Psychiatric comorbidity among patients in drug treatment

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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
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
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

Prevalence?
# SUD & Psychiatric comorbidity

## Substance abuse services

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SUD & Psychiatric comorbidity

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)
- 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)
Drug users seeking drug treatment

- Heroin-Seeking Treatment: 44%
- Cocaine-Seeking Treatment: 45%
- Inpatient Detoxification: 67%

SUD & Psychiatric comorbidity

Torrens et al, 2011
SUD & Psychiatric comorbidity

Drug users at street

- MDMA: 43%
- Cocaine: 54%
- Heroin: 67%

Torrens et al, 2011
Drug users at street

Drug users seeking treatment

Torrens et al, 2011
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 (%)

Haro et al., 2006; Torrens et al, 2011
• 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
SUD & Psychiatric comorbidity

Relevance?

- 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*
Psychiatric comorbidity in substance users seeking treatment is frequent in SUD (40-70%).

These patients show high clinical (suicide, unintended overdose, 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
Psychiatric Co-Morbidity and Substance Use Disorders: Treatment in Parallel Systems or in One Integrated System?

Marta Torrens¹,², Paola C. Rossi¹, Roser Martinez-Riera¹, Diana Martinez-Sanvisens¹ and Antoni Bulbena¹,²
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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