

Co-occurring Addiction and Mental Disorders

**Future Visions
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Lifetime Prevalence and Odds Ratios ECA Study

	Alcohol	OR	Other Drug	OR
• Any mental	36.6%	2.3	53.1%	4.5
• Schizophrenia	3.8%	3.3	6.8%	6.2
• Any affective	13.4%	1.9	26.4%	4.7
• Anti-social	14.3%	21.0	17.8%	13.4
• Alcohol			47.3%	7.1

Regier, 1990

Dual Disorders Among the Severely Mentally Ill

- Hall '77 Poor out-pt attendance, discontinue Rx
- Alterman '85 More mood changes, intensive staffing
- Solomon '86 More noncompliance, arrests
- Safer '87 Over twice hosp. rate and criminal behavior
- Drake '89 More hostility, noncompliance
- Barbee '89 More psych symptoms
- Lyons '89 More noncompliance, ER, jail, rehosp.
- Chen '92 Worse treatment course

TABLE OF CO-OCCURRING PSYCHIATRIC AND SUBSTANCE ABUSE RELATED DISORDERS IN ADULTS
Revised January 21, 2000

LOW - LOW

Consultation between systems

Generally not eligible for public alcohol/drug or mental health services

Low to Moderate Psychiatric Symptoms/Disorders

And

Low to Moderate Severity Substance Issues/Disorders

Services provided in outpatient chemical dependency or mental health system

HIGH - LOW

Collaboration between systems

Eligible for public mental health services but not alcohol/drug services

High Severity Psychiatric Symptoms/Disorders

And

Low to Moderate Severity Substance Issues/Disorders

Services provided in outpatient and inpatient mental health system

LOW - HIGH

Collaboration between systems

Eligible for public alcohol/drug services but not mental health services

Low to Moderate Psychiatric Symptoms/Disorders

And

High Severity Substance Issues/Disorders

Services provided in outpatient and inpatient chemical dependency system

HIGH - HIGH

Integration of services

Eligible for public alcohol/drug and mental health services

High Severity Psychiatric Symptoms/Disorders

And

High Severity Substance Issues/Disorders

Services provided in specialized treatment programs with cross-trained staff or multidisciplinary teams

What about the Low psych/High addiction group?

- Who are they?
- Where are they getting served?
- What are their treatment needs?
- Why should this concern MH providers, if their biggest problem is addiction?

