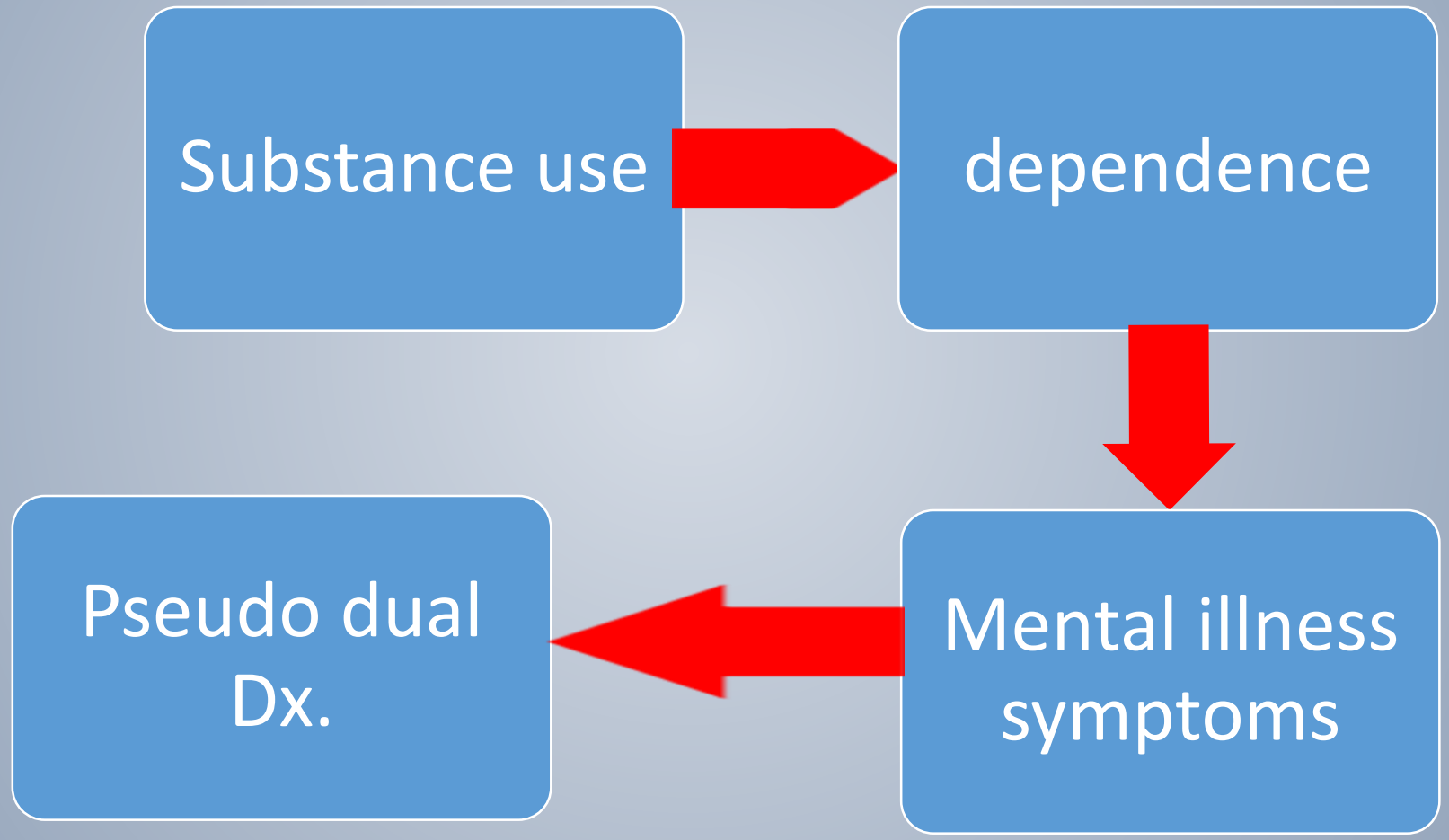
Pseudo dual Dx.

Substance use → Mental illness symptoms → Pseudo dual Dx.

The “Pseudo” Dually diagnosed patient

- **Addiction** plus drug induced –
  - delirium or dementia
  - Psychosis
  - Mood disorder
  - Anxiety disorder
  - Sleep disorder
  - Sexual dysfunction.

