Co-Occurring Disorders

Understanding Self-Medication and Complex Recovery

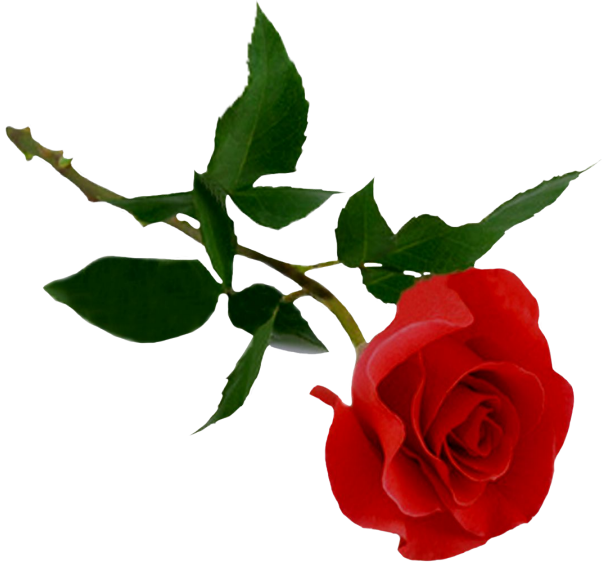
Disclaimers

- Disclosures
- Lowering Expectations
- Generalist presentation
- Goals

Defining Dual Diagnosis

A rose by any other name…

- Dual Diagnosis
- Co-occurring Diagnoses
- Co-occurring Disorders
- Comorbid Illness



What are “co-occurring disorders?”

The coexistence of both a mental health and a substance use disorder.

~ Substance Abuse and Mental Health Services Administration

The term “comorbidity” describes two or more disorders or illnesses occurring in the same person. They can occur at the same time or one after the other. Comorbidity also implies interactions between the illnesses that can worsen the course of both.

~ National Institute on Drug Abuse

Comorbid Diagnoses / Dual Diagnosis

Diagnosis #1

Major depressive disorder
Generalized anxiety disorder
Bipolar disorder
Schizophrenia
Schizoaffective disorder
Obsessive-compulsive disorder
Post-traumatic stress disorder
Panic disorder
Alcohol use disorder
Opioid use disorder
Cannabis use disorder
Stimulant use disorder
Hallucinogen use disorder
Cancer
Heart disease
AIDS
Chronic pain
Fibromyalgia
Alzheimer’s disease
Dementia
Diabetes

Diagnosis #2

Major depressive disorder
Generalized anxiety disorder
Bipolar disorder
Schizophrenia
Schizoaffective disorder
Obsessive-compulsive disorder
Post-traumatic stress disorder
Panic disorder
Alcohol use disorder
Opioid use disorder
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The Numbers

General numbers

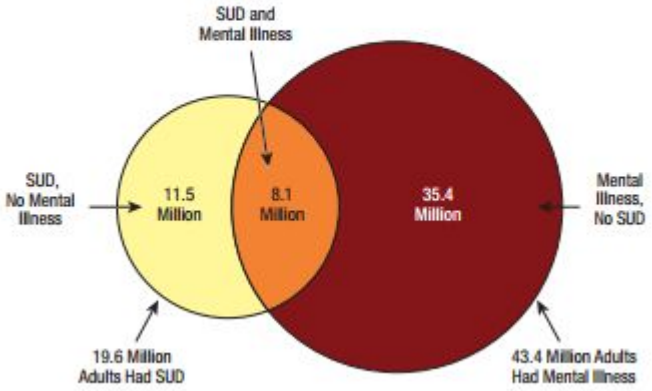
- US Population = 325,000,000 people
- Any mental illness in the past year (ages 18 and over) = 43,400,000 (~ 18%)
- Major depressive episode within the past year (ages 18+) = 10,300,000 (~ 4.5%)
- Lifetime illicit drug use (ages 12 and older) = 130,610,000 (~ 40%)
- Illicit drug use in the past year (ages 12 and older) = 47,730,000 (~ 15 %)
- Lifetime alcohol use (ages 12 and older) = 216,839,000 (~ 67%)
- Alcohol use in the past year (ages 12 and older) = 175,847,000 (~ 54%)
- Substance use disorder in past year (ages 12 and older) = 20,800,000 (~ 6%)