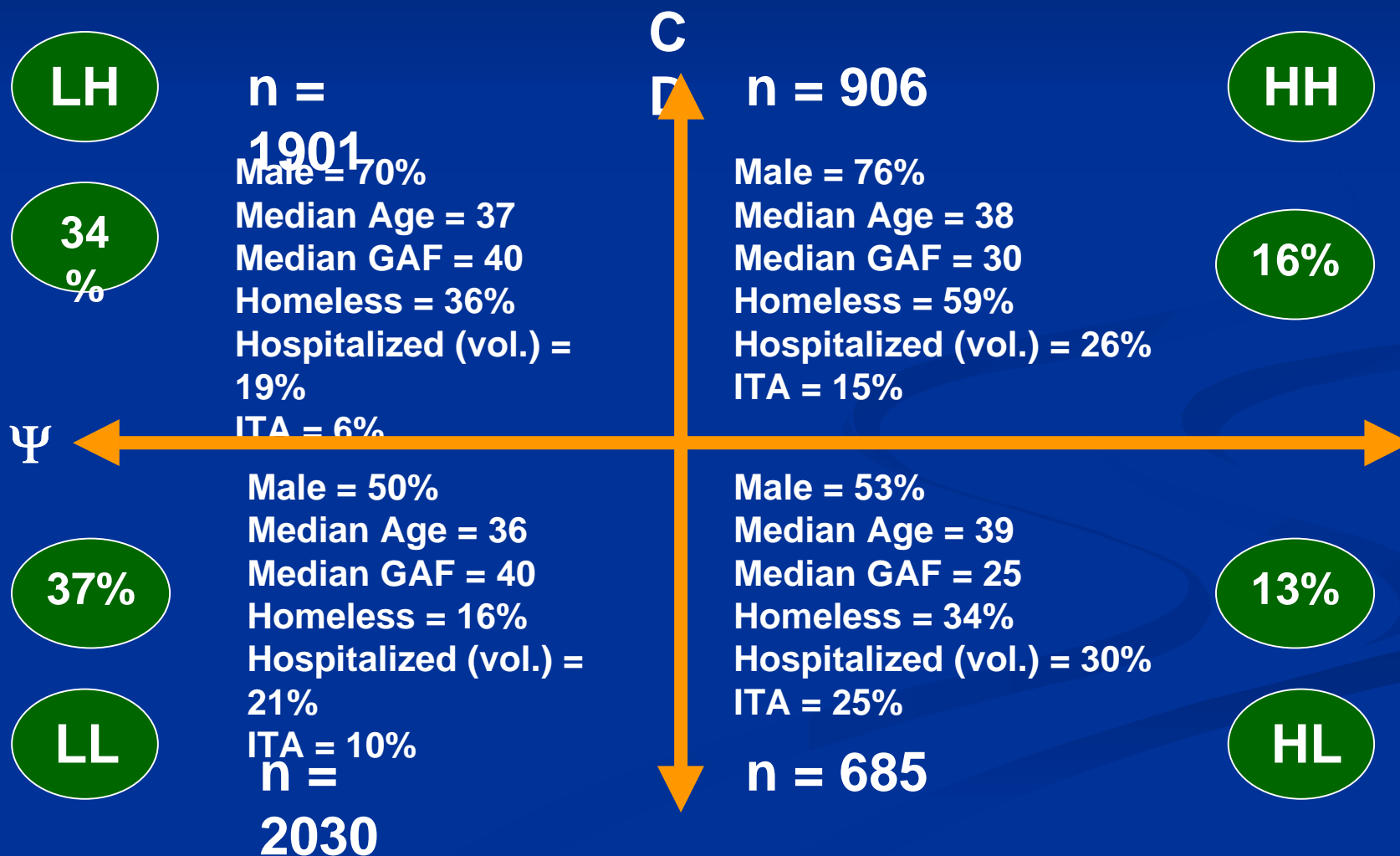
Total n = 5522

Definition:

