Treating Co-occurring Disorders: An Integrated Approach to Managing Co-occurring Disorders (COD)

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Prevalence

- Approximately 5 million US Adults have a serious mental illness and a co-occurring substance use disorder (SAMHSA, 2006)
- Mental health settings reveal 20-50% of their clients have a lifetime co-occurring substance use disorder (Sacks, et al., 1997)
- Substance abuse agencies reveal 50-75% of their clients have a lifetime co-occurring mental disorder (Compton et al., 2000)

Studies

- ECA-
  45% of individuals with ETOH use disorders and 72% of individuals with drug abuse disorders have at least one co-occurring psychiatric disorder (Reiger et al., 1990)
- NCS-
  78% ETOH dependent males and 86% of ETOH dependent females have another lifetime psychiatric disorder, including drug dependence (Kessler et al., 1994)

Co-Occurring Disorders are the expectation rather than the exception

Relevance

- Dual Services
- Poor Outcomes
- Non-compliance
- Increase Suicide Risk
- Medications May Be Discouraged

Diagnosing COD

- Time Line
- Longest Period of Sobriety
- Observe During Abstinence
- Distinguish Withdrawal vs. Psychiatric Symptoms
- Screening Tools (Alcohol Use Identification Test, Michigan Alcohol Screening Test and Drug Abuse Screening Test, The Patient Health Questionnaire)
- Labs- UDS, %CDT, GGT,
- Family History
Hazelden’s COD Series

- MDD
- BPAD
- Anxiety disorders
- Borderline personality disorder
- DID
- Workbooks, DVD, CD-ROM
- 1-800-328-9000

Medications for Substance Abuse

- Disulfuram (Antabuse)
- Acamprosate (Campral)
- Naltrexone (Revia, Vivitrol)
- Topiramate (Topamax)
- Baclofen
- Buprenorphine (Suboxone)
- Methadone
- Modafinil (Provigil)

Depression

- Prevalence - 16.5% had ETOH USE Disorders (ECA) 18.5% had Drug Use Disorders (Reiger et al)
- TCA’s - Imipramine, Desipramine, Doxepine
- SSRI’S (prozac, zoloft, paxil, lexapro, celexa)
- Lamotrigine (Lamictal)
- Nefazodone (Serzone)
- Buproprione (Buspar)
- Venlafaxine (Effexor)

Therapy

- CBT
- Group therapy
- 12 step programs
- Family involvement
- Emergency planning

Bipolar Affective Disorder

- Prevalence – 56% had a SUD (ECA)
- Most common disorder with COD (ECA, NCS)
- More episodes of mixed mania and rapid cycling
- Kindling (Neuronal Sensitization)
- Poor prognosis
- More frequent hospitalizations
- Earlier onset
- More depression

Valproate

- Two studies support safety and efficacy (no change in WBC, platelet counts, transaminase levels)
- Valproate plus normal treatment VS. placebo suggested higher levels of ETOH use in placebo group
- Valproate plus normal treatment vs. placebo revealed lower proportion of heavy drinking days
Valproate Studies Continued
• Valproate plus Naltrexone vs. Valproate only had better outcomes in substance use, depression, mania
• Valproate had better compliance and tolerance vs. lithium in COD
• Recent reports suggest that Valproate can be safely used in patients with hepatitis C virus

Carbamazepine
• Reduced cocaine use in patients with cocaine dependence and BPAD

Oxcarbazepine
• Less drug interactions
• No oxidative metabolism
• Liver impairment will not effect metabolism
• Associated with hyponatremia

Lamotrigine
• Improved mood
• Lower cocaine craving
• No effect on drug use

Second Generation Antipsychotics
• Olanzapine (Zyprexa) - reduced substance use, cravings
• Quetiapine (Seroquel) - mixed results: effective with BPAD and cocaine dependence, did not help decrease ETOH in BPAD with ETOH Dependence

Antidepressants
• Greater risk of mania secondary to antidepressant use
Lithium

Less effective in COD patients

Therapy

- Abstinence
- Relapse prevention
- Medication compliance
- Treatment team relationship
- Family involvement
- Monitor moods (normal feeling vs. BPAD Sx’s)
- Warning signs
- Structure and routine
- 12 steps
- Prepare for emergencies

