

	<p>substance use and mental disorders: one, the other, or both?</p> <p>Stephen Strobbe, PhD, RN, PMHCNS-BC, CARN-AP Dawn Farm Education Series St. Joe's Education Center, Ypsilanti, MI Tuesday, January 27, 2015</p>

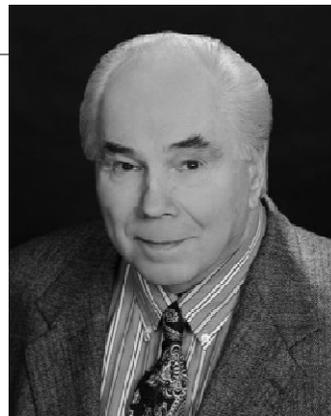
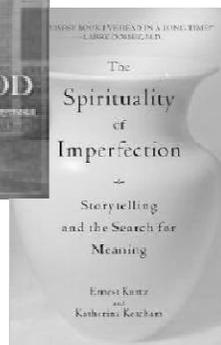
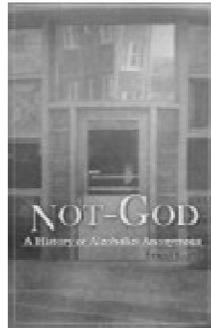
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dedication: Dr. Patrick Gibbons



This talk is dedicated to the memory of Dr. Patrick Gibbons (1954–2014), a tireless clinician, teacher, and advocate for those in need of addictions treatment.

Dr. Ernest "Ernie" Kurtz 1935—2015



"My specialties are history and imperfection—not necessarily in that order."

know your audience: rule of thirds, and qualifying



- 1/3 = professionals or students
- 1/3 = family members or friends
- 1/3 = people with addiction or recovery

outline

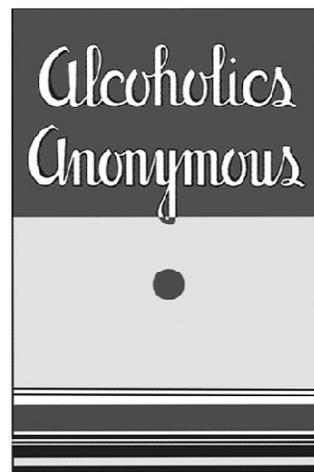
- an historical context
- conceptual models of addiction
- a brief (and easy) lesson in neurobiology
- introduction to DSM-5
 - substance use disorders
 - other mental disorders
 - differential diagnosis
- dual diagnosis
- treatment implications
- lifelong recovery, and risks for relapse
- conclusions, questions, answers, discussion



divided camps or, if all you have is a hammer...



**Bill W., co-founder of
Alcoholics Anonymous**



conceptual models of addiction

- “Addiction”
 - generally not a formal diagnostic term
 - but a core concept of substance use disorders and related phenomena
- Conceptual models
 - neither mutually exclusive nor exhaustive
 - may overlap
 - influence ways in which people with substance use disorders perceived and treated
- Models include, but may not be limited to
 - moral or criminal model
 - twelve-step model
 - disease model
 - behavioral model
 - self-medication hypothesis
 - biopsychosocial-spiritual model

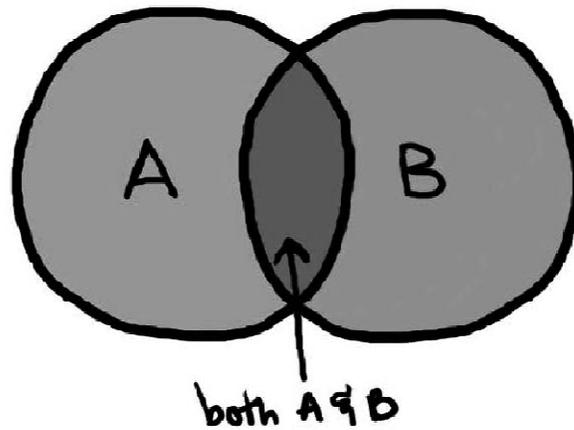


definition of addiction

American Society of Addiction Medicine (ASAM, 2011):

