

ECHO- Diagnostic Complexity: co-occurring illness (3/16)

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How common are co-occurring illnesses? Some examples:

GAD: prevalence of alcohol use disorder 8.3-52.6%.

NCS: stimulants (OR 2.07), cocaine (OR 2.39), hallucinogens (OR 5.09), heroin (OR 4.27).

Social Anxiety: NESARC data showed 48% prevalence of AUD in people with social anxiety disorder. NCS found people with social anxiety are 7x more likely to develop cannabis dependence (DSM-IV).

Psychosis: SUDs higher than general population (OR 3.5-4.6)

ECA study- 90% of people with schizophrenia use nicotine.

Chile study of 22K+ people treated for SUDs- prevalence of those with schizophrenia that had cocaine use disorder (1.1%), vs those with cannabis use disorder (5.2%).

Bipolar: prevalence of SUD with bipolar 1 (52%), bipolar 2 (37%). Another showed 60%, 40%. Co-morbid use led to more and recurrent symptoms, hospitalizations, neurocognitive impairment, lower functioning and quality of life, higher aggressiveness, more arrests, more suicide attempts.

CASE:

15-year-old male presenting with low mood, lack of interest in activities, poor concentration, sleep issues, starting at age 13. He began using cannabis at age 14 with friends on the weekends, then began using after school, then several times daily on his own. He reports, "It helps me be more social and makes me happier." He presented with his parents who are concerned about recent decline in grades, low motivation, low mood, isolation.

In adolescents, isolated SUD is the exception- Think "What else is going on?"

Depression- use to elevate mood, motivation, social connections, reduce boredom.

Anxiety (Generalized, Social, OCD, others)- use to reduce anxiety, 'social lubricant,' subjectively helps reduce overthinking, or help with sleep onset.

ADHD- use to reduce overthinking, calm hyperactivity, perceived to improve concentration. Stimulant misuse (meth, cocaine, stimulant Rx's) increases motivation, improves performance.

Bipolar disorders- use to balance out mood, or using is related to disinhibited/ risky behavior.

Trauma (will discuss further on 3/30)- use to suppress anxiety, intrusive thoughts, hyperarousal

Schizophrenia/ psychosis- substance use may exacerbate or reduce perceptual disturbances

How the disorders present:

Loss of... job, partner, friends, sports team

Decline in academic function or job performance/ productivity

Increasing conflict/ irritability/ anger with family

Legal issues

How can we assess for co-occurring disorders?

Office based screens: [PHQ-9](#), [GAD-7](#), [CAGE-AID](#), [CRAFFT](#), [PCL-5](#)

Clinical interview

What does using _____ do for you? Why do you continue to use _____?

Goal: open-ended questions, non-judgmental, develop rapport and promote follow up

Diagnostic criteria (DSM diagnoses)

"Clinically significant distress or impairment in social, occupational, other important function"

Confounding Symptoms of mental illness, substance use or withdrawal

Low mood, anhedonia/ loss of interest, fatigue, poor concentration, sleep issues

Anxiety, irritability, restlessness, heart palpitations, shaking, sweating, dizzy, nausea

Memory difficulties, poor attention or concentration

Elevated mood, less need for sleep, goal-directed behaviors, risky behaviors

Disorganized thought process, memory/ attention/ cognitive concerns, hallucinations

Diagnoses of mental illness when there is co-occurring use:

Primary mental illness or co-occurring

Symptoms precede onset of substance use, OR

Persist in isolation of use, beyond 1 month after intoxication or withdrawal

Substance induced _____ (depression, anxiety, psychosis, OCD, etc)

Symptoms developed during or soon after use, AND

Substance is capable of producing similar symptoms

Unspecified _____ (depressive, anxiety, etc) disorder

When you are not sure

Treatment:

Treat the underlying mental illness concurrently with substance use disorders

*We will cover more about treatment on 6/22

Definitions:

PTSD (Post traumatic stress disorder), GAD (Generalized Anxiety Disorder), NCS (National Comorbidity survey), NESARC (National Epidemiological Survey on Alcohol and Related Conditions), ECA (Epidemiologic Catchment Area)

Resources:

Monitoring the Future Studies ([Substance use trends](#)), National Institute on Drugs and Alcohol, Diagnostic and Statistical Manual (DSM-5), AACAP Practice Parameters- Substance Use Disorders (2005*), Uptodate, Principles of Addiction Medicine