

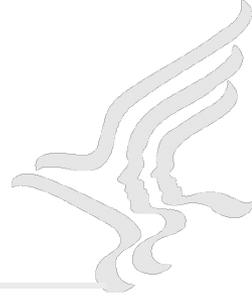
Module 11: Treatment of Co-Occurring Disorders

TIP Chapter 12

- Identify common co-occurring disorders among patients who are opioid addicted
- Study screening procedures for co-occurring disorders
- List guidelines for diagnosis of co-occurring disorders
- Identify factors affecting prognosis
- Investigate treatment issues

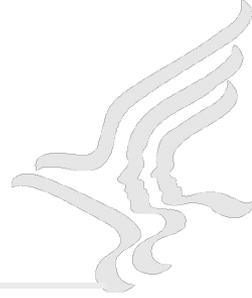


What Is a Co-Occurring Disorder



- A mental disorder that coexists with at least one substance use disorder.
 - Patients with co-occurring disorders often exhibit behaviors or feelings that interfere with treatment.
 - Rapid, accurate identification of co-occurring disorders and immediate interventions improve MAT outcomes.
- Other types of disorders occur, such as cognitive and medical disorders and physical disabilities.
 - These require individualized treatment approaches.

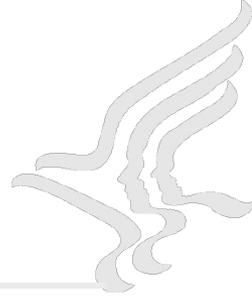
Common Co-Occurring Disorders



■ Axis I Categories

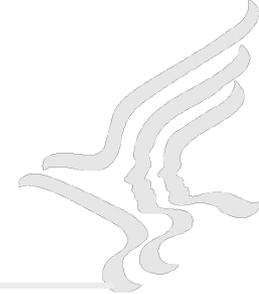
- Mood disorders: Major depressive disorder, dysthymic disorder, bipolar disorder
- Anxiety disorders: Generalized anxiety disorder, PTSD, social phobia, obsessive-compulsive disorder, panic disorders
- AD/HD
- Schizophrenia and other psychotic disorders
- Cognitive disorders
- Eating disorders
- Impulse control disorders
- Sleep disorders

Common Co-Occurring Disorders



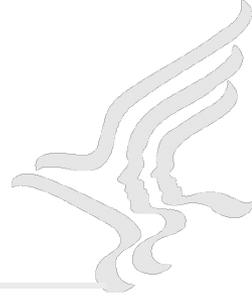
- **Axis II Categories**
 - Personality disorders: APD, borderline personality disorder, narcissistic personality disorder.
- Studies comparing patients in MAT with the general population have confirmed higher rates of co-occurring Axis I and II disorders.

Prevalence of Co-Occurring Disorders



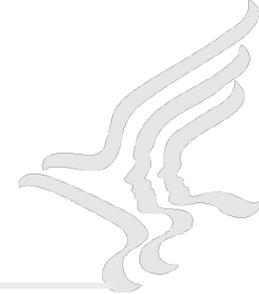
- Some factors increase prevalence of co-occurring disorders among people with substance use disorders, including
 - Older age
 - Low socioeconomic status
 - Residence in urban areas
 - Homelessness
 - Incarceration.
- Mental disorders and some affective and anxiety disorders are more prevalent among persons with substance use disorders than in the general population.

Gender Differences in Co-Occurring Disorders



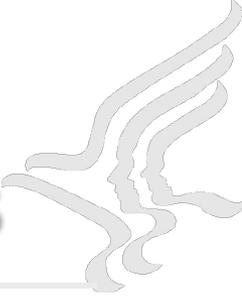
- Rates of co-occurring disorders differ between men and women.
- More women have affective and anxiety disorders.
- More men have APD and are dependent on alcohol.
- Women are more likely than men to have Axis I diagnoses and/or borderline personality disorders and less likely to be diagnosed with APD or manifest problems with other substances.
- Female patients receiving methadone are more likely to have psychotic and affective disorders and PTSD.

Etiology of Co-Occurring Disorders



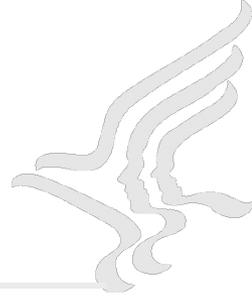
- Four common models explain the relationship between co-occurring and substance use disorders.
 1. Primary substance use disorder and secondary co-occurring disorder: Holds that substance use disorders cause most co-occurring disorders.
 2. Primary co-occurring disorder and secondary substance use disorder: Argues that preexisting mental disorders are a significant cause of substance use disorders.

