UNC SON ECHO ABC for MOUD

Addiction and Behavioral Clinic for Medication for Opioid Use Disorder Treatment

Comorbid Drug Use Disorders

UNC ABC ECHO

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Speaker Disclosures

Dr. Wyatt: No Disclosures

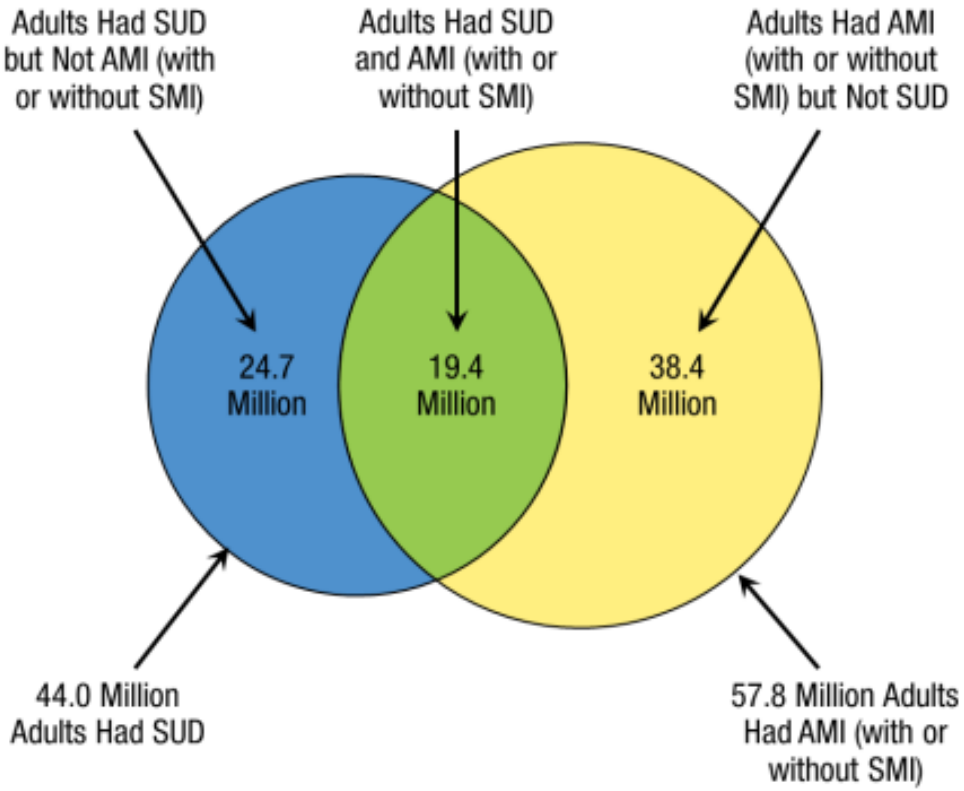
The contents of this activity may include discussion of off label or investigative drug uses. The faculty is aware that is their responsibility to disclose this information.