CD = 0-2 Low, 3-6 High

Psychiatric = High + 1 hospitalization

and severe role dysfunction



CD

n = 1901

LH

Male = 70%

Median Age = 37

Median GAF = 40

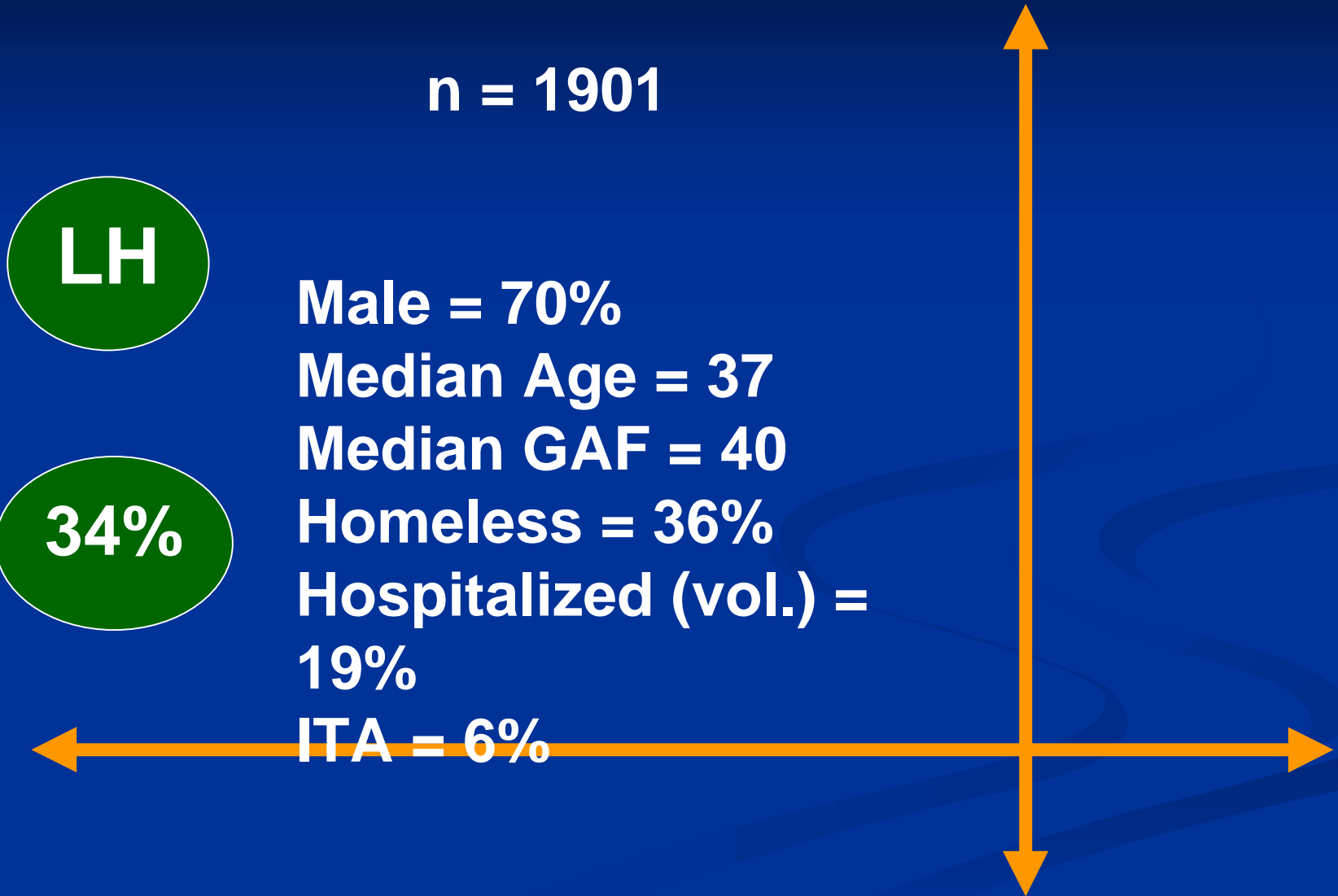
Homeless = 36%

Hospitalized (vol.) =
19%

ITA = 6%

34%

Ψ



Likelihood of a Suicide Attempt

Increased Odds Of Attempting Suicide

Risk Factor

- Cocaine use
- Major Depression
- Alcohol use
- Separation or Divorce

62 times more likely

41 times more likely

8 times more likely

11 times more likely

ECA EVALUATION