Pseudo dual Dx.



Pseudo dual Dx.

Substance use → dependence → Mental illness symptoms → Pseudo dual Dx.

Substance use → Mental illness symptoms → Pseudo dual Dx.

The “False” Dually diagnosed patient

The "False" Dually diagnosed patient

- The mentally ill who also happen to use drugs but do not meet criteria for chemical dependence.

False dual Dx.

Mental illness → Substance use → False Dual Dx

The “False” Dually diagnosed patient

- The chemically dependent person who blames their problems on a mental illness they don’t have.

False dual Dx.

Substance dependence → False Dual Dx

So why be concerned about substance abuse in the psychiatric disordered population?

Based on level of care:

- 74% of psychiatric inpatients are substance dependent.
- 8.7-17.1% of psychiatric outpatients are substance dependent

In sum:

- 30% of all psychiatric patients are at high risk for substance dependence.

Langas, et. Al., *Eur Addict Res,* 2012; 18:16-25

Based on mental disorder:

- 47% of Schizophrenics abuse substance (24% alcohol, 22 % other drugs)
- 32% of affective disorder patients abuse substances
- 60.7% of bipolar disorder patients abuse substances (32 % alcohol, 40.7 % other drugs)
- 23 % of anxiety disorder patients abuse substances (12 % alcohol, 12 % other drugs)

Based on “placement”-

- In prison populations*, 56 % abuse alcohol and 54 % abuse others drugs

*84 % of antisocial personality disorder patients abuse substances

Thus-

The type of mental illness, the level of placement and the sub-population looked at, will give you a clue as to the prevalence of chemical dependence in for the mentally ill patients that you are treating .

So why be concerned about psychiatric disorders in the substance abusing population?

Based on alcohol vs. other drug use-

70 % of all substance abusers are at high risk for mental illness

The break down is:

37 % of all alcoholics have some type of mental disorder

21 % of all other substance abusers have some mental disorder

Based on type of substance type-

33-50 % of opioid addicts have some type of depression

In one alcohol study-

Of 3000 alcoholic studied:

-15% had independent depression

-26% had alcohol induced depression

Schucket, et. al., Am J Psychiatry 1997; 154:948-957

Based on “at risk” population-

80 % of veterans with PTSD have alcoholism

In sum-

-the overall rate of mental illness in substance dependent patients is **53%**; this represents **4.5** times the rate of dependence in the general population.

In the same alcohol study-

Of this 26% who had alcohol induced depression:

1. They drank more per occasion
2. Drank on more days per week
3. Sought treatment more often
4. More often attended AA
5. Used more marijuana, and stimulants
6. Had higher rates of antisocial personality disorder

Than did those with co-occurring or no depression at all.

Schucket, et. al., Am J Psychiatry 1997; 154:948-957

Thus-

It is the substance induced psychiatric-like disordered people (whether addicted or not)who have the most problems, seek the most medical attention and have the most antisocial personality disordered characteristics/behaviors.

i.e., they are the "**pseudo**" dually diagnosed patient

Schucket, et. al., Am J Psychiatry 1997; 154:948-957

Also-

The type of drug used and the sub-population looked at, will give you a clue as to the prevalence of mental illness in the chemically dependent population that you are treating.

So now we are done, right?

So now we know how to diagnose patients and which population is most symptomatic, most costly, and most troubling to us, WRONG!

UNFORTUNATELY, THE
ONE TIME DIAGNOSIS OF THESE
CONDITIONS IS **NOT** SUFFICIENT FOR
PROPER TREATMENT

"Thank God, Sylvia! We're alive!"

It gets more difficult…

One Big Problem…

It can be very difficult to differentiate between substance induced and independent mental disorders and the diagnosis may change if the patient is followed over time.

Ramsey, et. Al., J stud Alcohol, 2004; 65:672-676

Here is where our diagnostic system (ICD-10 or DSM 5) and our general impatience betray us.

These instruments are limited in scope and we get “durations of symptoms” but not their evolution over time. We lost what was once called the “the natural history” of illnesses. Our computers and the millennial phenomenon of immediacy and data overload persuade us to diagnose a snap shot of the person across multiple dimensions rather than follow the patient as they evolve over time.