Etiology of Co-Occurring Disorders



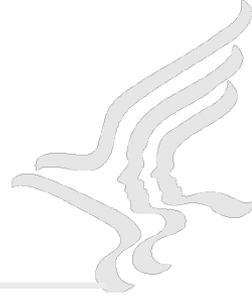
3. Common pathway: Shared genetic or environmental factors may cause both substance use and co-occurring disorders.
4. Bidirectional model: Socio-environmental and interpersonal factors contribute to both substance use and co-occurring disorders through interaction between environment and genetic susceptibility.

Screening Procedures



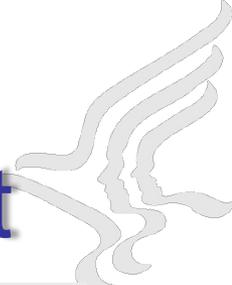
- Admission and ongoing assessment routinely should incorporate screening for co-occurring disorders; a positive result should trigger detailed assessment.
- OTPs should establish specific screening procedures for co-occurring disorders.
- When possible, screening for co-occurring disorders should be linked with other assessments.

Specific Screening Procedures



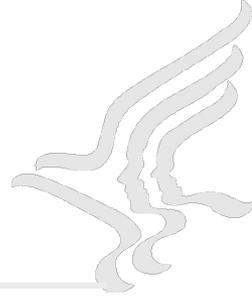
- Screening for co-occurring disorders usually entails determining:
 - An applicant's immediate safety and self-control
 - Previous diagnosis, treatment, or hospitalization for a mental disorder
 - Current co-occurring disorder symptomatology based on DSM-IV criteria
 - Trauma history
 - History of mental disorder-related symptoms among immediate relatives
 - Unusual aspects of an applicant's appearance, behavior, and cognition

Screening for Cognitive Impairment



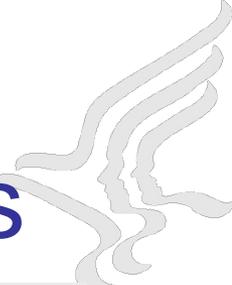
- Accuracy of screening instruments for co-occurring disorders may be compromised if administered to patients with cognitive impairments.
- Brief preexamination of cognitive functioning during mental status examination is recommended for individuals who are disoriented, have memory problems, or have difficulty understanding information in their first language.

Screening Tools



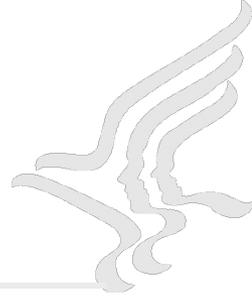
- Important considerations in selecting a screening tool for co-occurring disorders include its psychometric properties, cultural appropriateness, and, if the test is self-administered, the literacy level required.

Diagnosing Co-Occurring Disorders



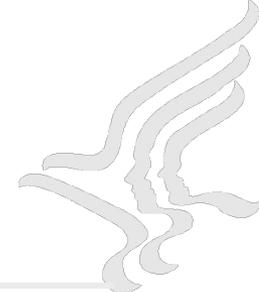
- After a possible co-occurring disorder is identified, an experienced, licensed mental health clinician should make or confirm a diagnosis.
- The most widely used systems to classify mental and substance use disorders are in DSM-IV and ICD-10.
- Both systems present diagnosis criteria accepted by national (DSM-IV) or international (ICD-10) experts.

DSM-IV Criteria



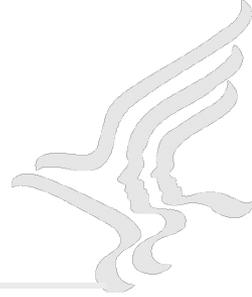
- DSM-IV divides substance-related disorders into two types: substance use disorders and substance-induced co-occurring disorders.
 - Substance use disorders. DSM-IV divides substance use disorders into abuse and dependence. It also makes distinctions about early or sustained remission, differences in programs, and treatment in a controlled environment.

DSM-IV Criteria



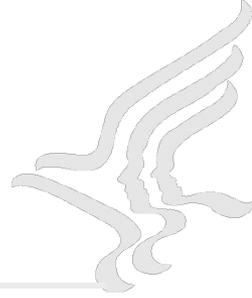
- Substance-induced co-occurring disorders.
 - Substance-induced co-occurring disorders: associated with intoxication, withdrawal, and the persistent effects of substances of abuse.
 - Substance-induced *persisting* disorders: substance-related symptoms continue long after a person stops using a drug. Different drugs have been associated with different types of co-occurring disorders; some (such as opioids) have relatively few or no reported psychotoxic effects, whereas others have many.