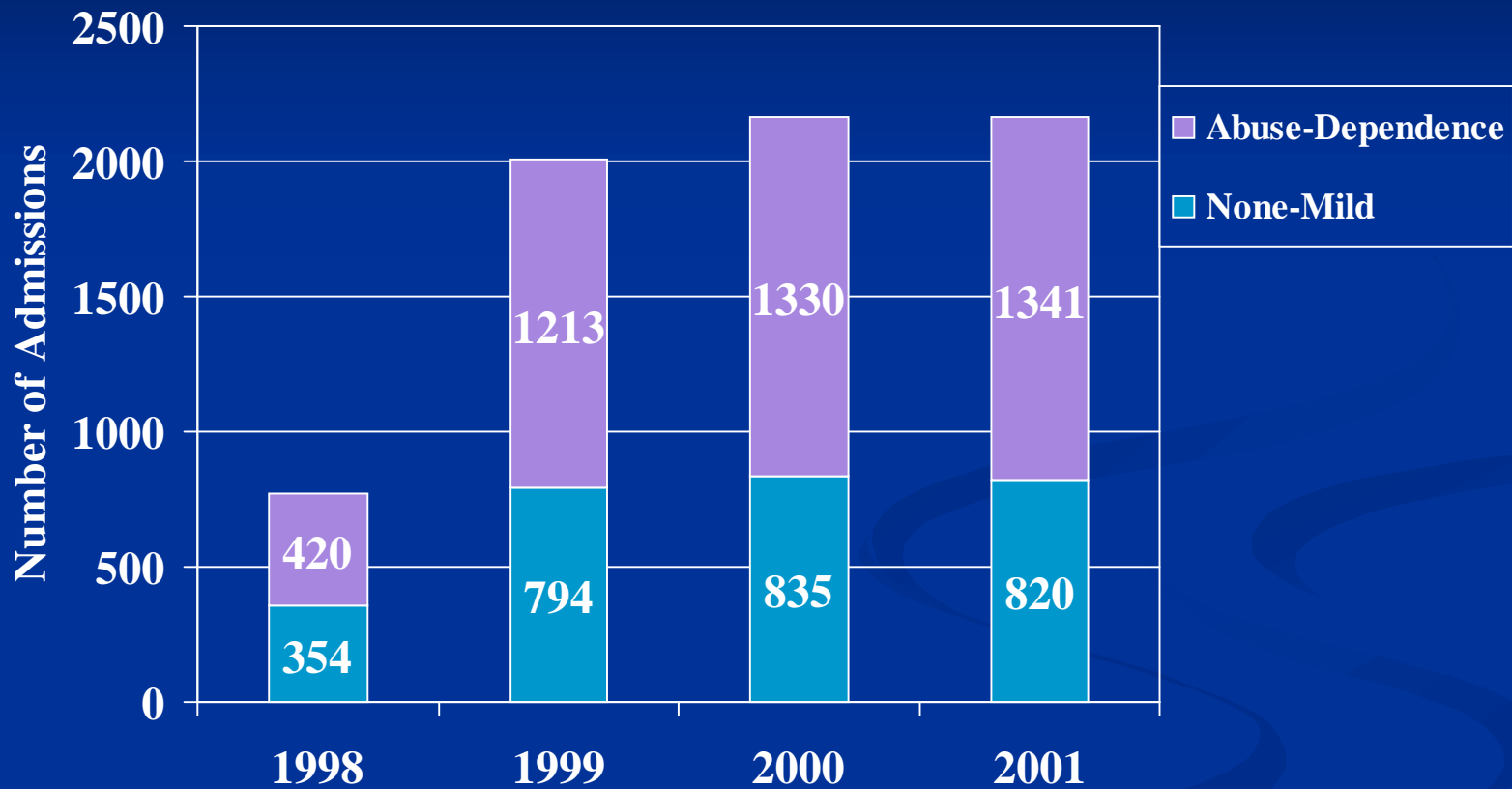
NIMH/NIDA

Major Depressive Disorder (MDD) Comparison by Degree of Suicidality

Variable	None n=46	Thoughts n=209	Thoughts + Plans n=513	Recent Attempt n=123	p Value
Male	32.6	49.3	56.3	56.1	<0.001
Living alone	42.2	42.1	52.4	43.2	<0.05
Medical illness	17.8	15.3	18.5	19.5	ns
Involuntary admit	8.7	4.3	4.3	10.6	<0.05
Substance abuse					
-Current dx	21.7	46.9	49.7	48.8	<0.01
-Dysfunctional consequences	20.5	36.5	42.3	40.7	<0.05
-Current use	26.7	51.8	51.9	53.3	<0.01

