

MANAGEMENT OF DUAL DIAGNOSIS (Pengurusan Dual Diagnosis)

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DR NORLIZA CHEMI
CONSULTANT ADDICTION PSYCHIATRIST
HOSPITAL KAJANG

DUAL DIAGNOSIS

- Definition
- Prevalence
- Etiology
- Differential Diagnosis
- Treatment Models

Definition

Dr Burns: “I will tell you what dual diagnosis means . . . It is a freaking nightmare to deal with, that’s what it is!”

Definition

- The term 'dual-diagnosis' and 'co-morbidity' are used interchangeably to define an individual with a combination psychiatric disorder and substance misuse (e.g. depression and cannabis abuse)

Definition of Mental Illness and Some Common Diagnoses

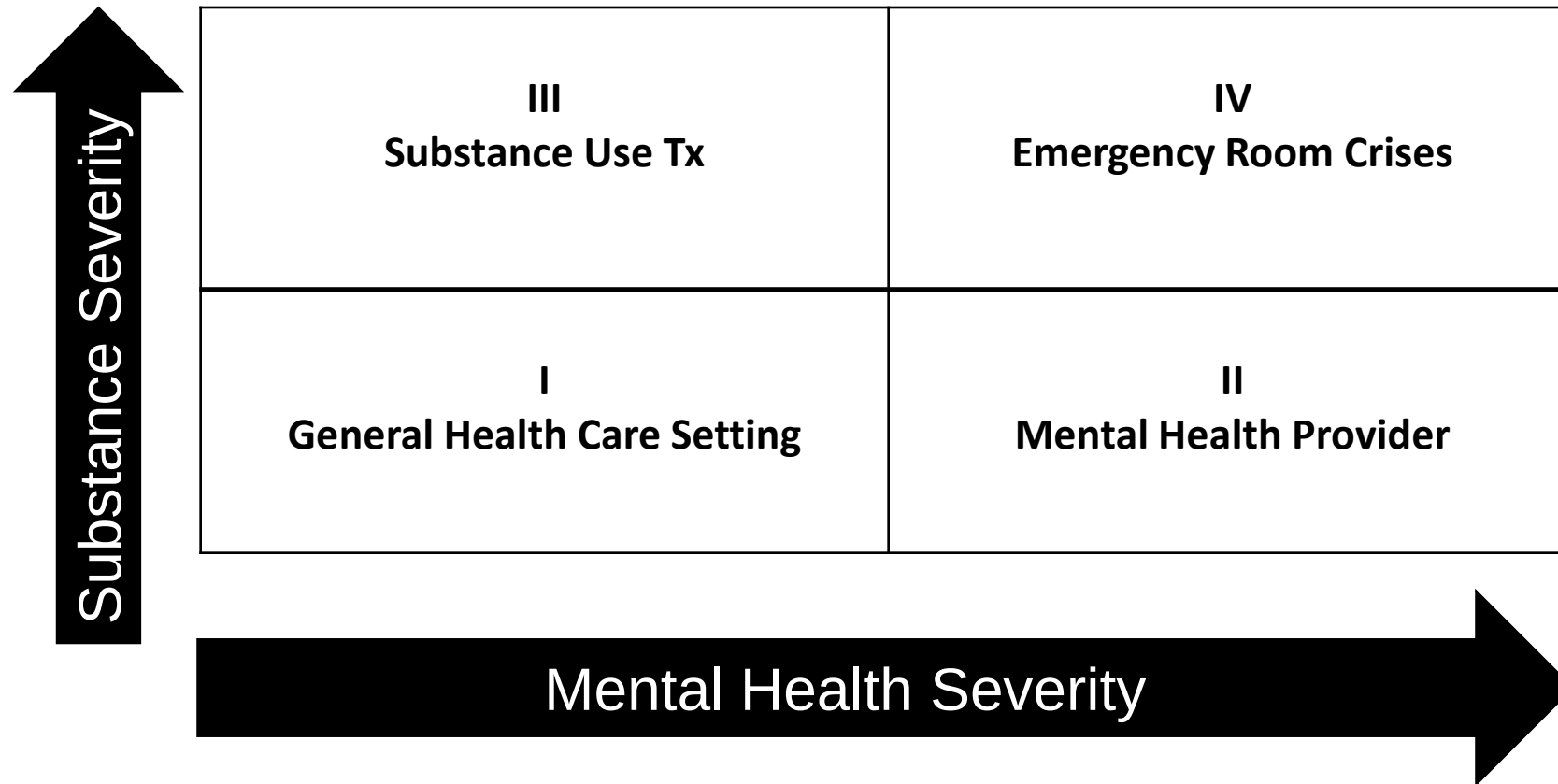
- The most common forms of mental illness are anxiety disorders, depressive disorders, bipolar disorders and psychotic disorders i.e, schizophrenia