Educational Objectives

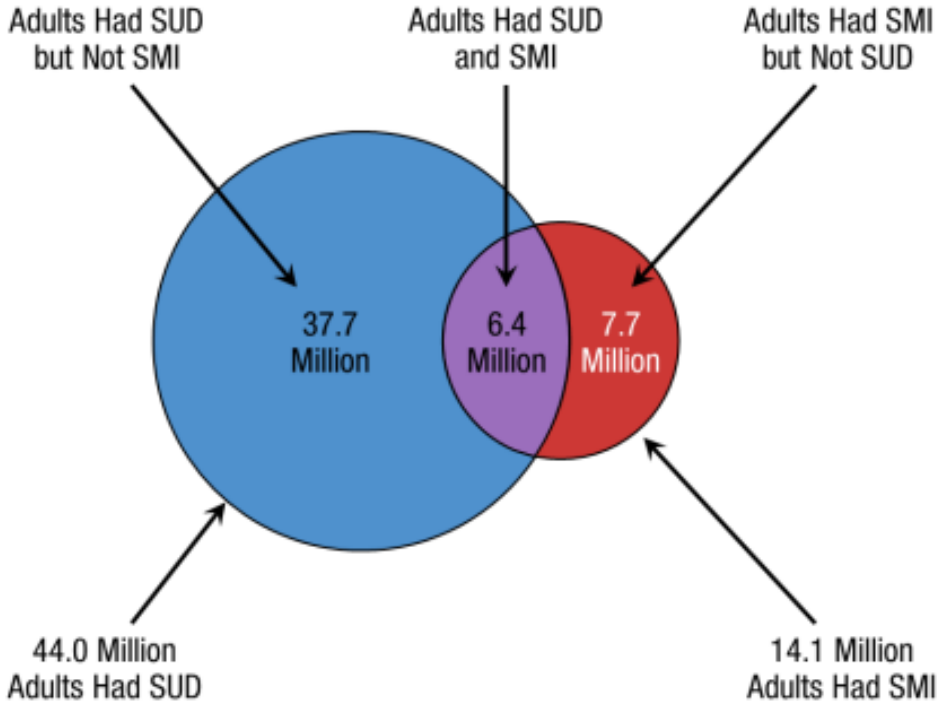
At the conclusion of this activity participants should be able to:

- Utilize the rates of comorbid psychiatric illnesses in patients with opioid use disorders and which disorders are most common in considering their work with this population.
- Have improved confidence in determining primary psychiatric disorders from opioid-induced psychiatric disorders.
- Make informed choices considering the impact of comorbidity on treatment options.

Mental Illness and Substance Use Disorders in the United States



82.5 Million Adults Had Either SUD or AMI (with or without SMI)



51.7 Million Adults Had Either SUD or SMI

NSDUH 2021, SAMHSA

Epidemiology of Comorbidity of Psychiatric Disorders in Opioid Use Disorders and Drug Use Disorders

Grant et al, JAMA Psychiatry, 2016. The NESARC Survey

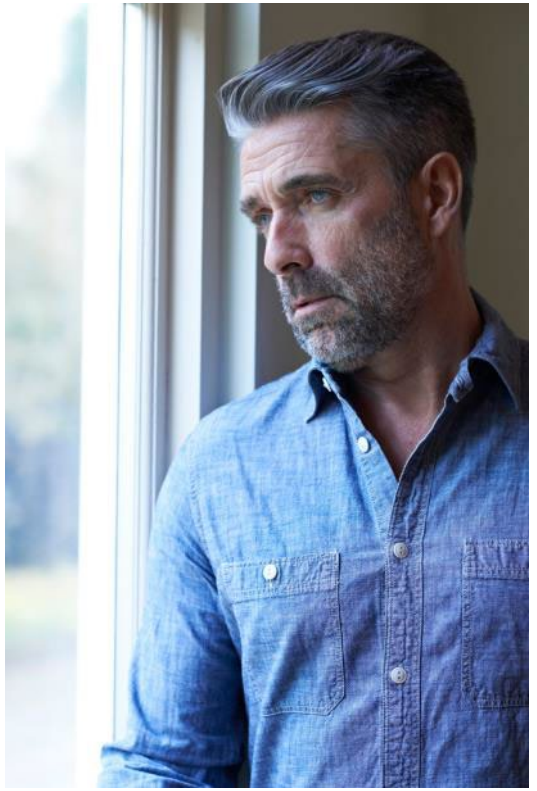
- Substance use disorders are particularly associated with increased likelihood of PTSD, Borderline Personality Disorder, Bipolar Disorder and Antisocial Personality
- The more severe the drug use disorder the higher the likelihood of comorbid psychiatric disorders
- Alcohol and nicotine use disorders have the highest comorbidities with drug use disorders—we sometimes forget about these as comorbidities.