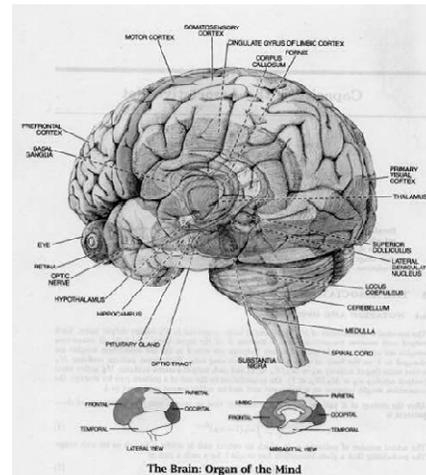
Addiction is a **primary, chronic disease of brain reward, motivation, memory and related circuitry**. Dysfunction in these circuits leads to characteristic **biological, psychological, social and spiritual manifestations**. This is reflected in an individually **pathologically pursuing reward and/or 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 dysfunction of 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.**

substance use and mental disorders...one increases likelihood of the other

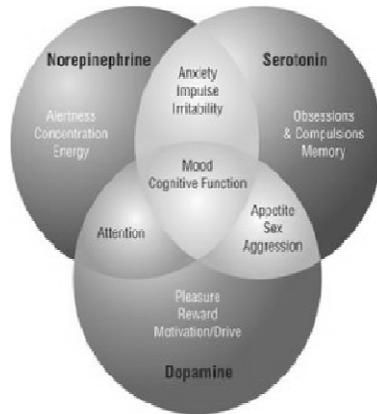


really, really basic neurobiology

- limbic system
 - appetitive drives
 - adaptive
 - maladaptive
 - emotions
- prefrontal cortex
 - reasoning
 - executive function
 - inhibitory influences

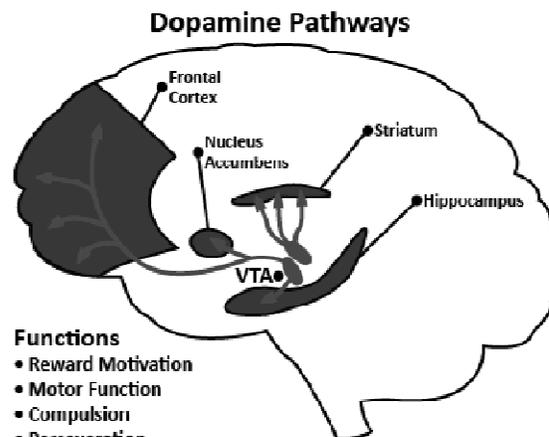


similarly basic neurotransmitter functions

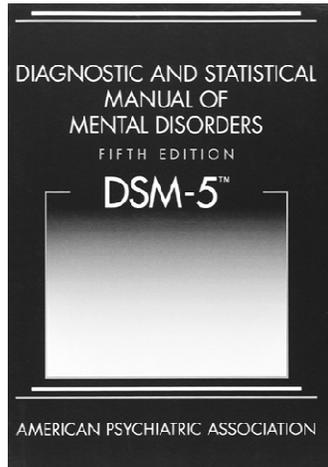


- amino acids
 - glutamate (excitatory)
 - GABA (inhibitory)
- monoamines (see diagram)
 - serotonin (sleep, arousal, appetite, mood, aggression, pain perception)
 - norepinephrine ("fight or flight," mood, cognition, perception, cardiovascular function, sleep, arousal)
 - dopamine (movement, coordination, voluntary decision-making [reward, reinforcement, psychosis])
- cholinergics
 - acetylcholine (sleep, arousal, pain perception, coordination, memory)

dopamine reward pathways



an introduction to DSM-5



- Published by American Psychiatric Association (APA, 2013)
- A classification of mental disorders
 - with associated criteria
 - designed to facilitate more reliable diagnoses of these disorders
 - includes substance-related and addictive disorders

DSM-5 mental disorders (addictions are mental disorders)

- Neurodevelopmental Disorders
- Schizophrenia spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Feeding and Eating Disorders
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulse Control, and Conduct Disorders
- **Substance-Related and Addictive Disorders**
 - Neurocognitive Disorders
 - Personality Disorders
 - Paraphilic Disorders
 - Other Mental Disorders
 - Medication-Induced Movement Disorders and Other Adverse Effects of Medication
 - Other Conditions that May be a Focus of Clinical Attention

abbreviated diagnostic criteria for substance use disorders (note: new nomenclature, criteria)