Sources: United States Census Bureau, National Survey on Drug Use and Health

Prevalence of co-occurring disorders

- 3.3% of adults had both a mental illness and a substance use diagnosis within the past year
- 50% of people with severe mental disorders are also affected by substance use disorders

Figure 46. Past Year Substance Use Disorder (SUD) and Mental Illness among Adults Aged 18 or Older: 2015



Special considerations

Excerpt from article “Co-occurring substance use and mental disorders in the criminal justice system: A new frontier of clinical practice and research” published in the Psychiatric Rehabilitation Journal, March 2015

“Health care problems are prevalent within offender populations. For example, more than two thirds of jail detainees (Karberg & James, 2005) and half of prison inmates have a substance use disorder (National GAINS Center, 2004), compared with 9% of people in the general population (Cloud, 2014). Similarly, rates of serious mental illnesses (i.e., bipolar disorder, major depression, and schizophrenia) are 4–6 times higher in jails and 3–4 times higher in prisons than in the general population (Prins, 2014; Steadman, Osher, Robbins, Case, & Samuels, 2009). In addition, various infectious diseases and chronic health care problems (e.g., asthma, cancer, HIV/AIDS, hepatitis C, hypertension, sexually transmitted disease, traumatic brain injury, and tuberculosis) are also more common in justice settings than in the general population (Cloud, 2014) and are frequently caused or aggravated by CODs (Prins, 2014).

Prevalence rates of mental disorders are high for untreated substance-involved persons, higher for persons in substance abuse treatment programs, and even higher for offenders with substance use disorders (Baillargeon et al., 2010; Lurigio & Swartz, 2000). Jail inmates with mental health problems are more likely than those without such problems to report drug use in the month before their recent arrest (60% vs. 40%; Mumola & Karberg, 2006). Prison inmates with mental disorders are also more likely to have substance use disorders than inmates without mental disorders (74% vs. 56%; Mumola & Karberg, 2006).”

Challenges and Barriers

The Wrong Door

Joe gets sober… maybe…

Joe is a 30-year-old male who has been feeling depressed for the past year. He goes to work every day at a job he doesn't like and constantly gets criticized by customers. In order to unwind every day, he drinks. One night after work he goes out with friends for happy hour, and on the way home gets pulled over. Now Joe knows he has a problem because he's never had a DUI before so he wants treatment.

Door #1: Substance Abuse Facility

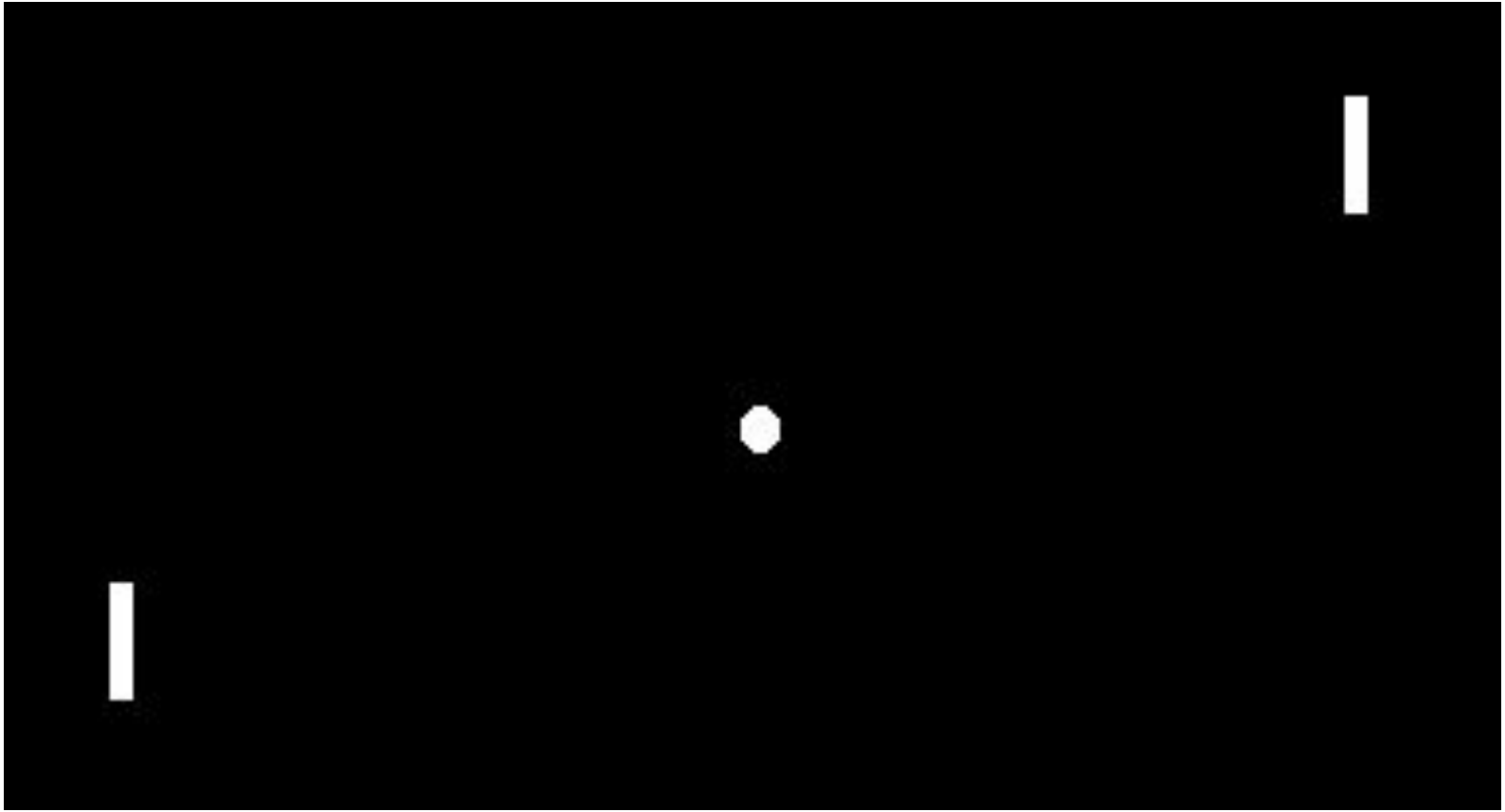
Joe: “I need to stop drinking and get some help. I feel like I’ve been depressed for a long time, and things have gotten out of hand. Sometimes I drink to help with the depression, but sometimes the drinking makes me feel more depressed. I just got a DUI, and I need to do something to get things under control.”