Interview Formats for Psychiatric Diagnoses



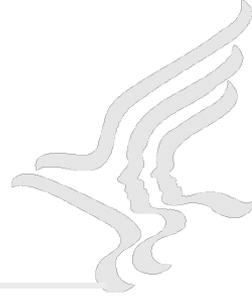
- Many instruments are available to determine DSM-IV or ICD-10 diagnoses:
 - Structured Clinical Interview for DSM-IV Axis I and II Disorders, Clinical Versions
 - Composite International Diagnostic Interview, Core Version 2.1
 - Psychiatric Research Interview for Substance Abuse and Mental Health Disorders
 - Diagnostic Interview Schedule, Version 4
 - Alcohol Use Disorder and Associated Disabilities Interview Schedule

Differential Diagnosis



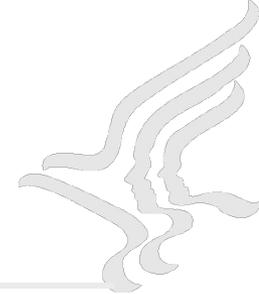
- Careful assessment is critical to determine whether symptoms indicate independent co-occurring disorders, disorders induced by substance use, or a general medical or neurological condition.
- Substance use can magnify symptoms of many co-occurring disorders or increase the risk of suicide, violence, and impulsive behaviors of individuals with antisocial or borderline personality disorders.

Differential Diagnosis



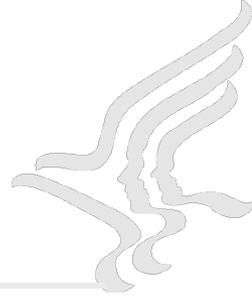
- Independent disorders tend to follow a typical course for each diagnosis and require specific, long-term treatment.
- Substance-induced disorders tend to follow the course of the substance use disorder itself and to dissipate with abstinence.

Differential Diagnosis: Timing



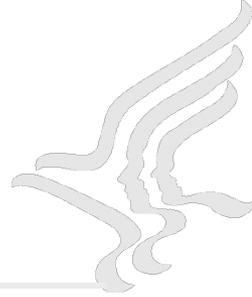
- Accurate diagnosis is difficult during the early phases of MAT.
- Definitive diagnosis often must wait until a patient is stabilized for a minimum of 5 days (but preferably 2 to 4 weeks) and substance use is eliminated.
- Symptoms of severe co-occurring disorders (e.g., suicidality, psychotic reaction) need prompt attention.

Differential Diagnosis: Guidelines



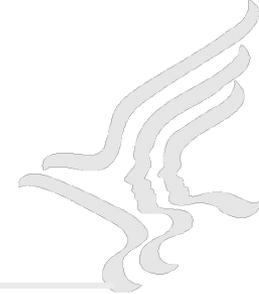
- To assist with a differential diagnosis, the following should be collected and reviewed:
 - Previous history of mental disorders and treatment, especially substance use and response to previous treatment
 - Type, quantity or frequency, and time of last use of illicit substances or prescribed psychotropic drugs
 - Family history of mental disorders

Differential Diagnosis: Primary or Secondary Disorders?



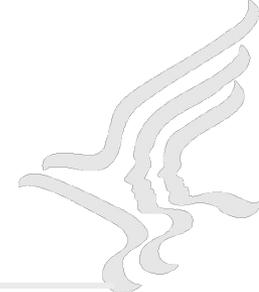
- DSM-IV offers procedures to determine whether a co-occurring disorder is primary or secondary.
- Primary (not substance induced) if symptoms:
 - Developed before substance use disorder
 - Persist during 30 days or more of abstinence
 - Are inconsistent with or exceed those produced by the abused substance at the dosage used
 - Are not better accounted for by substance use or another medical disorder

Differential Diagnosis: Primary or Secondary Disorders?



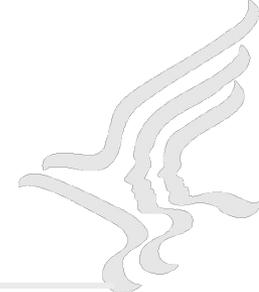
- Secondary (substance induced) if:
 - Symptoms developed during periods of active substance use or within 1 month of intoxication or withdrawal
 - Symptoms are consistent with intoxication or withdrawal from substances used
 - Other features are atypical for primary co-occurring disorder
 - Another co-occurring or medical disorder does not account better for symptoms

Treatment Issues



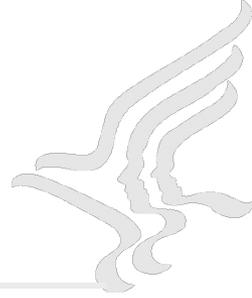
- Co-occurring disorders should not exclude people with opioid addiction from admission to an OTP.
- The best strategy is to stabilize these patients' opioid addiction while assessing their co-occurring disorder symptoms and choosing the most appropriate treatment course.

Treatment Issues



1. Treatment should be integrated or closely coordinated.
2. Staff members should know about treatments for both disorders.
3. Psychotropic medications should be prescribed only after patients are stabilized on treatment medication, unless an independent co-occurring disorder is evident.

Treatment Issues



4. All medications should be monitored carefully. Physicians should be careful about prescribing substances with abuse potential.
5. Patients should be assured that a psychiatric diagnosis can aid in treatment.
6. Therapy for patients with co-occurring disorders should be intensive. The primary goal is abstinence from substances; remission of co-occurring-disorder symptoms is secondary.