Impact of Comorbidities

- Comorbid MH & DUD patients compared with patient w/o a MH disorder:
  - Increase in emergency admissions (Booth et al., 2011; Martín-Santos et al., 2006; Schmoll et al., 2015),
  - Increased rates of hospitalisations (Stahler et al., 2009),
  - Higher prevalence of suicide (Aharonovich et al., 2006; Marmorstein, 2011; Szerman et al., 2012),
  - Higher risk of drug use relapse, worse treatment outcomes (Boden & Moos, 2009),
  - Early mortality (Fridell et al., 2019; Plana-Ripoll et al., 2020; Samet et al., 2013).
- Comorbid disorders are reciprocally interactive and cyclical.
- A poorer prognoses for both drug use disorders and other mental disorders can be expected if not address in an **integrated way**
  (Flynn & Brown, 2008; Magura, 2008; Wüsthoff et al., 2014)

Depressive and Anxiety Symptoms

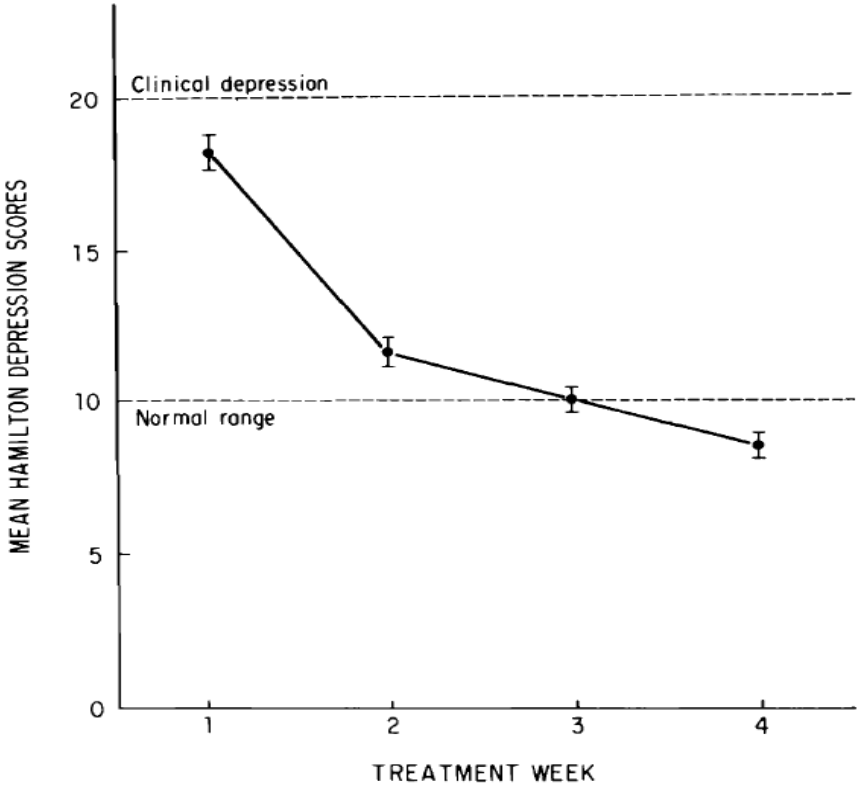
- Mood instability and anxiety symptoms are common at treatment entry
- Symptoms may resolve within few days of stable SUD treatment
- Symptoms that persist beyond acute intoxication and withdrawal can be worthwhile targets for treatment:
  - For example, with Selective Serotonin Reuptake Inhibitors
- Patients treated with MOUD respond to medications for depression and anxiety at rates similar to those without opioid use disorders



Change in Hamilton Depression Rating Scale in Patients with Alcoholism Following Detoxification and Supportive Care

Brown and Schuckit, J Stud Alcohol, 49:412, 1988

FIGURE 1. Hamilton depression scores of male primary alcoholics during four weeks of hospitalization.



- The sample was a VA male population
- Patients with a history of major depression independent of alcohol were excluded
- No antidepressant medication was given
- 42% of patients had clinically significant depression at intake and this dropped to 6% after 4 weeks of detoxification and supportive care.

