

Dual Diagnosis in Treatment

Presented by:

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Disclosures

Previously on Speaker's Bureaus for:

Forest (Viibryd)

AstraZeneca (Seroquel XR)

Lilly (Cymbalta, Zyprexa, Differential Diagnosis)

Phizer (Pristiq)

- I **will** be mentioning “off-label” uses of medications.
- I have still **not** “friended” any Pharmaceutical companies on Facebook



Dual Diagnosis:

Traditionally, the co-morbidity of psychiatric illness and chemical dependency.

The term is a holdover from a time when Psychiatric diagnosis was less well understood.

In reality, it is rare for a person to have just one psychiatric diagnosis. Chemical dependency, as an isolated illness, may be the *minority* of cases.

We usually work with the combination of psychiatric illness, chemical dependency, and brain injury. And so do you.

Dual Diagnosis

- Historically there has been a tension between the Addiction/Recovery community and the Psychiatric community
- When AA was founded in 1935, the main psychiatric medications available were barbiturates and narcotics, both habit forming. Stimulants were developed in the 1930s as well.
- The AA community had a mistrust of the psychiatric profession, whose prescribers would provide addictive substances, and the Psychiatric community did not understand addictions.
- In the past, parts of the AA community would discourage taking any psychiatric medication as a sign of weakness., or equating any psychiatric medication with alcohol. MDs still prescribe controlled substances to people in recovery without awareness of the danger it places patients in.

Time:

- Sometimes psychiatric illness develops before addiction
- Sometimes addiction develops before psychiatric illness
- Alcohol damage may cause psychosis or dementia
- Marijuana may accelerate or activate psychosis/schizophrenia in vulnerable youth
- Meth and other stimulants may induce paranoia and psychosis
- TBI may worsen psychiatric illness or cause syndromes indistinguishable from psychiatric illness from other causes

“Self Medication”

- Many people start to drink alcohol to lubricate social situations and decrease anxiety or inhibitions in the short term (alcohol to treat anxiety illness).
- Many people drink alcohol to help insomnia (often from mania, hypomania, anxiety, PTSD, etc.)

Once alcoholism develops, it becomes *it's own separate problem* and needs addressing along with the pre-existing psychiatric problem. Treating the psych illness alone is not enough to stop the alcoholism!!

Co-Morbidity:

- About 60% of individuals with Bipolar illness have substance use disorders
- About 50% of individuals with Schizophrenia have chemical dependency
- Up to 40 % of individuals with ADHD have alcohol problems (one study found that about 25% of adults in alcohol treatment met criteria for ADHD).
- About 30% of individuals with depression have alcohol problems
- One study found that almost one half of adults in CD treatment met criteria for GAD

Bipolar Illness and Chemical Dependency

- When you are depressed, it is hard to care about sobriety and the things you value, including using your higher power
- When you are manic and grandiose, it is hard to believe that first step powerlessness actually applies to you. It is also hard to be sober with the increased impulsiveness of mania.
- Recovering from a bipolar episode involves rebuilding a life, including sobriety
- Treatment involves treating BOTH at once

Bipolar Illness and Chemical Dependency

Treatment: Similar to treatment of bipolar illness alone; avoid benzos,
Be careful of liver effects of Valporic acid

Anxiety and Chemical Dependency

- Chemical use can trigger anxiety
- Anxiety can lead to chemical dependency
- Treatment involves chemical dependency treatment plus psychotherapy, and/or meds

Medications to consider are Antidepressants that affect Serotonin, and Buspar, Gabapentin, Guanfacine, Propanolol

Schizophrenia and Chemical dependency

- Almost one-half of individuals with Schizophrenia have chemical dependency.
- The rate of Hepatitis C in Schizophrenia is 7 times the rate in the general population.
- Marijuana may *activate* the genes for Schizophrenia and worsen symptoms.
- Alcohol use over time may add to the cognitive aspects of Schizophrenia.

Chemical dependency treatment needs to be adjusted to the cognitive and emotional aspects of the individual.

Depression and Chemical Dependency

- Alcohol's effects on a life can lead to discouragement and depression.
- In the short term, alcohol dulls the pain of depression and aids sleep.
- Depression robs you of your initiative, energy, caring, interest, hope, and motivation (to start with).
- When you already feel hopeless, why should you care about sobriety or a future that you feel is unobtainable.
- It is hard to motivate to go to meetings.
- With luck, you may drink yourself to death.