We are impatient and collect diagnoses over time rather than try to figure out what is truly going on with our patients over time.

Prevalence of Substance-Induced Psychiatric Disorders

-42% of male alcoholics present for treatment displaying many symptoms of a depressive illness but these symptoms remit rapidly over the course of a two week abstinence period.

-Only 12 % remained “depressed” after 2 weeks

Brown and Schuckit, *J Stud Alcohol,* 1988; 49:412-417

Prevalence of Psychiatric disordered patients who abuse substances

By like token:

-67% of alcoholics who also had a true depressive illness remained depressed after two weeks of abstinence.

Brown, et. Al., *Am J Psychiatry*, 1995, 12-:45-54

This is not surprising, but…!

Findings of one such study-

Over the course of a year in follow-up, 26.4% of those diagnosed with substance induced depression were reclassified with co-occurring depression (after at least one month of abstinence).

Ramsey, et. Al., J stud Alcohol, 2004; 65:672-676

Another study found-

Of 51% of inpatient admitted alcoholics with substance induced depression, 32% of them were reclassified with co-occurring major depression after a year follow-up.

Nunes, et al, *J Clin Psychiatry*, 2006; 67:1561-1567

Another study using cocaine induced depression found-

30-59% of inpatient admitted cocaine addicts with substance induced depression, were reclassified with co-occurring major depression after a year follow-up.

(depending on whether they used strict or less strict criteria).

Rousaville, et al, *Arch Gen Psychiatry*, 1991; 48:3-51

The Bottom line-

It is tricky to diagnose those with substance induced depression versus co-occurring depression with substance dependence without prolonged medical follow-up.

Generalizability of this data with other conditions.

These same type studies- using drug induced psychosis, anxiety and other psychiatric diagnoses replicate these findings with different, but significant, percentages.

Conclusions-

The substance-induced mental disorders* are common illnesses that often are associated with (but are not limited to) substance dependence.

*i.e., the Pseudo dual dx. Patient.

Conclusions-

Although they frequently are short lived, these disorders are by no means clinically insignificant.