Psychiatric Assessment – Induced

Substance-induced disorders

- Patient's history suggests symptoms occur only when he/she is actively using drugs
- Symptoms are related to intoxication, withdrawal, or other aspects of active use
- Onset and/or offset of symptoms are preceded by increases or decreases in substance use
- Goal should be sustained abstinence followed by re-evaluation of symptoms

Substance-Induced Psychiatric Disorders

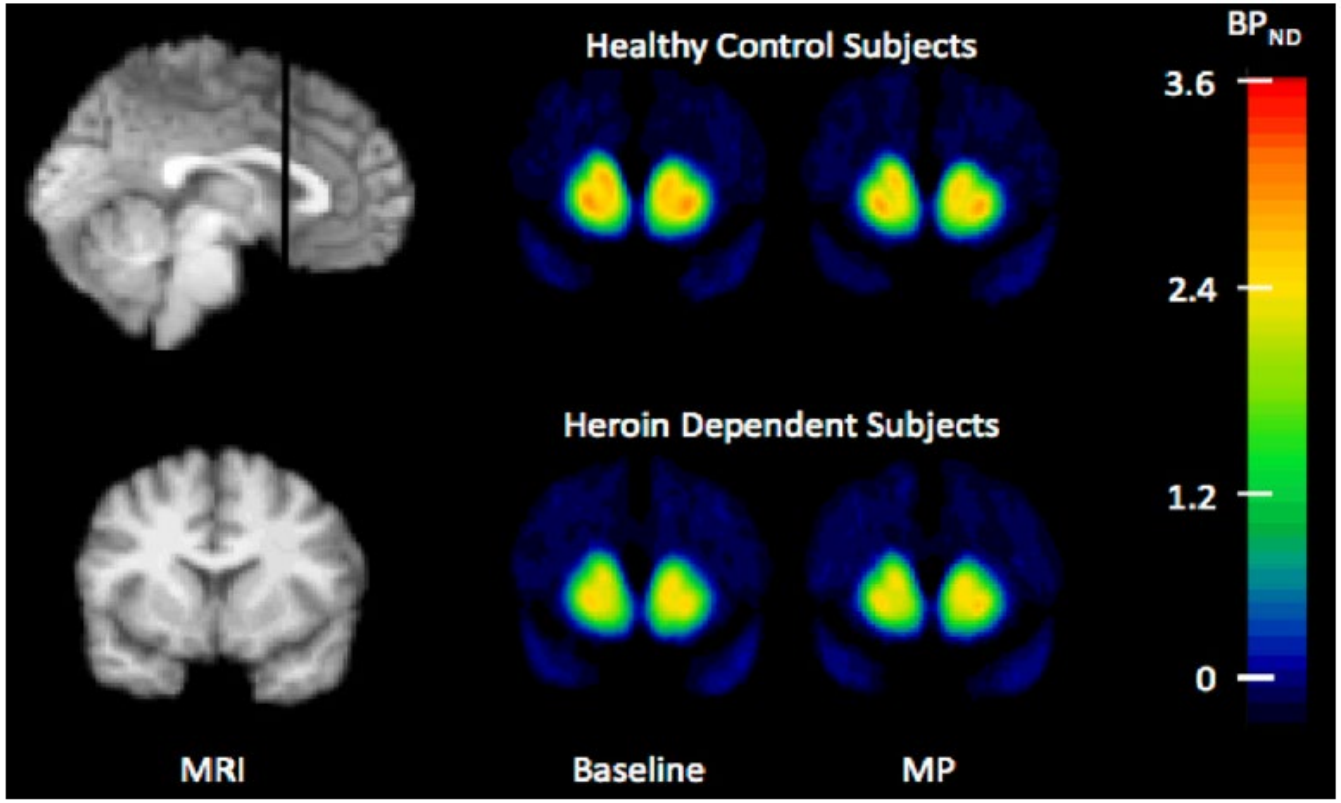
- DSM-V notes that a substance-induced disorder is one where the symptoms developed in relation to the use of a substance “capable of producing the symptoms”
- The symptoms are not better explained by a primary psychiatric illness that preceded the substance use and do not occur exclusively with substance use.
- We do know that substance-induced mood and anxiety symptoms can persist for long periods—the protracted abstinence syndrome.