Provider: “I would love to help you, Joe, but it sounds like you’ve got some significant depression that hasn’t been treated yet. My worry is that if we try to treat your drinking without first getting your depression under control, it’s just going to keep you going back to drinking. I really think you should get mental health treatment first. Let me give you a referral.”

Door #2: Mental Health Clinic

Joe: “So I was told that I needed to get help with my depression. I probably do. I’ve been depressed for a while now, and sometimes I drink to cope. Sometimes the drinking gets out of hand, but I think that if I wasn’t depressed I probably wouldn’t need to drink as much. Can you help?”

Provider: “I would love to help treat your depression. It sounds like you’ve been struggling for a while. That said, if you’re still drinking it’s going to be hard to treat the depression. Alcohol is a depressant, and it also interferes with medication. I think you should go get sober first. Let me give you a referral to a place that might be able to help.”



“That’s not what I’m here for.”

“It’s not about the nail.”

If it walks like a duck and quacks like a duck....

Diagnostic Difficulties

Sarah is a 24-year-old female who presents to her primary care doctor's office reporting difficulties sleeping, fatigue, and ongoing issues with pain that have been getting worse over the past several months. She also reports decreased appetite, lack of motivation to do things, increased anxiety, and poor concentration. She asks her doctor to prescribe something to help with anxiety, and something to help manage her ongoing pain.