Pages KP, et al. J Clin Psychiatry 1997, 5:11

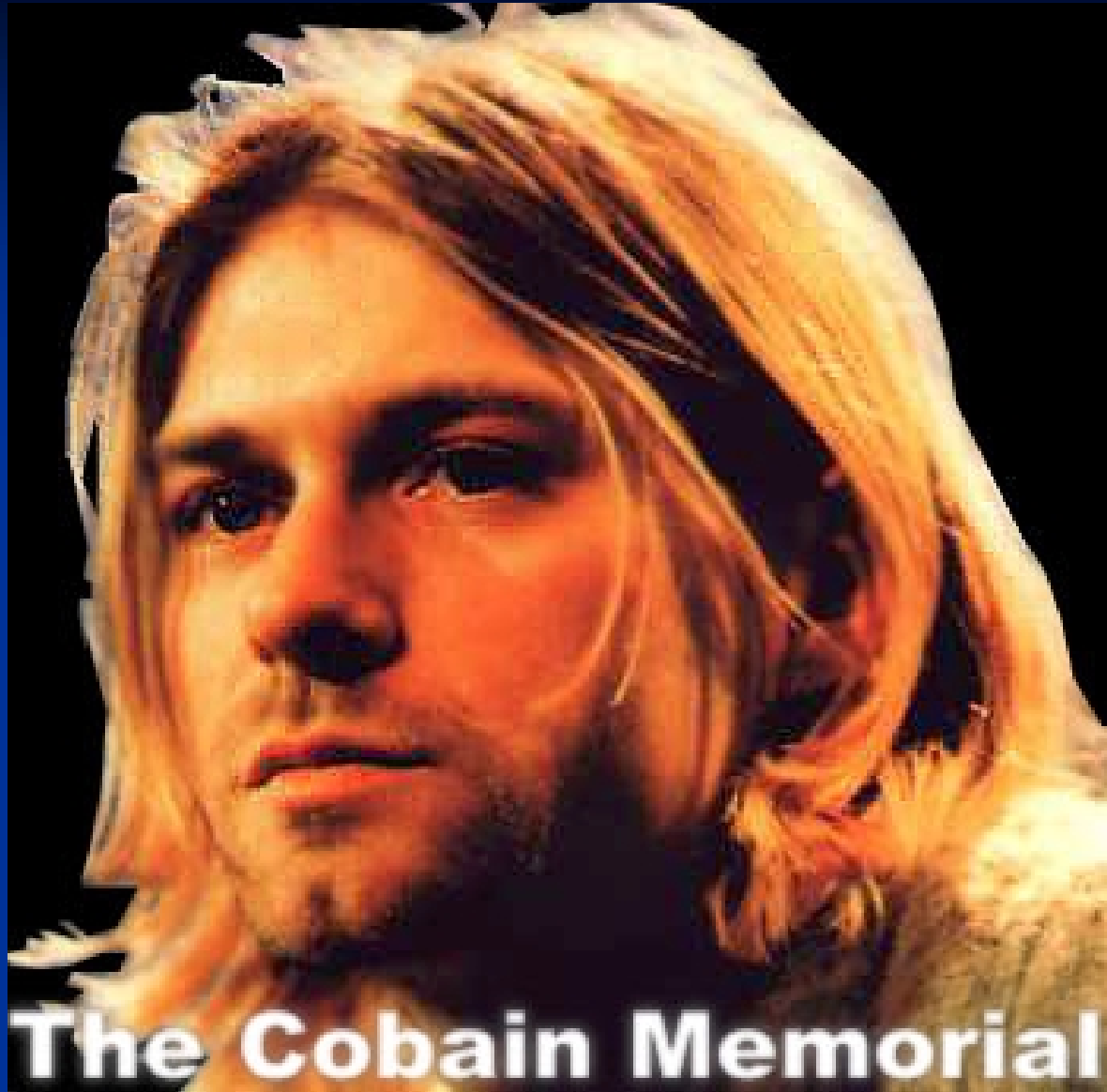
Number of Admissions with a Moderate to Severe Acuity Rating for SUICIDALITY Broken Down by Substance Use Disorders



Has urges or impulses to kill self and a plan – hopeless, wants to kill self ASAP.
Recent attempts or behaviors.

Substance Induced Depression: Severity/Dangerousness

- Henriksson, et al (1993)- 43% of completed suicides had alcohol dependence. 48% of these were also depressed. 42% had a personality disorder.
- Elliot, et al (1996)- patients with medically severe suicide attempts had a statistically higher prevalence of substance-induced mood disorder.



