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Psychiatric comorbidity among patients in drug treatment

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**The Treatment Demand Indicator (TDI)
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Substance use disorders: SUD

- Social problems:
 - Marginality and criminality
- Medical diseases:
 - Unintentionated overdoses, HIV and HCV infections
- Psychiatric diseases
 - Suicide

SUD & Psychiatric comorbidity



Substance use



Psychiatric disease

Why ?

1. The repeated administration of drugs causes psychiatric diseases
2. The SUD is developed to mitigate the problems/symptoms that appear during the psychiatric disorder (self-medication hypothesis)
3. SUD and comorbid psychiatric disorder are different symptomatic expressions of similar preexisting abnormalities

Prevalence?

- What population?
 - General population
 - Seeking treatment:
 - Primary care
 - Mental health services
 - Substance abuse facilities
 - Emergency rooms
 - Others non-seeking treatment: “street”, Prison

SUD & Psychiatric comorbidity

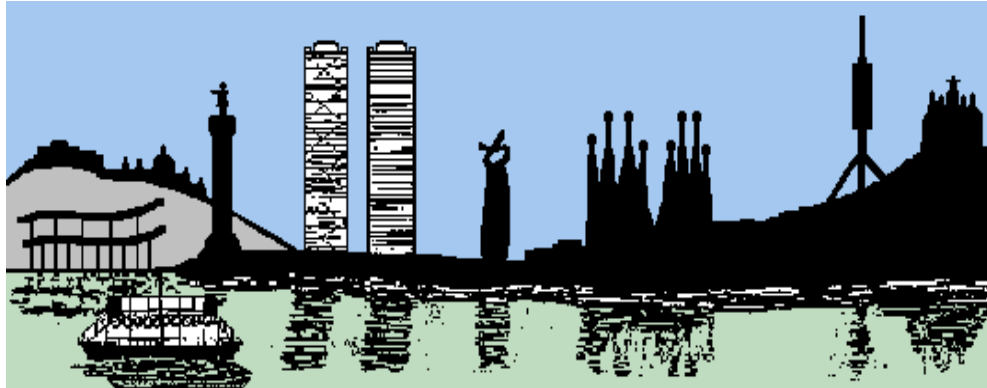
Substance abuse services

Study	n	Substance	Dx	M.D	Panic	GAD	PTSD	APD
Penick, 94	928	Alcohol	DSM-III	36	10	-	-	24
Ziedonis, 94	263	Cocaine	DSM-III-R	34	03	7	-	33
Windle, 95	802	Alcohol	DSM-III	12	-	11	-	30
Hasin, 95	172	Alco-Subst	DSM-III-R	52	16	1	-	25
Kokkevi, 95	176	Opioids	DSM-III	15	-	-	-	10
Milby, 96	102	Opioids	DSM-III-R	58		21	31	-
Brooner, 97	716	Opioids	DSM-III-R	16	7	1	-	25
Schuckit, 97	2945	Alcohol	DSM-III-R	41	2	-	-	19
Eland-Goosensen,97	344	Opioids	DSM-III-R	23	8	7	-	33
Magura, 98	212	Opioids	DSM-III-R	44	-	8	26	26
Mason, 98	75	Opioids	DSM-III-R	44	7	8	26	26
Krausz, 99	219	Opioids	ICD-10	22	-	-	-	27
Compton, 00	512	Substances	DSM-III-R	24	3	10	-	44
Skinstad-Swain, 01	125	Substances	DSM-III-R	22	4	10	14	22
Rodriguez, 06	149	Opioids	DSM-IV	17	3	2	2	33
Astals, 08	189	Opioids	DSM-IV	13	7	-	-	9

Prevalence ?