Treatment involves sobriety, psychotherapy, meetings, and antidepressant meds

Depression and Chemical Dependency

- If depression symptoms arise in the midst of drinking, they may clear up with sobriety.
- When to treat? Judgment call- treat when the depression interferes with the ability to use the program
- I obtain a history of mood illness and chemical use timelines to try to tease out how much depression will remain after sobriety is achieved

PTSD and Chemical Dependency

- Psychotherapy is the most useful therapy
- Alpha-Blockers may be helpful for nightmares, flashbacks, intrusiveness;
 - Tenex (Guanfacine)
 - Minipress (Prazosin)
 - Catapres (Clonidine)

TBI and Chemical Dependency

- TBI is a common result of chemical dependency
- TBI is a common result of the psychiatric illnesses that are co-morbid with chemical dependency
- If you treat chemical dependency, you will meet people with TBI

TBI:

- In medical school, I was taught that head injury was the “occupational hazard” of the alcoholic.
- Head injury is more common in the psychiatric conditions that are more likely to be associated with impulsiveness; ADHD and Bipolar illness
- TBI may cause or mimic psychiatric illness
- TBI complicates the treatment of other problems

Effects of TBI

Common effects of TBI include short term memory problems, fatigue, irritability, physical weakness or disability, chronic pain, inattention, impulsiveness, *and the continued effects of any pre-existing psychiatric illness (ie, ADHD).*

Chemical dependency treatment needs to be performed while addressing the underlying psychiatric illnesses and needs to be adjusted to the individual strengths and weaknesses of the individual person. Neuropsych testing can help define a person's strengths or weaknesses in learning (verbal or written).

Use of a notebook, or other memory aids can be helpful.

Effects of TBI

- The brain heals
- If we stop insulting the brain, functioning will improve.
- There is hope.

Symptomatic treatments may help; gabapentin for irritability, melatonin for sleep, gabapentin for pain, buspirone or gabapentin or guanfacine for anxiety. NO BENZOS! Caution with Neuroleptics!

TBI:

- TBI may make you more likely to experience medication side effects:
 - Confusion
 - EPSE
 - Tardive Dyskinesia
 - Balance
 - Seizures

Treatment of TBI

- Symptomatic treatment of the syndrome observed
- Treat impulsiveness with antianxiety meds, Gabapentin, Buspar, Tenex
- Treat depression with antidepressants, low dose
- Treat – or attempt to treat- memory with cognitive enhancers
 - Articles support the use of both cholinesterase inhibitors (Aricept, Exelon, Razadyne) and memantine (Namenda) in helping recovery of memory in brain injury.
 - This is way controversial

Alcohol Induced Dementia

- The brain heals
- If we stop insulting the brain, functioning will improve.
- There is hope.
- I recommend Thiamine
- Memantine (Namenda), Acamprosate (Campral), or Cholinesterase Inhibitors may help cognitions. This is outside of FDA approval

ADHD and Chemical Dependency

- Most experts that I could review in ADHD treatment feel that the chances of recovery in addiction are better if the ADHD is treated to reduce impulsiveness and improve concentration and thinking.
- Individuals with ADHD alone do not *usually* abuse their stimulants* and people who are treated for ADHD are not more likely to develop addiction.
- ADHD impulsiveness contributes to relapse.

*People with ADHD may be tempted to sell their stimulants to non-ADHD peers in treatment for money, sex, or other drugs. At Vinland, we test the urine of people taking stimulants to check for compliance and we are distressed by negative screens for stimulants.

ADHD and Chemical Dependency: Treatment

- This is a controversial topic; many treatment centers do not allow stimulants. In their defense, these centers realize that the stimulants can be disruptive as non-ADHD addicts are driven to obtain these chemicals.
- Addicts with ADHD do better if the ADHD is treated.
- If stimulants (Meth) are the drug of choice, this is a complex issue with no one right answer. Many people preclude the use of stimulants for ADHD treatment by their chemical use.
- People lie to obtain their drugs of choice because the drive to continue tickling the brain's reward center is strong.

ADHD and Chemical Dependency: Treatment

Pharmacological treatment of Attention Deficient consists of four main options:

Strattera

Vyvanse

dextroamphetamine (Dexedrine, Adderal)

Methylphenidate (Ritalin, Focalin)

ADHD and Chemical Dependency: Treatment

- Methamphetamine causes Dopamine release from the neuron, and reverses the Dopamine re-uptake transporter, flooding the synapse with Dopamine
- Strattera blocks the re-uptake of Norepinephrine
- Vyvanse is a “pro-drug”, metabolized into Dextroamphetamine by the liver
- Adderal increases Dopamine and Norepinephrine release from the neuron, and blocks the reuptake of these monoamines
- Methylphenidate (Ritalen, etc.) blocks the re-uptake of Dopamine and Norepinephrine, acts mainly in the pre-frontal cortex.

ADHD and Chemical Dependency: Treatment

Adderal and similar amphetamines are closer in mechanism of action to Meth, but is more effective in general for ADHD

Ritalin is less similar to Meth, but can have more side effects

ADHD and Chemical Dependency: Treatment

General Approach:

Consider if you really need to treat. Smart people disagree on this approach to ADHD.

Start with Strattera (Atomoxetine)

Consider Vyvanse next

Consider Methylphenidate first,
then consider Dextroamphetamine or Adderal

Dual Diagnosis: Summary

- Chemical dependency is often accompanied by one (or usually) more psychiatric illnesses and brain injury
- All of these need to be addressed to maximize chances of recovery
- The better you think or function, the better you can utilize a recovery program.
- If you *know* a separate psychiatric illness exists, independent of chemical dependency effects, treat it. If unsure, you can wait until a person is sober for at least 2 weeks and then address psychiatric symptoms (especially if they interfere with CD treatment)
- When treating psychiatric conditions in people with chemical dependency, avoid benzodiazepines and addicting meds (duh!). Yup, I did discuss prescribing stimulents.