The Cobain Memorial

Low psych/high addiction Rx plan

Acute...psych based dual unit

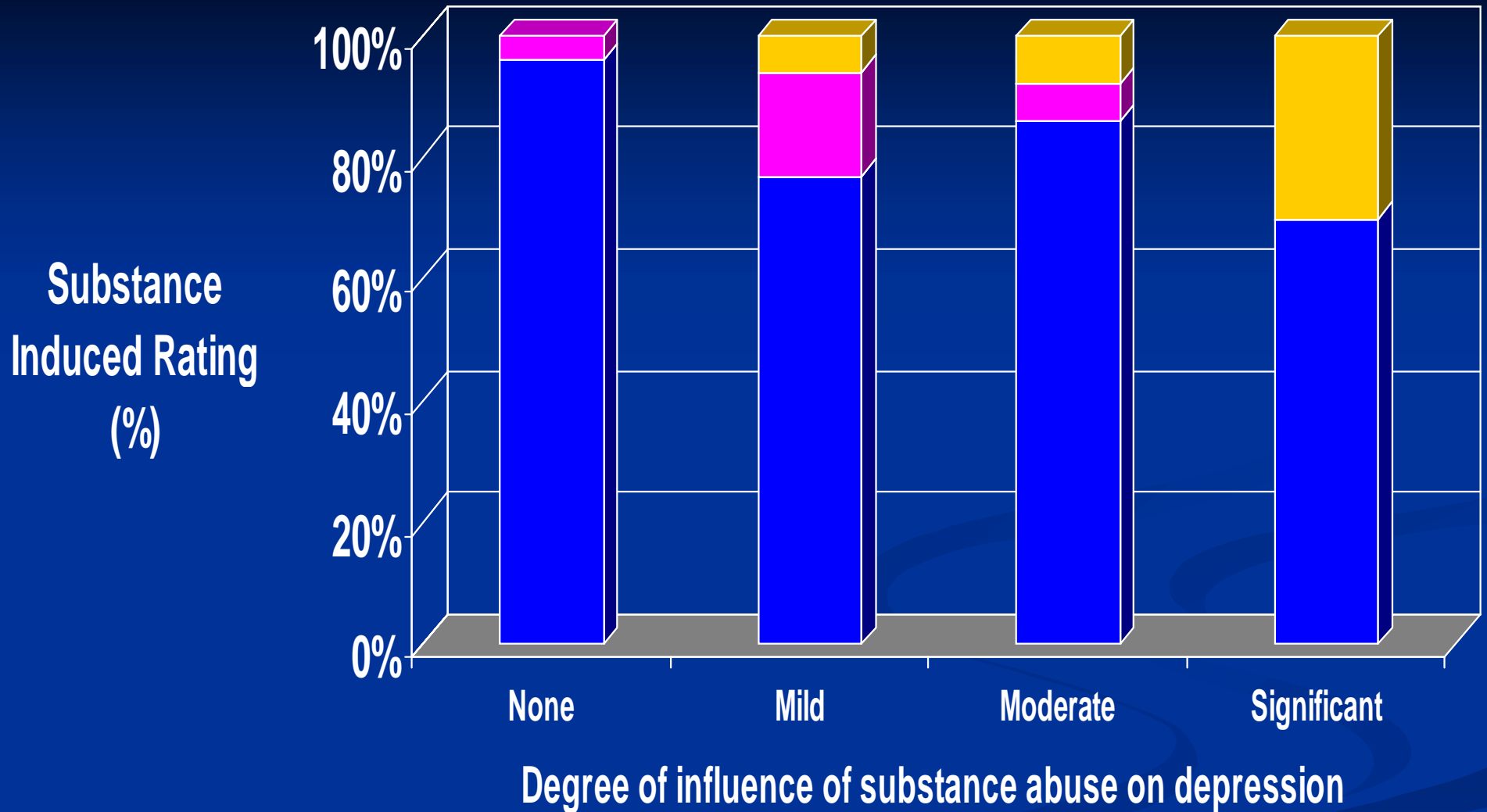
focus on safety (suicide/detox)

Subacute...still psych based or stepdown

focus on diff dx, denial,
motivational issues

Outpt/longer term...addiction based with
integrated psychiatrist prescriber on site

Reliability of Substance Induced Categories



- Percent Rated Less Severe on Admission
- Percent Rated More Severe on Admission
- Percent With Same Rating on Admission & Discharge

The MH system should:

- Consider subsidizing onsite psychiatrists in the addiction system....why?
- Managed care selects for suicidality, and Intensive case management has been so successful in keeping SMI persons out of the hospital, that:
- L/H patients now outnumber SMI patients in many MH inpt settings

And....

- Most addiction treatment centers do not have onsite psychiatrists (less that 20%)
- LH pts with significant depression fall out of out pt addiction treatment, and often end up in the most expensive level of MH based treatment (inpt) for acute services,
- Onsite psychiatrist services have shown positive effects in addiction treatment (retention and outcomes...Saxon '94, Chaney '01, Weisner '01)