- What population?
 - General population
 - Seeking treatment:
 - Primary care
 - Mental health services
 - Substance abuse facilities
 - Others non-seeking treatment: “Street”, Prison
- **When?**
 - Last month, last year, lifetime
- **How?**
 - Diagnostic criteria, Diagnostic instruments
- **Where?**
 - Availability and accessibility to treatment
 - Availability and accessibility to drugs (drug epidemic)
 - Other inter-current events (i.e. HIV, HVC)

SUD & Psychiatric comorbidity



PsyCoBarcelona study: 2001-2005

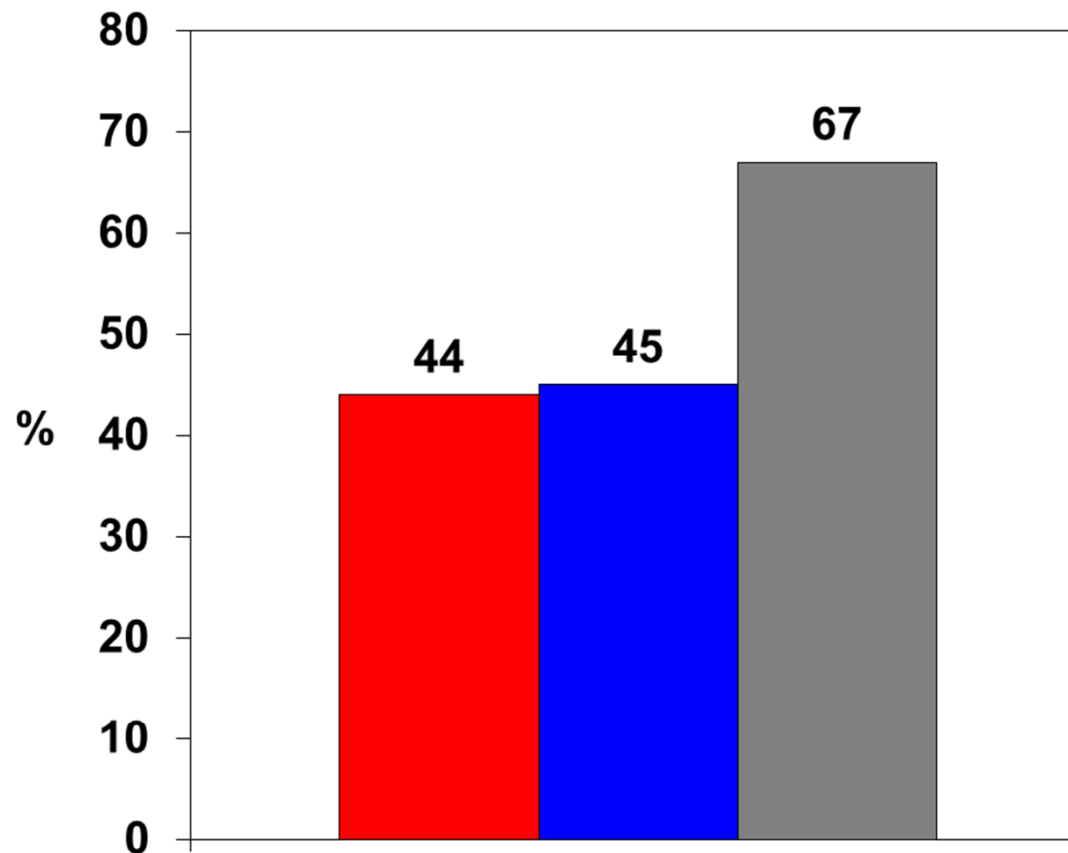
- **Population?** Substance abuse facilities
Substance users not seeking treatment (street)
- **When?** Lifetime
- **How?** DSM-IV criteria mean PRISM
- **Where?** Availability and accessibility to treatment
Availability and accessibility to licit and illicit drugs (epidemic)
Other inter-current events (i.e. HIV, HCV)

SUD & Psychiatric comorbidity



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Drug users seeking drug treatment