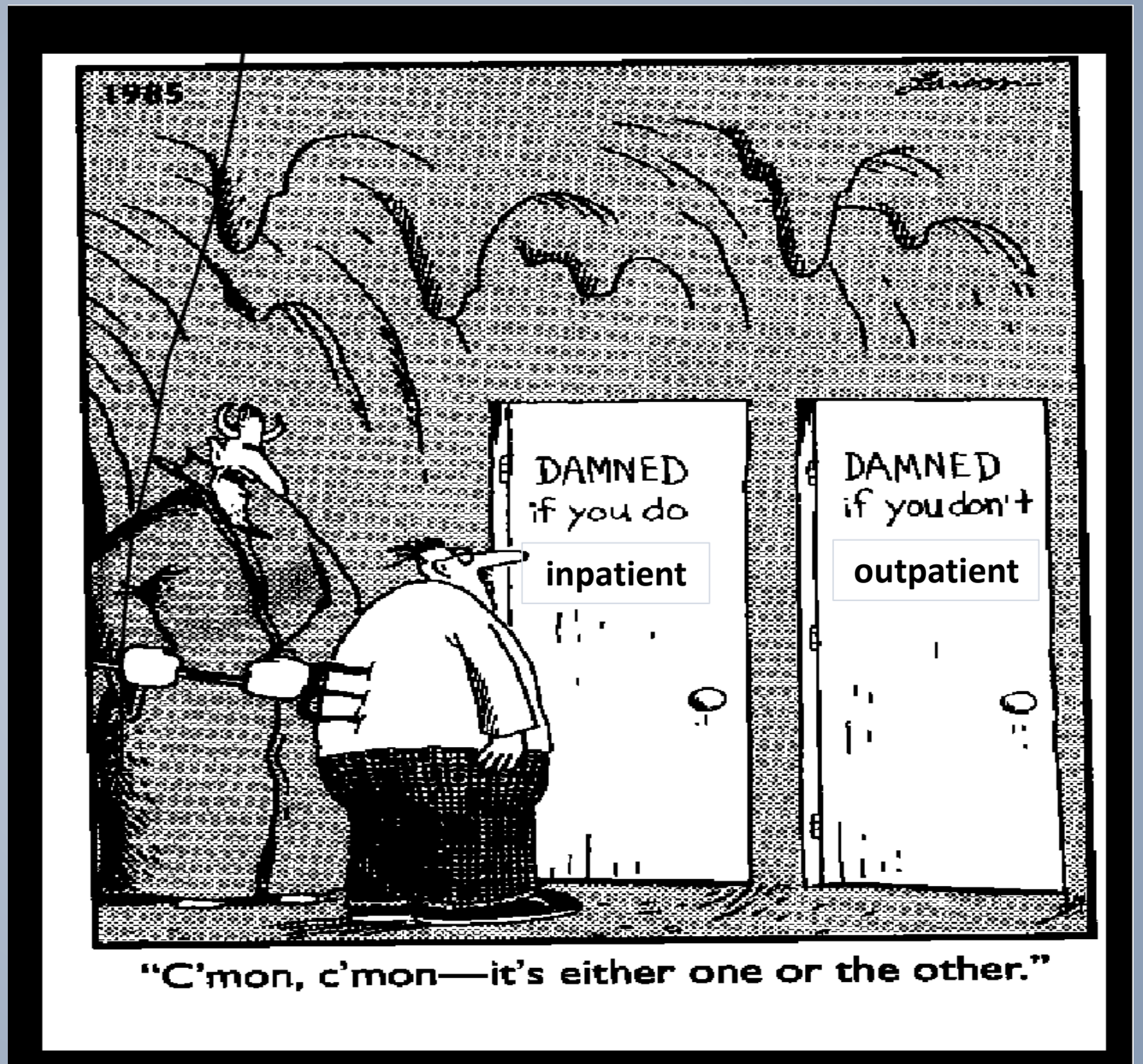
Conclusions-

Serious self injury is reported with the substance-induced mood disordered patient and safety is an important clinical issue.