A **problematic pattern of substance use** leading to clinically significant impairment or distress, manifested by **at least 2 of the following in a 12-month period**:

1. Taken in larger amounts or over a longer period than intended
2. Persistent desire or unsuccessful efforts to cut down or control use
3. Great deal of time spent obtaining, using, or recovering from effects
4. Craving, or strong desire or urge to use the substance
5. Recurrent use resulting in failure to fulfill major role obligations
6. Continued use despite related personal or interpersonal problems
7. Important activities given up or reduced because of use
8. Recurrent use in situations in which it is physically hazardous
9. Continued use despite physiological or psychological problems
10. Tolerance
11. Withdrawal

Severity: Mild (2-3 symptoms), Moderate (4-5 symptoms), Severe (6 or more symptoms).

Early Remission: Criteria no longer met ≥ 3 months, and < 12 months, except possible craving.

Sustained Remission: Criteria no longer met ≥ 12 months, except possible craving.

classes of substances

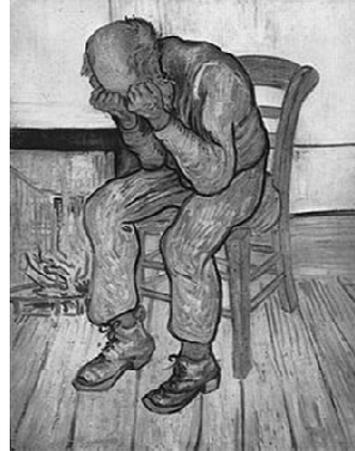
- Alcohol
- Caffeine
- Cannabis
- Hallucinogens
 - Phencyclidine
 - Other hallucinogens
- Inhalants
- Opioids
- Sedatives, hypnotics, or anxiolytics
- Stimulants
 - Amphetamine-type substances
 - Cocaine
 - Other or unspecified stimulants
- Tobacco
- Other (or unknown)



mental disorders: major depressive disorder as exemplar

- Five (or more) of the following, same 2-week period, at least one (1) depressed mood or (2) loss of interest or pleasure
 1. depressed mood
 2. diminished interest, pleasure
 3. weight loss or gain, or decrease or increase in appetite
 4. insomnia or hypersomnia
 5. psychomotor agitation or retardation
 6. fatigue or loss of energy
 7. feelings of worthlessness, or excessive guilt
 8. diminished concentration, or indecisiveness
 9. recurrent thoughts of death, suicidal ideation, attempt, or plan

"The disturbance is not attributable to the physiological effects of a substance (e.g., alcohol medication or alcohol) or another medical condition."

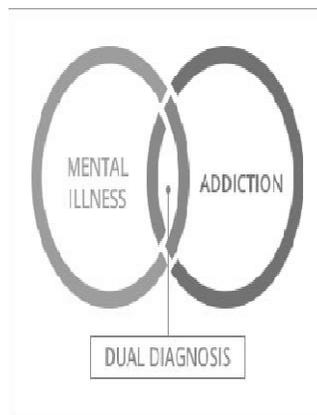


differential diagnosis



generally speaking...

- treat substance use disorder first
- if psychiatric symptoms persist, consider evaluation
- treat both
 - abstinence from mood-altering substances
 - psychosocial treatments
 - mutual help groups
 - cognitive behavioral therapy
 - mindfulness-based therapies
 - DBT/12-step
 - pharmacotherapy and cautions
 - psychiatric disorders
 - substance use disorders
 - collaborative care



mutual help/support groups

- An **essential part of treatment and recovery** for many individuals with substance use disorders.
- Alcoholics Anonymous (www.aa.org)
- Women For Sobriety (www.womenforsobriety.org)
- Narcotics Anonymous (www.na.org)
- SMART Recovery (www.smartrecovery.org)
- Al-Anon and Alateen (www.al-anon.alateen.org)
- Nar-Anon (www.nar-anon.org)
- National Alliance on Mental Illness (NAMI)

Health care professionals, family, friends, encouraged to familiarize themselves with these potentially life-saving societies by **attending** one or more **open meetings**, i.e., meetings open to the general public.



WOMEN FOR SOBRIETY



Al-Anon
Family Groups



SMART Recovery
Self Management and Recovery Training



NAMI
National Alliance on Mental Illness

**lifelong recovery,
and risks for relapse**



**conclusions, questions,
answers, discussion**