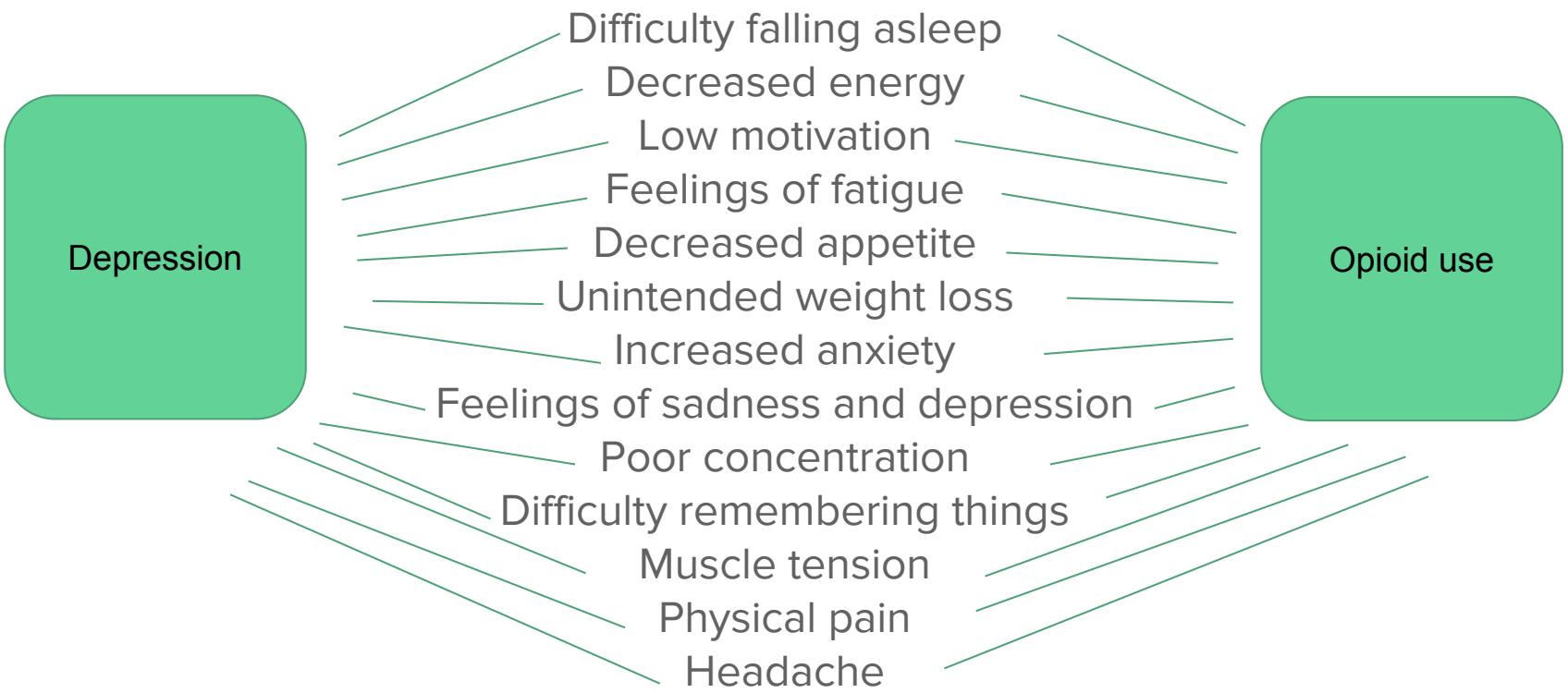
Sarah’s symptoms

Difficulty falling asleep
Decreased energy
Low motivation
Feelings of fatigue
Decreased appetite
Unintended weight loss
Increased anxiety
Feelings of sadness and depression
Poor concentration
Difficulty remembering things
Muscle tension
Physical pain
Headache