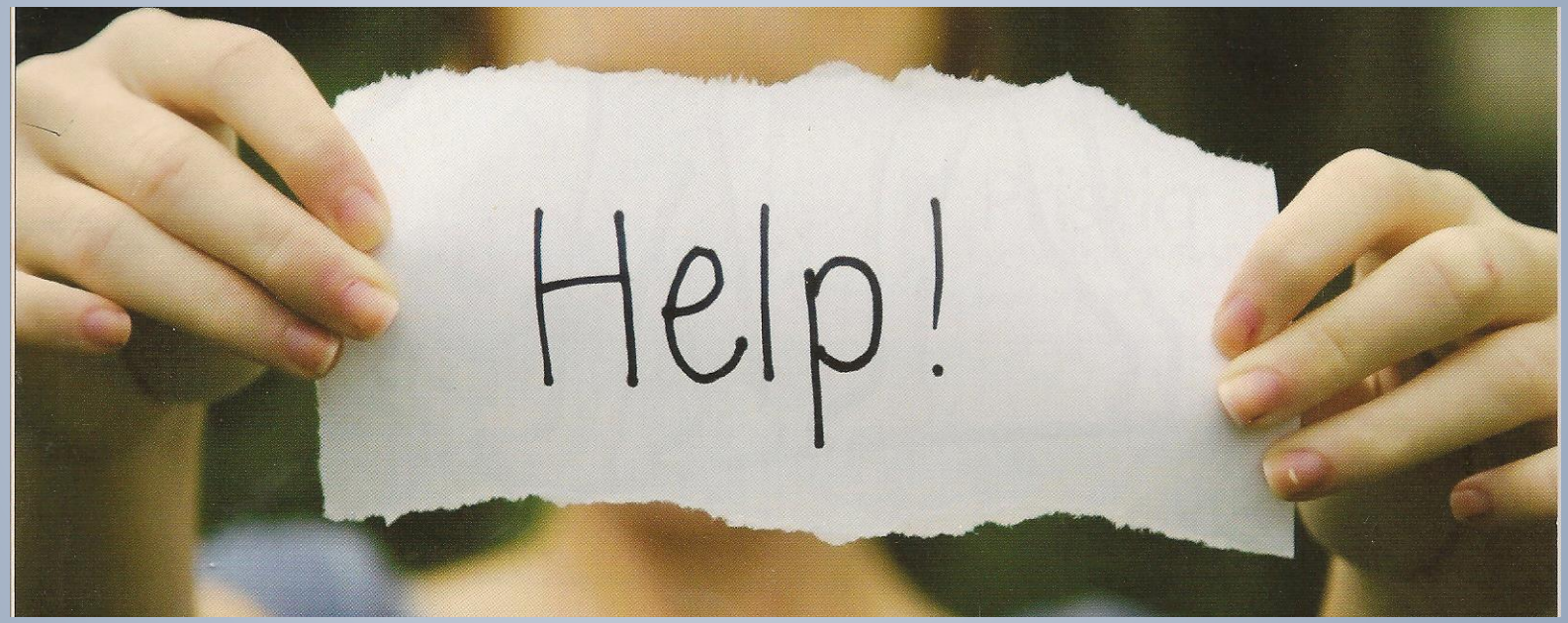
Conclusions-

Dealing with substance-induced mental disorders can present a clinical dilemma in determining the proper level of care.

It is **no longer** enough to decide what level of care to place the patient into.



Thus, all involved need....



Conclusions-

Dual diagnosis clinics and residential units that specialize in substance dependent patients who have comorbid psychiatric illness play an important role when there is diagnostic confusion or when the patient does not respond to routine psychiatric treatment (or has not responded to treatment in the past).