BPAD Summary

- Anticonvulsants and second-generation antipsychotics may be more useful than lithium or first generation antipsychotics
- Supportive therapy, education
- ACT – (Assertive community program)

Schizophrenia

- Prevalence – 47-70% have substance use disorders and exceeds 80% when nicotine is included
- Poor compliance
- Poor outcomes
- More frequent hospitalizations
- Increased suicidality
- Higher levels of cocaine craving

First vs. Second Generation Antipsychotics

- Haldol vs. Olanzapine (Zyprexa)
- Olanzapine group had less craving, fewer (+) drug screens and improved PANSS
- One study with no difference
- Risperidone (Risperdal) vs. class of FGA
- Risperidone group had less craving, fewer relapses and improved negative symptoms

First vs. Second Generation Antipsychotics Continued

- Risperidone (Risperdal) and Ziprazidone (Geodon) groups stayed in treatment longer than those on Olanzapine (Zyprexa) and FGA
- Large VA study found no difference between groups in substance abuse-related outcomes
Second Generation Antipsychotics Compared

- Olanzapine (Zyprexa) had reduced positive cocaine drug screens compared to Risperidone (Risperdal) - (both groups positive drug screens reduced over time)

- Clozapine (Clozaril) had higher abstinence rates than Risperidone in patients with ETOH and cannabis abuse

Specific Second Generation Antipsychotics

- Risperidone (Risperdal) in open label study had improved CGI ratings, less craving, 88% retention in cocaine abusing patients

- Olanzapine (Zyprexa) in open label study suggested 70% achieved early partial remission

- Quetiapine (Seroquel) in open label study improved substance use outcomes and symptoms

Specific Second Generation Antipsychotics

- Aripiprazole (Abilify) in open label or switch studies showed less craving, and fewer (+) UDS, and improved psychosis

- Clozapine open label and retrospective reviews revealed decrease in ETOH and Substance use

- Long acting injectable Risperidone (Risperdal Consta) open label suggests it is more efficacious than long acting first generation antipsychotics

FDA Approved Medications for the Treatment of SUD

- Disulfiram (Antabuse) – no psychiatric complications and 64% 1 year remission and 30% 2 year remission

- Disulfiram and or Naltrexone – more weeks of abstinence and less craving

- Naltrexone (ReVia)- fewer drinking days and less craving

- Methadone/Buprenorphine- both appear safe

Considerations for Treating COD with Schizophrenia

- Adherence may be more important than efficacy so focus on patient preference

- Encourage compliance with medication even if the patient relapses

- Consider long-acting injectable medications

- Consider side effects such as EPS, lipid profile

- General consensus favors SGA over FGA

- Caution with benzodiazepines and anticholinergics

Treatment

- ACT – (Assertive community program)

- Supportive therapy

- Living skills

- Family education

- Vocational Rehab

- Therapeutic community (Cooper Riis 1-800-957-5155)
Panic Disorder

• Prevalence –
  • 36% had co-occurring SUD
  • 5 - 42% alcoholics had panic
  • 1.7-13% with SUD had panic

• Panic symptoms can be seen during withdrawal or intoxication

Medications Used in Panic Disorder

• SSRI'S
• TCA’s (Imipramine, Desipramine, Nortriptyline)
• MAOI’s (Nardil, Parnate)
• Benzodiazepines (Klonopin, Ativan, Xanax)
• Anticonvulsants (Neurontin, Gabitril, Lyrica)
• Beta blockers (Inderal, Propanolol, Metoprolol)
• Baclofen

Considerations for Treating COD with Panic Disorder

• Activation from SSRI’s, TCA’s, SNRI’s
• Discontinuation Syndrome from SSRI’S, SNR’s
• Latency of onset with SSRI’s, TCA’s, SNRI’s
• Risk of abuse with benzodiazepines

Therapy

• CBT
• Relaxation training
• Diaphragmatic breathing
• Exposure therapy – graduated exposure, imaginal exposure
• Explore interaction between anxiety and addiction
• 12 step program