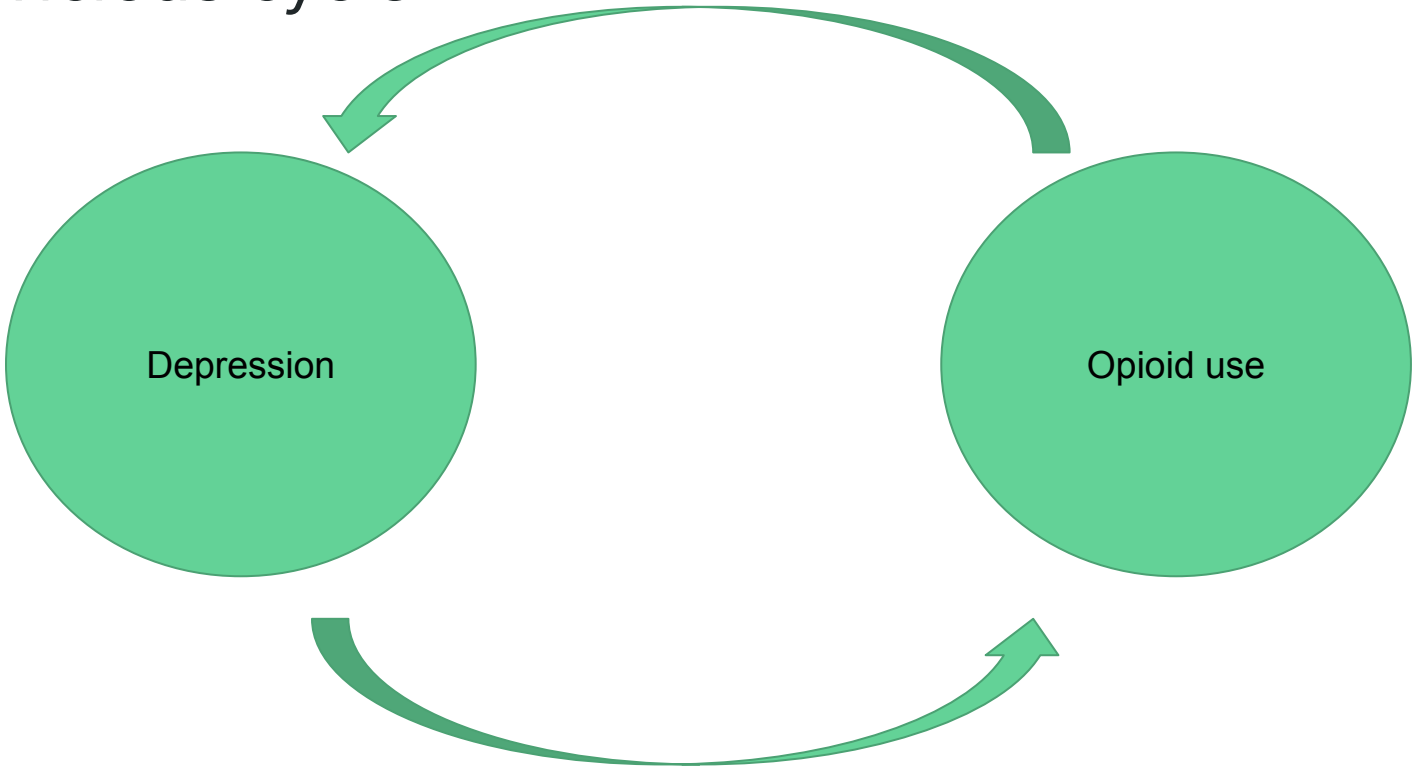
More information

Sarah’s doctor asks some more questions and learns that Sarah has also been having difficulties at work and has been calling in sick more frequently. He asks her about use of drugs and alcohol, and Sarah admits that she has been taking opiate medications from her boyfriend Jacob and sometimes takes Vicodin from her mother’s medicine cabinet. She has also been using heroin. The doctor draws labs and does a urine screen as well which confirm that she has been using opioids.

Sarah's diagnosis?



The vicious cycle



Dual diagnosis is complex

- People are complex; life is messy
- The identified problem is not always the “real” problem
- Symptoms overlap causing diagnostic confusion
- The symptoms of one diagnosis can influence the existence and severity of another
- A person’s experience is subjective
- Objective measures can be useful
- It is possible to have all things be true

Self-medication

The Reward Pathway

- Natural Rewards

- Unnatural Rewards

- Purposeful Behaviors

Tyler is anxious. Tyler uses mindfulness and deep breathing. Tyler is less anxious.

Distress + Behavior = Relief

Jessica is stressed out. Jessica takes an Ativan, prescribed by her doctor. Jessica feels more relaxed.

Distress + Behavior = Relief

Max is pissed off. Max cuts himself to release his frustration. Max feels calmer.

Distress + Behavior = Relief

Everyday self-medication

- “I’m too stressed, I need a cigarette.”
- “What a horrible day. I need a drink.”
- “I need some quiet time.”
- “I’m so tired, I need to go for a walk to wake up.”
- “I can’t wait to get home and eat a whole tub of ice cream.”
- “I need some retail therapy.”
- “I need a mental health day.”
- “I just want to punch something.”

What is “addiction?”