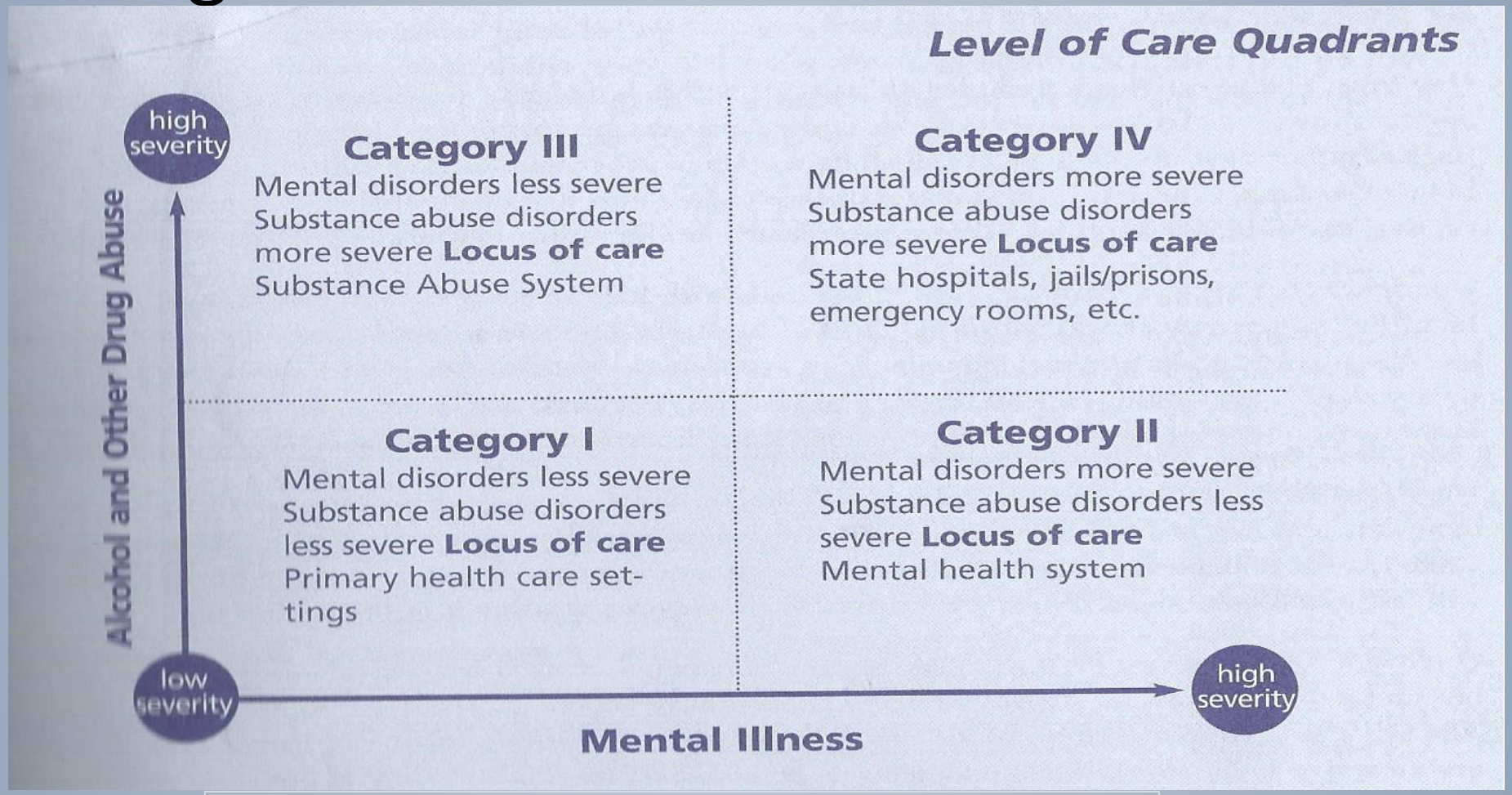
Conclusions-

Confusion about the diagnosis can delay intervention; therefore achieving clarification, through a comprehensive evaluation, is the first order of business after safety is addressed.

A recent SAMHSA publication has tried to account for this phenomena and attempts to stratify treatment options based on the relative importance of which component to treat initially and in what balance.

Substance Abuse **Treatment for Persons with Co-Occurring Disorders"; TIP** #42, SAMHSA, HHS Publications, 2014

“Integrative Care”



Substance Abuse **Treatment for Persons with Co-Occurring Disorders”; TIP** #42, SAMHSA, HHS Publications, 2014

This attempt leads us to focus on other issues related to chemical dependence treatment planning.

For example-

Although abstinence is a critical factor in recovery, it is not the only factor.

Regular psychosocial treatments for substance dependence are relevant so long as the patient is behaviorally manageable and not psychotic or delirious.

Keys to Successful Strategies for Working with the Dual Diagnosis Patient

Flexibility- do not punish patients for the symptoms of their illnesses.

Keys to Successful Strategies for Working with the Dual Diagnosis Patient

Enhance the therapeutic alliance; the concept of a treating physician (balance cost versus success).

Keys to Successful Strategies for Working with the Dual Diagnosis Patient

Regular, multi- dimensional assessments during the course of treatment.

Keys to Successful Strategies for Working with the Dual Diagnosis Patient

One size never fits all.

Keys to Successful Strategies for Working with the Dual Diagnosis Patient

Cross tapering of professional and mutual help structure and support (transitioning).

Conclusions-

Patient-treatment matching should be done on an individual basis, depending on the patient ‘s needs, the resources available to them, and the skills and preferences of the clinicians involved.

Balancing the interventions for each disorder across phases of treatment.

Stabilize first (recovery is a “program of *living*”).

Balancing the interventions for each disorder across phases of treatment.

Harm reduction, second (safety trumps all other aspects of care).

Balancing the interventions for each disorder across phases of treatment.

"Progressive recovery", including abstinence (the role of agonist and partial agonist treatment both short term and maintenance).

Balancing the interventions for each disorder across phases of treatment.

Flexibility and incremental success; keep an eye on the big picture and continually redefine progress.

Balancing the interventions for each disorder across phases of treatment.

The precarious role of “psychotropic” medications.

Balancing the interventions for each disorder across phases of treatment.

Constant bridging between the recovering community and professional treatment.

Remember…

"Recovery" has many meanings.

Generally, it is recognized that recovery does not refer solely to a change is substance use, but also to a change in an unhealthy way of living. Markers such as improved health, better ability to care for oneself and others, a higher degree of independence, and enhanced self-worth are all indicators of progress in the recovery process.

Substance Abuse Treatment for Persons with Co-Occurring Disorders"; TIP #42, page 104, SAMHSA, HHS Publications, 2014

Remember,

Progress is progress

And….

The most proven and replicated factor for the success in treatment is the length of participation in the recovery process.

For More Information

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Thank You