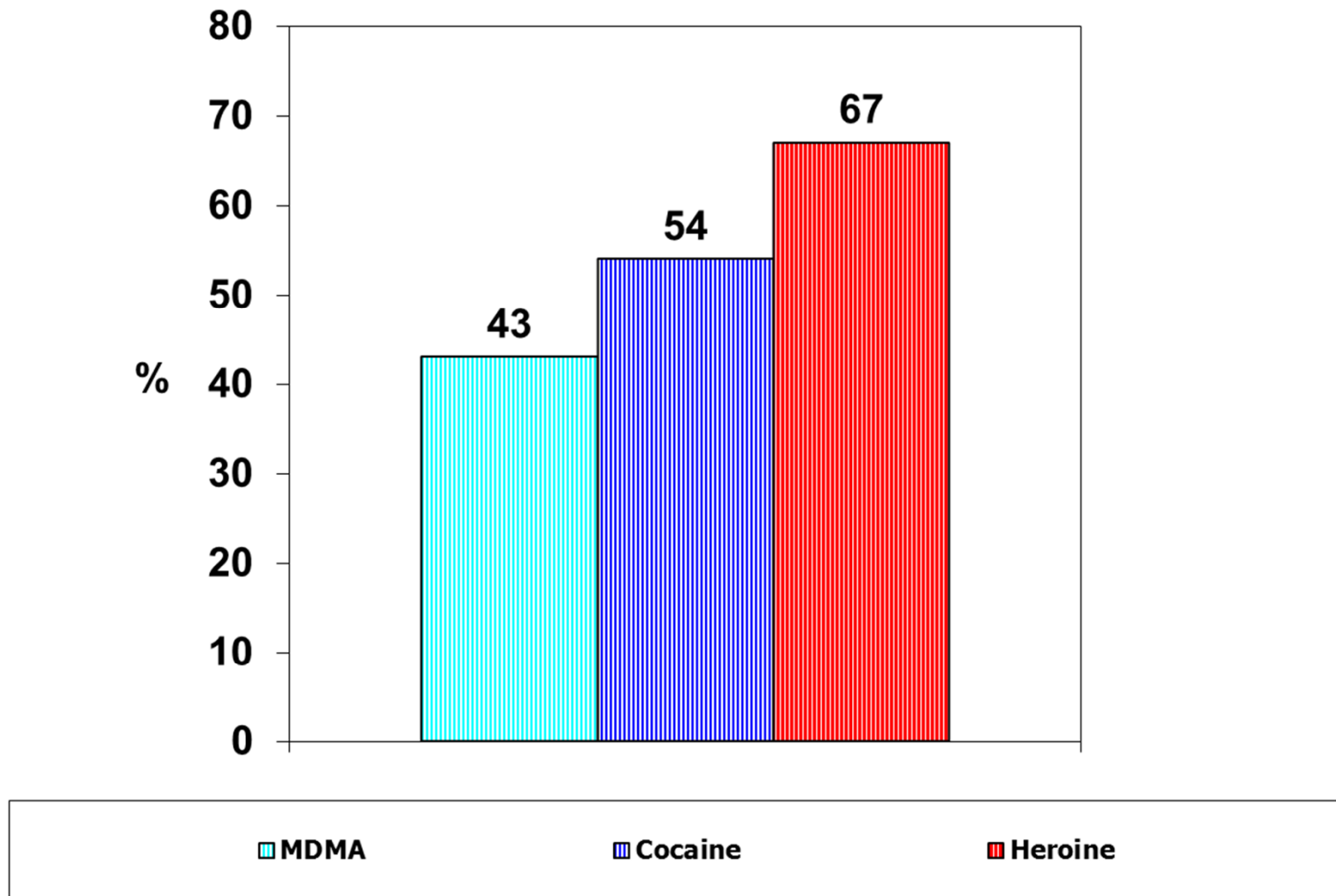


SUD & Psychiatric comorbidity



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Drug users at street