Generalized Anxiety Disorder

• Prevalence –
  • 8-21% with SUD had GAD
  • 8-52.6% of alcoholics had GAD

• Difficult to differentiate GAD symptoms from withdrawal

• Excessive worry may help with diagnosis

Medications Used in GAD

• SSRI’s
• SNRI’s
• TCA’s
• Buspirone (Buspar)– less anxiety, fewer drinking days/ mixed results
• Anticonvulsants- Tiagibine(Gabitril)
• Baclofen
• Second generation antipsychotics
• Benzodiazepines
Therapy

• CBT
• AIR
• Scheduled worry time
• 12 step program

Social Anxiety Disorder

• Prevalence –
  • 8-56% have co-morbid social phobia and alcohol use disorders
  • 13.9% cocaine dependent patients had social phobia
  • 5.9% methadone maintained patients had social phobia
  • SAD usually precedes SUD
  • SAD interferes with ability to engage in treatment

Medications Used in SAD

• SSRI’s (Paxil)
• SNRI’s
• MAOI’s
• Benzodiazepines
• Anticonvulsants- Pregabalin (Lyrica)
• Beta blockers- specific subtype
• Ondansetron (Zofran)

Benzodiazepines in COD

Assessing the Risks and Benefits of Benzodiazepines for Anxiety Disorders in Patients with a History of Substance Abuse or Dependence
Posternak et al., American Journal on Addictions 10:48-68, 2001
- Risk for abuse in general population is low, perhaps less than 1%
- Vast majority of patients take fewer BZD’s than prescribed and take sub-therapeutic doses
- Few patients experience tolerance for anxiolytic properties
- Few patients increase their dose with time
- Differentiate dependence vs. abuse

- BZD abuse rarely occurs in isolation
- 90% of BZD abusers do so with other substances
- Drug abusers appear more likely to abuse BZD than patients with ETOH abuse
- There is little evidence for abuse of BZD in former drug abusers
- 5 large scale studies comprising over 16,000 BZD users do not support concerns that BZD will induce relapse in former substance abusers

- There is some evidence that BZD’s reduce ETOH over time
- Use with caution especially in patients with antisocial personality
- Contraindication in former substance abusers lacks empirical justification
- BZD’s may be indicated in certain patients with anxiety disorders and former SUD

**Obsessive Compulsive Disorder**
- Prevalence – 3-12% of alcoholics had OCD
- Individuals using cocaine and marijuana had 5.6 times the risk of developing OCD

**Medications Used in OCD**
- SSRI's
- Clomipramine (Anafranil)
- SNRI's
- Buspirone
- Second Generation Antipsychotics
- Topiramate (Topamax)
- Dopamine Agonists (Bromocriptine)
- Memantine HCL (Namenda)
- N-acetylcysteine (NAC)

**Therapy**
- CBT
- 12 step program
Post Traumatic Stress Disorder

- Prevalence - Lifetime prevalence of 36-50% and current prevalence of 25-42% in patients with SUD
- Rate of PTSD was 10 times higher in SUD

Re-experiencing - dreams, intrusive thoughts, flashbacks
- Avoidance - numbing, avoidance of thoughts or activities
- Hyperarousal - Sleep, hypervigilance
- Flashbacks and numbing are unique to PTSD

PTSD and ETOH Dependence

- Improvement in PTSD had greater affect on ETOH abuse than improvement in ETOH abuse had on PTSD
- Improvement in hyperarousal associated with improvement in ETOH abuse
- Try to address PTSD and ETOH abuse concurrently

Medications Used in PTSD

- SSRI’s
- Anticonvulsants - Lamotrigine, Carbamazepine
- Prazosin
- Second Generation Antipsychotics
- Beta-blockers
- Clonidine
- Lithium
- Baclofen

PTSD and ETOH Dependence

Natrexone and Disulfiram had better outcomes than placebo
- Overall PTSD symptoms improved
- Safe in PTSD and ETOH dependence
Disulfiram - beta hydroxylase inhibition
- Promising in PTSD and ETOH, cocaine dependence
- May help with craving and PTSD symptoms
Topamax - Improves craving for ETOH and cocaine
- Improves PTSD symptoms
- Needs research