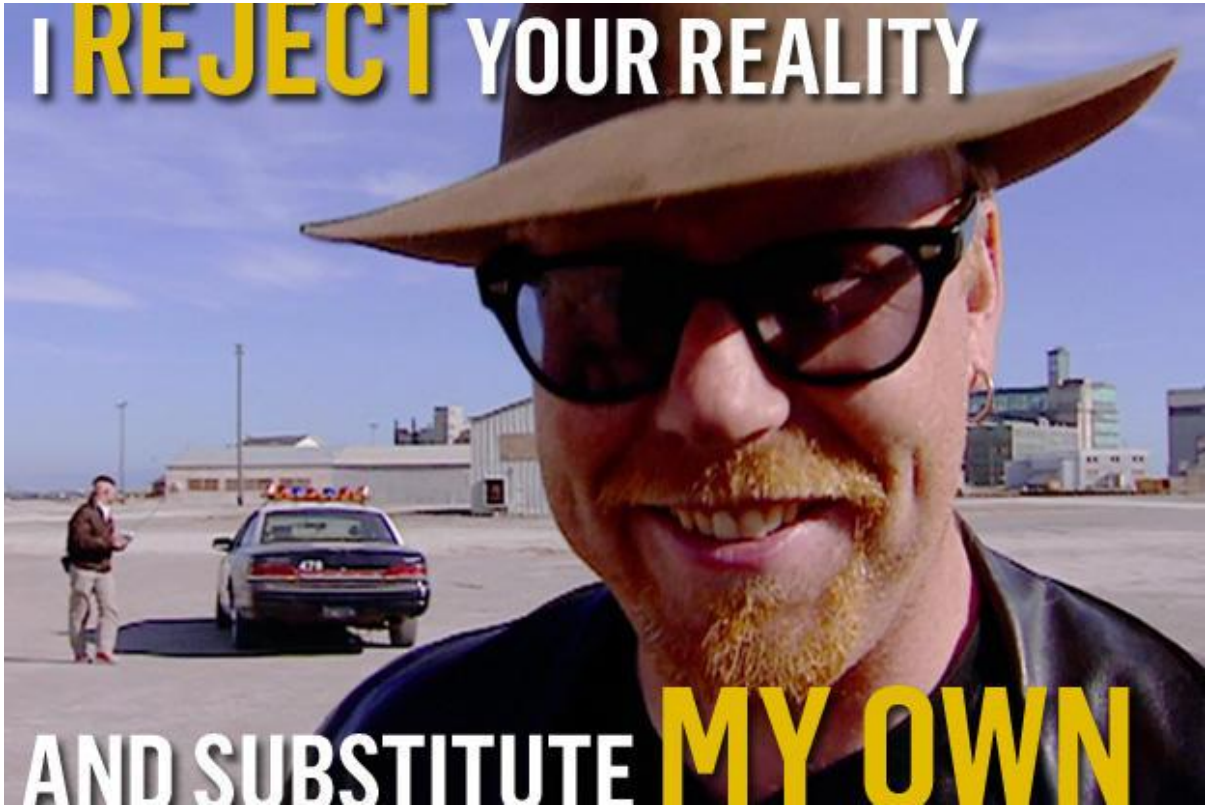
Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

~ American Society of Addiction Medicine

“Addiction” (cont.)

Addiction is the inability to live life on life’s terms.

~ Dr. Patrick Gibbons



Moving Forward into Complex Recovery - Tips & Tricks

For Providers

- Dual diagnosis is the rule, not the exception
- Practice the “no wrong door” philosophy
- Provide integrated healthcare
- Sometimes for the patient, it’s not about the nail
- Diagnostic agreement is not always necessary
- Suffering and recovery are both subjective experiences
- Trust but verify; use objective tools
- If you take away someone’s “medicine,” they’re going to get sick again
- Understand why someone does what they do; it’s the only way to help
- Recovery is an ongoing process, and relapse is always at the door

For Patients, Families, and Friends

- Medicine is one part Science
- Honesty is hard, suffering is harder
- We believe you, but we also know facts and have treated others like you
- One day you wake up sober and your life still isn’t better
- Chickens and eggs
- Diagnosis is just a name; your experience is what we’re trying to treat
- The system is broken and needs repair
- There are no magic pills
- It can get worse before it gets better

BIO / PSYCHO / SOCIAL

“Walking on a treadmill while eating a box of donuts.”

References

- United States Census Bureau at census.gov
- Substance Abuse and Mental Health Services Administration at samsha.gov
- National Survey on Drug Use and Health at nsduhweb.rti.org
- National Institute of Mental Health at nimh.nih.gov
- Substance Abuse for Persons with Co-Occurring Disorders, Treatment Improvement Protocol 42 at ncbi.nlm.nih.gov/books/NBK64197/
- The Compass of Pleasure by David J. Linden
- Dual Diagnosis by Katie Evans and J. Michael Sullivan
- Integrated Treatment for Co-Occurring Disorders by Jack Klott
- Don’t Let the Bastards Grind You Down by Georgia W.

Contact Information for Questions/Resources

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