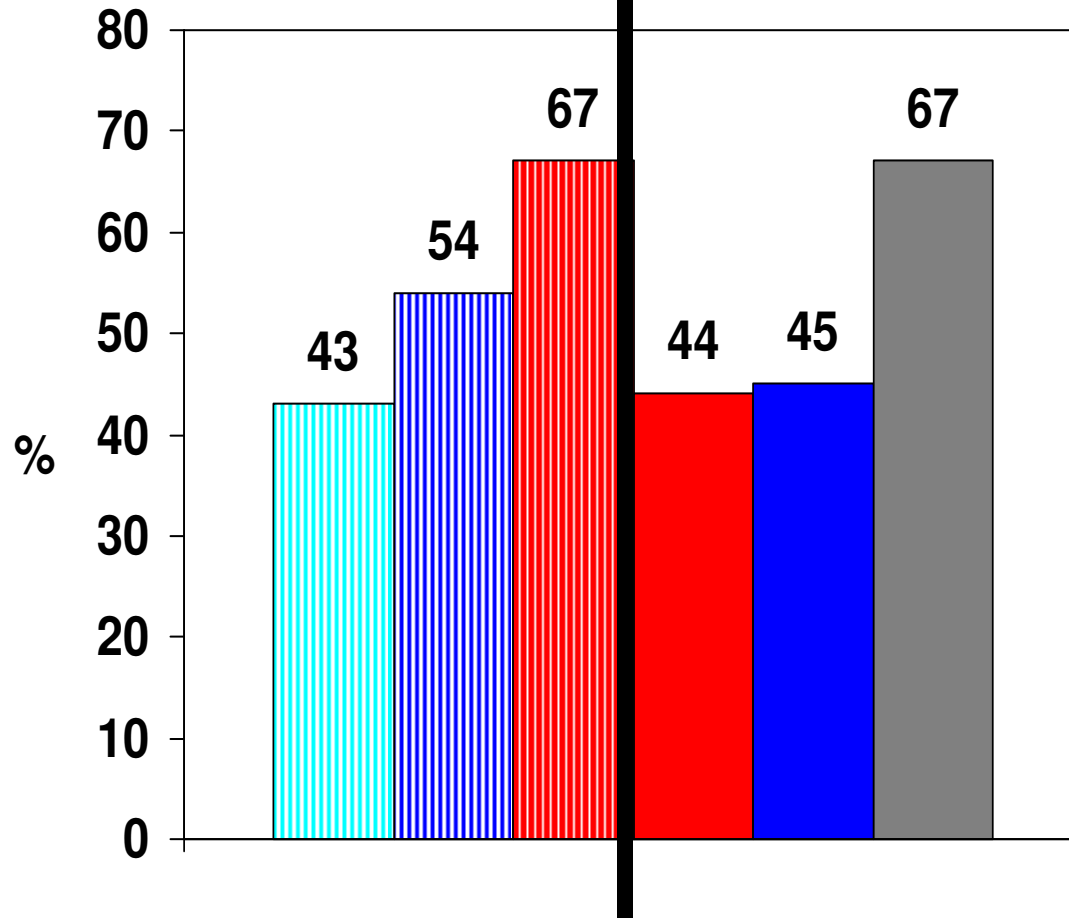




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Drug users at street

Drug users seeking treatment



■ MDMA

■ Cocaine

