Dual Treatment Best in Co-Occurring Disorders

Optimal approach is for addiction psychiatrists to focus on treatment, leave monitoring to primary care.

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MIAMI — In people with co-occurring substance use and mental health disorders, optimal treatment consists of brief screening and ongoing monitoring by primary care physicians, coupled with addiction psychiatry assessment and treatment, according to a presentation at the annual conference of the American Society of Addiction Medicine.

There are 14.9 million adults in the United States who meet criteria for a substance use disorder, and 19.4 million who meet criteria for serious psychological distress, and each of the criteria for both, according to the 2005 National Survey on Drug Use and Health.

"Of this 5.2 million, a remarkably small amount are coming into our treatment services," said Charlene E. Le Fauve, Ph.D., clinical psychologist and chief of the Co-Occurring and Homeless Activities Branch at the Substance Abuse and Mental Health Services Administration.

Almost half (48%) of this co-occurring disorder (COD) group gets no treatment at all. Approximately 5% get substance use treatment only, and about 6% get treatment for both substance use and a mental health disorder. Another 41% get treatment only for mental health problems, "but how many have positive, long-acting outcomes while treating one disorder and ignoring the other?" Dr. Le Fauve asked.

All individuals presenting for treatment for substance use should be screened for mental health problems and vice versa, Dr. Le Fauve said because in presence of one type of disorder puts an individual at higher risk for developing the other type. For example, mood disorders, especially anxiety and depression, are very common in the addiction population.

Relationships between mental health and substance use disorders are often complex and challenging, Dr. Le Fauve said. Acute and chronic substance use can create psychiatric symptoms; substance withdrawal can cause psychiatric symptoms; and/or substance use can mask psychiatric symptoms. Consequences of substance use in patients with untreated psychosis include decreased compliance in all categories, increased psychotic symptoms, frequent use of health care services, increased tardive dyskinesia, violent behavior, and early mortality, Dr. Le Fauve said.

"We've talked to the primary care docs, and they don't have much time. The screening instruments have to be brief," Dr. Le Fauve said. Ongoing assessment of the person with CODs is another essential component. Always check on compliance and reasons for noncompliance, ask how these problems are affecting them, and acknowledge that they have a right not to take medications, she said.

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In general, behavioral interventions do work, and if you combine two or three of them, you can get better results. Family intervention can be added with teens.

The need is from the patient—they see problems with [their addiction] and a need to get off the drug," Surveys in- dicate that this population is receptive to treatment. A majority of heavy users of marijuana express interest in programs to help them stop smoking, Dr. Elkashef said.

In the study that found the triple combination optimal, researchers assigned 240 marijuana-dependent individuals to CM only, MET and CBT, or a combination of all three (Addict. Behav. 2007;32:1220-1226; doi:10.1016/j.addbeh.2006.08.009).

All participants had nine weekly 1-hour sessions, except the CM-only group, which met for 15 minutes weekly. Although the CM-only group had the best abstinence rates post treatment, by 1 year abstinence rates were greater in the CBT/MET/CM group.

The same triple combination is supported by another study in which researchers compared two brief interventions and a delayed-treatment control among 450 adults meeting DSM-IV criteria for cannabis dependence (J. Consult. Clin. Psychol. 2004;72:455-66). Marijuana use was reduced by nine sessions of CBT, MET, and CM, compared with two sessions of MET, which in turn was more effective than the control treatment.

"The combination did much better over time in giving clean urines [than did] MET by itself," Dr. Elkashef said.

"Ease of access, price, and social norms ... are important in encouraging or discouraging performance-enhancing substance misuse."