The Emerging Science of Protracted Abstinence

- “The increases in negative emotional states and dysphoric and stress-like responses in the withdrawal/negative affect stage involve decreases in the function of the dopamine component of the reward system and recruitment of brain stress neurotransmitters, such as corticotropin-releasing factor and dynorphin, in the neurocircuitry of the extended amygdala” Koob and Volkow, Lancet Psychiatry, 2016 3:760-73
- Associated with dysphoric mood, sleep dysregulation, stress intolerance, anhedonia, low energy and motivation, anxiety

Heroin Addiction Associated with Reductions in Dopamine Binding and Release in Striatal "Reward" Region

Martinez et al, Biol Psychiatry, 2012



- Both striatal D2/3 receptor binding and dopamine release were reduced in the heroin dependent subjects compared to healthy controls.
- Similar to alcohol, cocaine

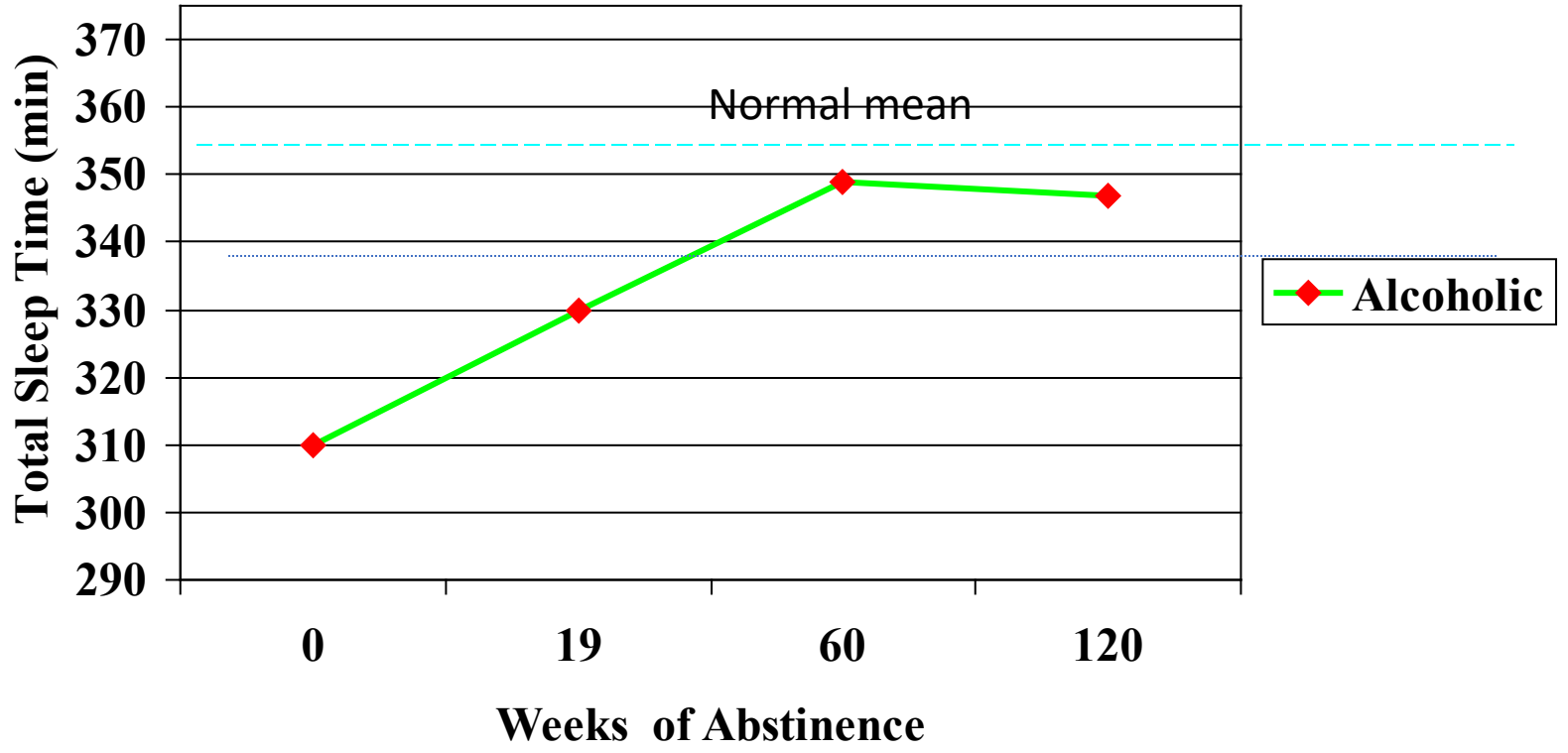
Psychiatric Assessment – Independent

Independent disorders

- Patient's history suggests symptoms occur during periods when not using or abusing psychoactive substances, or during periods of steady use without change in amount or type
- May also find a family history of the disorder
- Goal of substance use disorder treatment should still be cessation of substance use, but treatment may also address psychiatric symptoms simultaneously

Sleep Recovery in Alcoholism

Drummond et al, 1998



Psychiatric Assessment – Areas to Assess

Suicide and homicide risk

- Increased risk in substance use disorder populations
- Should ask about thoughts of harm to self or others
- Be prepared if answer is positive

Suicide risk increased by

Prior suicide attempt
Greater suicidal preoccupation
Level of intent and formulation of plan
Availability of lethal means
Family history of completed suicide
Presence of active mental illness
Current negative life events
Serious medical illness
Active substance use disorder

Trauma and Substance Use D/O

- Trauma is highly associated with substance use disorders both before and after the onset.
  - Lifetime trauma is reported in up to 66% of treatment seeking patients.