■ Heroin

■ Heroin-Seeking Treatment

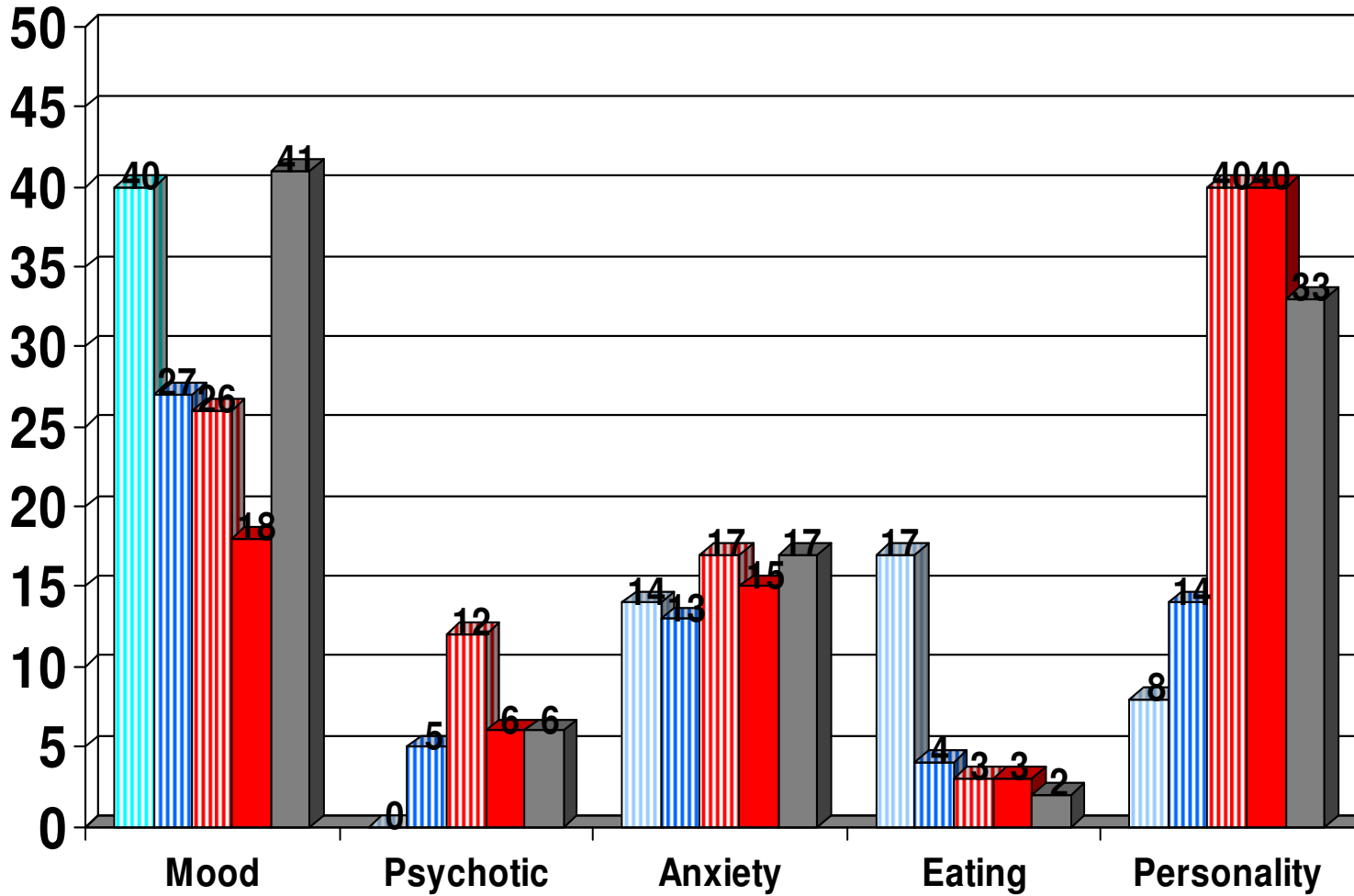
■ Cocaine-Seeking Treatment

■ Inpatient Detoxification

Torrens et al, 2011

