Treatment and Recovery Challenges of Co-occurring Disorders

George Kolodner, MD, DLFAPA
Medical Director
Kolmac Clinic

Clinical Professor of Psychiatry
Georgetown University and University of Maryland Schools of Medicine

Outline

I. Introduction

II. Challenges

III. Treatment

Initial Evaluation

1. Assess for intoxication and physical dependence

2. Differentiate between primary and secondary co-occurring psychiatric disorders

Primary Versus Secondary

Primary	vs.	Secondary
When the condition requires specific treatment		When the condition will remit spontaneously without specific treatment if the associated disorder is resolved

Possible Patterns

1. SUD is primary, other condition is secondary

2. Other condition is primary, SUD is secondary

3. Both are primary

Key Questions

1. Which condition came first?

2. How did the patient feel during any extended periods of abstinence?

Initial Misery: Responses to Abstinence

1. Most: Feel better at first ("Pink cloud")
   - Some then plateau ("Is this all there is?")
2. Some: Feel just as bad
   - Mood Disorders
3. A few: Feel worse
   - Panic/Anxiety, Trauma, Attention Deficit Hyperactivity Disorders

The Evolution of an Addiction

1. Initial use is intended to alter a feeling state: enhancing pleasure or relieving discomfort
    - Psychiatric symptoms increase the incentive to use regularly
2. Biological vulnerability (abnormal sensitivity to substance) leads to problematic use pattern
3. Excessive use alters CNS → addictive process takes on a life of its own

The Evolution of an Addiction

1. The person takes the substance

2. The substance takes the person

3. The substance takes the substance

II. Types of Challenges

- Conceptual
- Recognition
- Collaborative

Conceptual Challenges: Personality Versus Biological Base

- Idea of pre-existing "Addictive Personality" persists in clinical and recovery communities despite lack of evidence
  - 74 year prospective study:
    - An absence of premorbid personality features
    - Dependent, depressed, and sociopathy, if present, came later and were the result not the cause
      - Triumphs of Experience by George Vaillant. 2012
- Abstinence as the bedrock of recovery
  - From all psychoactive substances
  - Safe return to use unlikely, despite passage of time

Recognition Challenges: Addiction Disorders

- Patient often does not disclose extent of use or all substances being used
- High tolerance masks use
- Breathalyzer and urine toxicology screens not feasible in office based settings

Recognition Challenges: Other Psychiatric Disorders

- Addictive use of substances both masks and mimics psychiatric symptoms
- Trauma disorders often not disclosed
  - High incidence in female SUD patients
- ADD: Life long – patient does not notice symptom onset

Collaboration Challenges 1

- Co-occurring conditions are diverse
  - Psychiatric: range of severities
  - Medical-surgical: minor to life threatening
- Complexities require multiple resources
- Integrated (simultaneous and coordinated) treatment is optimal
  - Coordination requires communication and is time consuming

Collaboration Challenges 2

- With addiction treatment programs
  - Trend toward increased psychiatric staffing
- Recovery support community
  - Anti-medication biases, especially Narcotics Anonymous

III. Treatment: The Bad News

- Too few medications
- Third party coverage for treatment has declined
- Addictive use of substances has left many patients resistant to making long term, fundamental changes
  - Premature termination of treatment when acute symptoms and crisis has passed
  - Necessity of maintaining the threat of consequences
- Addictive disorders as chronic and incurable, needing lifelong attention

Treatment: The Good News 1

- Some effective medications
  - Buprenorphine, naltrexone, withdrawal management
  - Opioids: increasing acceptance of MAT vs. methadone stigma
    - Bup for addicted pain patient
- Development of outpatient options such as outpatient withdrawal management and rehabilitation intensive outpatient/IOP has made treatment more accessible

Treatment: The Good News 2

- Growth of recovery support community
  - Alternatives to 12 Step are available
    - SMART Recovery, Celebrate Recovery
  - Greater acceptance of psychotropic medications and medication accepted therapy
- Shift of current drug czar (ONDCP) toward treatment and away from law enforcement
- New technology
  - Online support meetings
  - Phone apps to support recovery

Biopsychosocial Treatment Approaches

- Importance of not confusing biological and psychological processes
  - Distinctions not perfect
  - Match
    - Biological interventions to biological phenomena
    - Psychological interventions to psychological phenomena
- Use of environmental interventions

Biological Aspects

- Physical dependence: withdrawal management medication
  - High tolerance: need larger doses
- Decreased internal control: abstinence
  - Antabuse, naltrexone
- Disordered reward system
  - Education about neurobiology, patience
- Co-occurring
  - Medication

Medication: Avoiding Cross Addiction

- Insomnia
  - Avoiding benzodiazepines, Ambien, and Z-drugs
- Anxiety
  - SSRI/SNRI and buspirone vs. benzodiazepines
- Attention Deficit
  - Strattera, long acting diversion-resistant stimulants
- Pain management
  - Buprenorphine vs. full agonists

Psychological Aspects

- Examining one's internal experience
  - Psychotherapy
- Filling the time void created by substances
- Addressing dysphoric states
  - Tolerating and responding with new behaviors
- Gambling: induction of an altered mental state without psychoactive substances
  - Addiction by Design, Natasha Schull

Social Aspects

- Relationship with the substance
  - "A very nasty friend"
  - Drinking: A Love Story
- Revisiting relationships with family and friends
  - Restoring and breaking connections
- Group therapy as a primary modality
- Recovery support community involvement as an important goal

Cravings: Multimodal Interventions

- Biological
  - Medications
    - Alcohol: naltrexone, acamprosate, disulfiram
    - Opioids: buprenorphine, naltrexone
- Psychological
  - Education
  - Cognitive-behavioral responses
- Social
  - Network of knowledgeable supporters

Co-Occurring Examples: Getting the Diagnosis Right

- Case vignettes

Mood Disorders

- Major Depression
  - Treat in same way as non-SUD patients
  - Encourage patience with slower return to non-dysphoric state
- Bipolar Depression
  - Mood stabilizers may not protect from mood switch triggered by antidepressant

ADHD and Substance Use Disorders (Alan Zametkin, M.D.)

- Large overlap in both directions
  - Adults with SUD: 23% have ADHD (vs. 3-4%)
  - Children with ADHD: 2.5 times more likely to develop SUD
- Debates about:
  - How much sobriety before making diagnosis?
  - Whether to medicate ADHD if SUD is active
  - Whether to use stimulants
- Importance of addressing potential for misuse of medication

Abuse Potential of ADHD Medication

- High: Short acting, instant release formulations
- Medium: Ritalin LA and SR, Metadate, Methylin, Adderall XR
- Low:
  - Strattera
  - Intunive
  - Buproprion
  - Stimulants: Vyvanse, Concerta, Daytrana Patch, Dexedrine Spansules

The Complex Issue of Tobacco

- The only addictive substance that does not destabilize recovery from other substances
  - Resistance in recovery community to addressing this in early recovery
  - But: primary cause of shortened life span of recovering alcoholics
- Contributes to reduced life span of schizophrenic patients
- Complex relationship with mood disorders and ADHD

Thank You

- Contact information
  - George Kolodner
  - gkolodner@kolmac.com
  - Cell: (202) 215-3565
  - www.kolmac.com
- Send ideas for blog topics
  - Modern Addiction Recovery (www.komac.com/blog)