Other Treatment Options in PTSD

- CBT
- Exposure therapy
- EMDR
- Seeking safety
- TMS- decreased depression but no improvement in PTSD
Cognitive Behavioral Therapy

- Relaxation training
- Cognitive reframing
- Exposure therapy

Cognitive Therapy

- Triggers
  - Physical response
  - Cognitive response
  - Behaviors

Relaxation Techniques

- Breathing techniques
  - Diaphragmatic breathing
  - Progressive muscle relaxation
- Yoga
- Meditation

Cognitive Therapy

- Monitor precipitating factors
- Monitor catastrophic thoughts
- Monitor overestimations
- Challenge evidence for catastrophic thoughts
- Replace with more accurate thoughts
- Challenge inaccurate thoughts

AIR

- Awareness of thoughts
- Interrupt negative thoughts
- Replace thoughts

Cognitive Therapy

- Panic diary
- Anxiety diary
- Exposure therapy
- CBT
- Relapse prevention therapy
- Patients can incorporate CBT into existing relapse prevention techniques
- 12 steps meetings can assist with exposure
- 12 steps can be adapted to address anxiety

Eating Disorders
- Prevalence-
  - 0-6% of patients with anorexia had ETOH Abuse
  - 5-19% of patients with anorexia had SUD
  - 14-49% of patients with bulimia nervosa had ETOH abuse
  - 8-36% of patients with bulimia nervosa had SUD
  - 1/3 of Patients with ETOH abuse had eating disorders

Medications Used in Eating Disorders
- SSRI’s
- Topiramate
- Naltrexone

Medications Used in ADHD
- Stimulants (Adderall, Ritalin, Vyvanse, Daytrana)
- Atomoxetine (Strattera)
- Buproprione (Wellbutrin)- mixed results
- Desipramine
- Modafinil (Provigil)
- Clonidine
- Guanfacine (Tenex, Intuniv)
- Dopamine agonists
- Donepezil (Aricept)

Attention Deficit/Hyperactive Disorder
- Prevalence – 33% of adults with ADHD have histories of alcohol use disorders and 20% have SUD
- 17-50% of alcoholics have ADHD
- 17-45% of SUD adults have ADHD

Therapy
- CBT
- OA
- Explore interaction with addiction
Stimulants
- Methylphenidate (Ritalin) improved ADHD and decreased cocaine use
- Methylphenidate improved ADHD, but showed no change in drug use
- SR methylphenidate showed improvement in ADHD, but no change from placebo; decreased probability for (+) cocaine UDS; responders had a better outcome than non-responders

Stimulants
- Use with caution
- Use delayed release formulas
- Lisdexamphetamine (Vyanse)
- Adderall XR
- Concerta
- Daytrana
- No abuse of stimulants or increase cravings for cocaine were reported

CBT
- Organization skills
- Life coach
- “Twelve Steps: A key to living with ADD” – Friends in Recovery - RPI Publishing, Inc.- San Diego

Borderline Personality Disorder (BPD)
- Hazelden – “Understanding BPD and Addiction”
- 12 step program
- DBT
- Address thinking errors
- BPD group
- Education
- Safety plan
- SSRI’s, SGA’s, anticonvulsants

Pregnancy
- Methadone
- Buprenorphine (Suboxone)

Chronic Pain
- Methadone
- Buprenorphine (Suboxone)
- Anticonvulsants
- SNRI’s (Cymbalta, Pristiq, effexor)
- Fentanyl Patch
- Morphine Pump
- Dorsal Column Stimulator
- NSAID’s
- Acetaminophen
Self Mutilation
- Naltrexone

Memory
- Memantine HCL (Namenda)
- Donepezil (Aricept)

Insomnia
- Trazadone
- Mirtazepine (Remeron)
- Ramelteon (Rozerem)
- Anticonvulsants
- Eszopiclone (Lunesta)
- Second Generation Antipsychotics

Dual Recovery Anonymous (DRA)
- World Services Central Office
  PO Box 8107
  Prairie Village, Kansas 66208
  877-883-2332

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