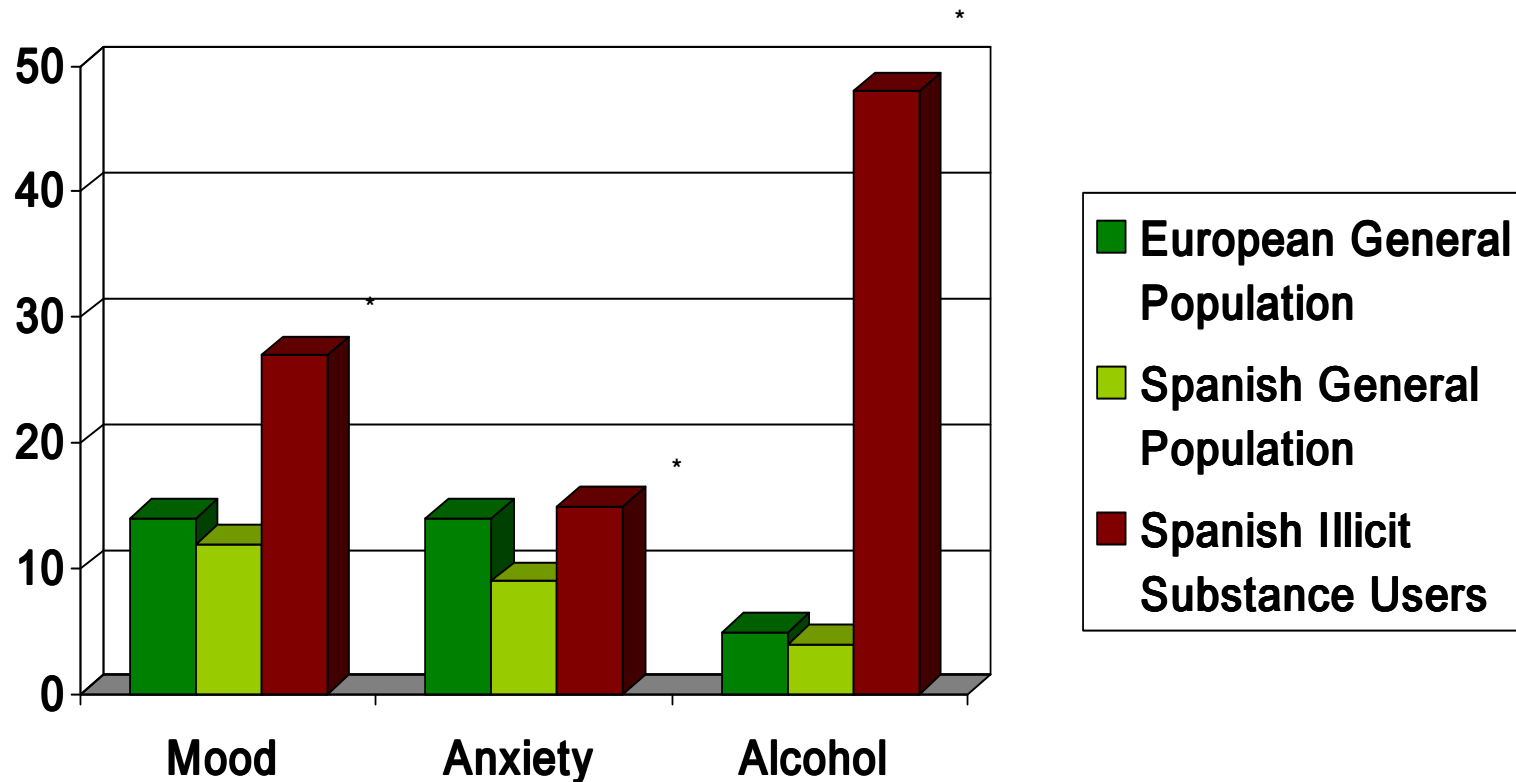


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Ecstasy Cocaine Heroin Heroin seeking treatment Inpatient Detox