- Post Traumatic Stress Disorder, PTSD, is known to often precede the onset of SUDs
  - Prevalence of lifetime PTSD in patients with an SUD ranges from 26% to 52%
    - Women 27.9% - Men 51.9%
    - SUD seen 4.46 x more often in women **with** PTSD **than without**.
    - Men 3 times more often
- Comorbid illness is more difficult to treat than either individual disorder.
  - Treatment of the SUD often results in improvement of PTSD symptoms but not visa versa.
  - Overtime the SUD becomes a more difficult and persistent illness.
- Treatment should include both concurrently.
  - Combination of psychotherapeutic and pharmacologic management is most effective.

Wave 2 of the National Epidemiologic Survey on Alcohol and Related Condition 2010, Sartor et al., 2011, McCauley, et al, Clin Psychol (New York). 2012 Sep 1; 19(3):

Treatment of Co-Occurring Psychiatric Disorders

- With consent, attempt to gain collateral information from other providers, family, and/or friends.
- Repeatedly review the Prescription Drug Monitoring Program.
- **Avoid use of benzodiazepines**
  - Risk of misuse (taken other than prescribed), is an indicator of polysubstance use and associated with more erratic behavior
  - Increase risk of respiratory depression and overdose.
  - The first-line treatments for anxiety and depression are:
    - Selective serotonin reuptake inhibitors alone or with norepinephrine reuptake inhibitors
    - Psychotherapy (e.g.: cognitive behavioral therapy)
- Stimulants
  - If there is concern for Attention Deficit Hyperactivity Disorder (ADHD), consider Adult ADHD Self-Report Scale (ASRS) or refer patient for a psychiatric assessment
  - Continue stimulants if the diagnosis has been definitively established.

Chang et al., 2005
Kampman et al., 2015

Treatment of Co-Occurring Psychiatric Disorders

Summary

- Attempt to facilitate treatment in an integrated care setting.
- Treat the co-occurring illnesses as equally important to manage.
- Reduction in use and for many abstinence:
  - will be important in establishing improvement of symptoms (neurobiologic stabilization)
  - will often also improve adherence to psychotherapeutic and medication treatment recommendations.