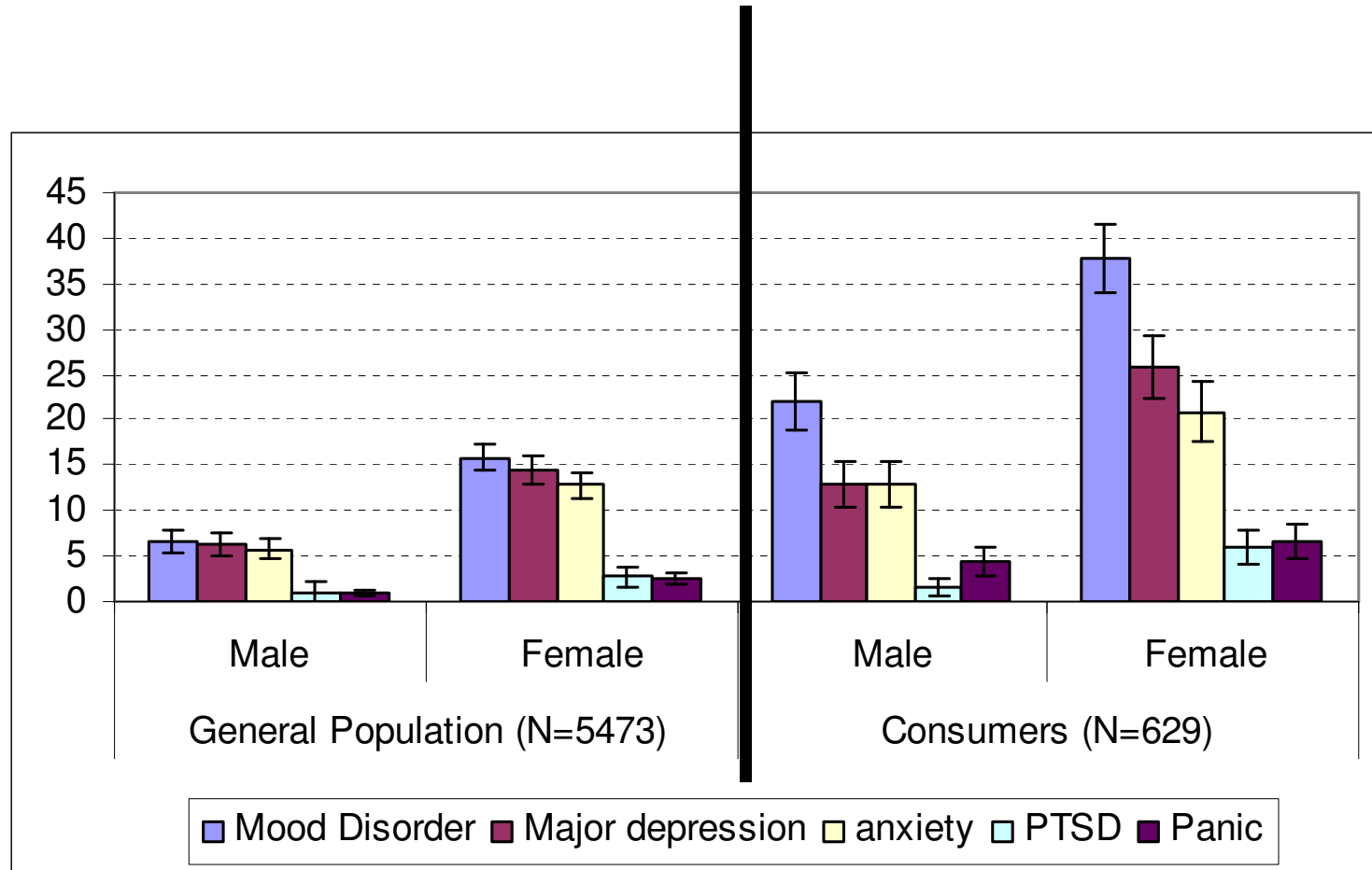
Lifetime Mood, Anxiety and Alcohol Disorders in General Population and Illicit SUD



Alonso et al 2004; Haro et al 2006; Torrens et al 2011

SUD & Psychiatric comorbidity

Lifetime prevalence in general population and SUD by gender (%)



Prevalence?

- **40%-70%** of substance abusers have psychiatric disorders
- The most prevalent psychiatric diagnoses are:
 - Depression
 - Anxiety disorders (Panic disorder, Post-traumatic stress disorder)
 - Antisocial Personality disorder
- Independent disorders are more frequent than induced
- Gender differences: **female more mental disorders than male**

- More emergency admissions
- Higher prevalence of suicide (OR=14)
- Increased rates of medical co-morbidity (risk behaviours and related infections: HIV & HCV)
- Worse prognosis: More risk of relapse in drug use and psychiatric disorder
- Higher unemployment and homelessness rates
- Greater incident of violent or criminal behaviour

Increased psychopathological, medical & social severity respect to those with only SUD

Conclusions

- Psychiatric comorbidity in substance users seeking treatment is frequent in SUD (40-70%)
- These patients show high clinical (**suicide, unintentioned overdoses, HIV, VHC**) and social (**marginality, violent behaviour**) severity
- These subjects present more risk of relapse following drug abuse treatment

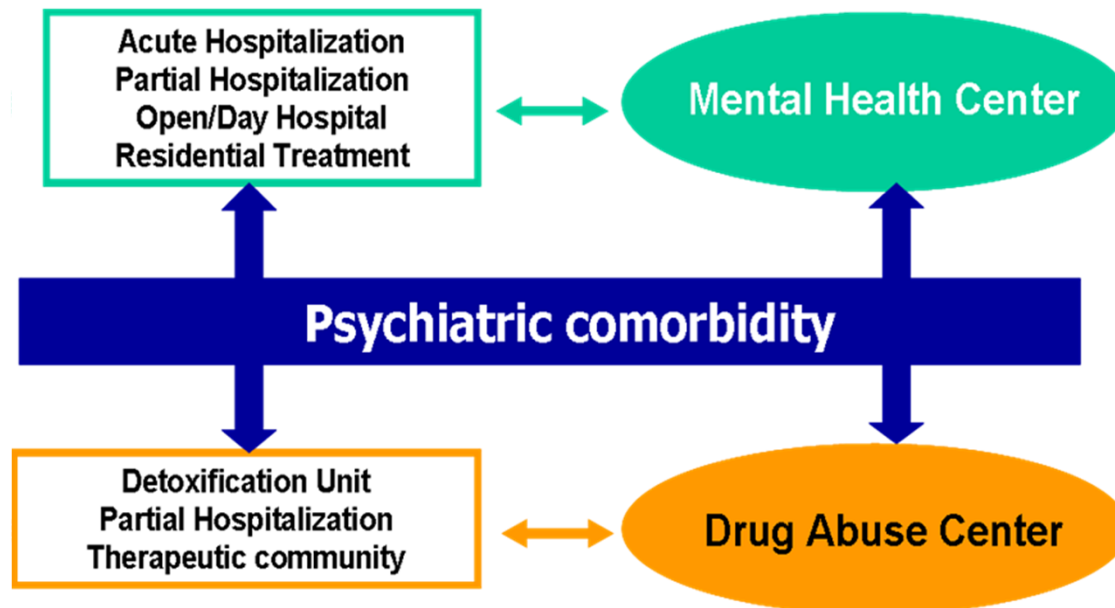
Present challenges

- There is a need of diagnosis psychiatric comorbidity among SUD
 - Screening instruments: DDSI
- There is a need of treatment of both conditions: SUD and psychiatric disease at same time

ORIGINAL ARTICLE

Psychiatric Co-Morbidity and Substance Use Disorders: Treatment in Parallel Systems or in One Integrated System?

Marta Torrens^{1,2}, Paola C. Rossi¹, Roser Martinez-Riera¹, Diana Martinez-Sanvisens¹
and Antoni Bulbena^{1,2}



Present challenges

- There is a need of diagnosis psychiatric comorbidity among SUD
 - Screening instruments: DDSI
- There is a need of treatment of both conditions: SUD and psychiatric disease at same time
- Improvement of access to treatment for people with both conditions is required

Thanks for your attention !

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