DEFINITION

- Components
 - Substance Use and Mental Health Problems
 - Occurring in the same person
 - Simultaneously or sequentially
- Interactive Effect
 - Both affect...
 - Course
 - Prognosis

...of Both

QUADRANT MODEL OF ENTRY



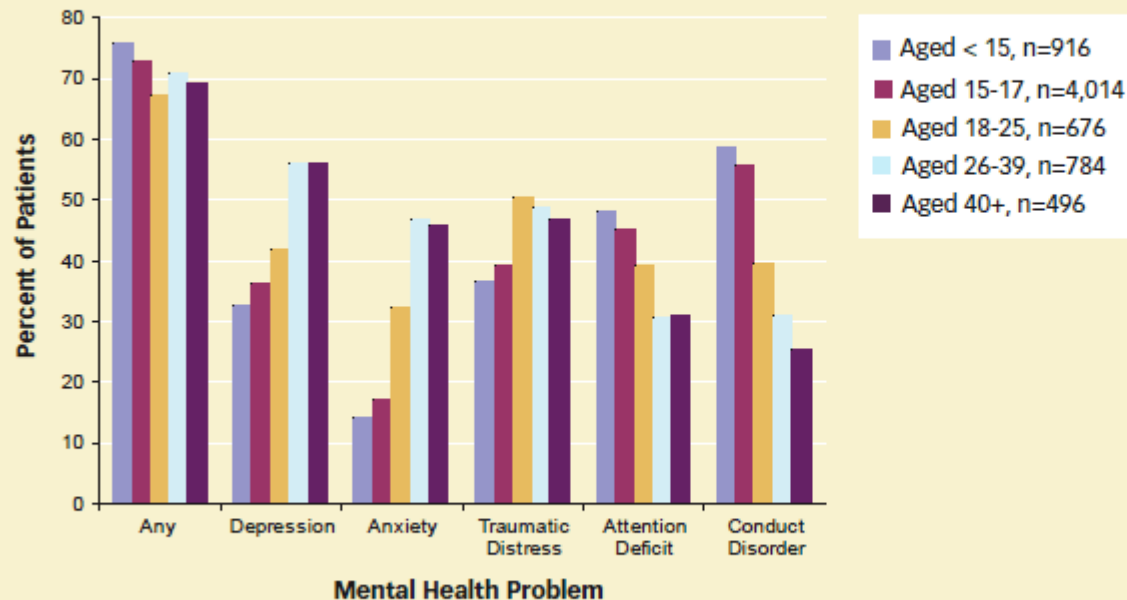
Prevalence

- Numerous studies show between 29-85% of individuals with mental health issues have co-occurring substance abuse disorders (Evans & Sullivan, 2001; Hendrickson et al., 2004; Watkins et al., 2001)
- People with schizophrenia and bipolar disorder have the highest rates of substance abuse disorders

PREVALENCE

WHAT THE NUMBERS SAY

Most People Entering Drug Treatment Have Additional Mental Health Problems

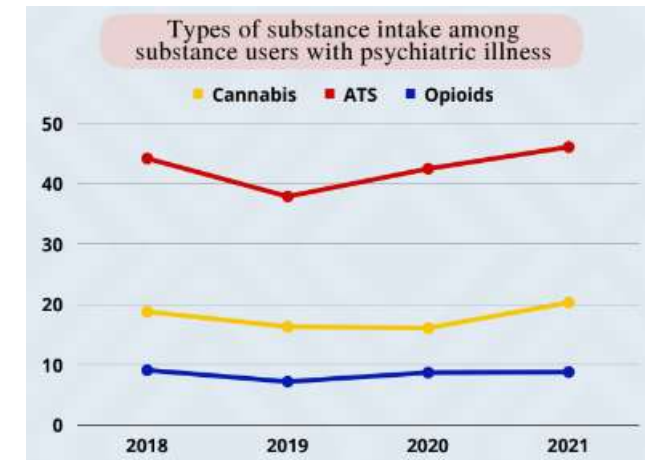
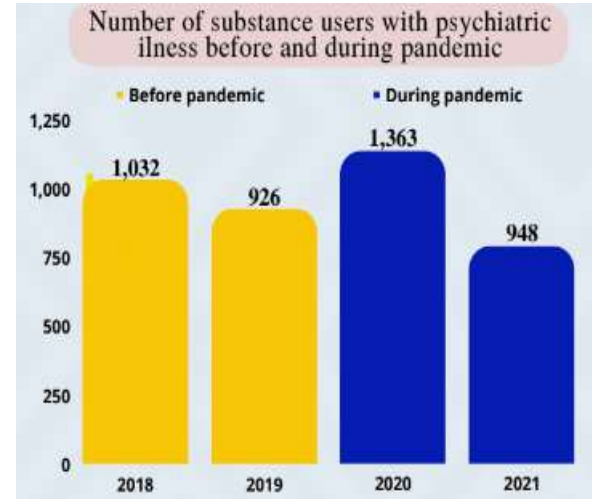
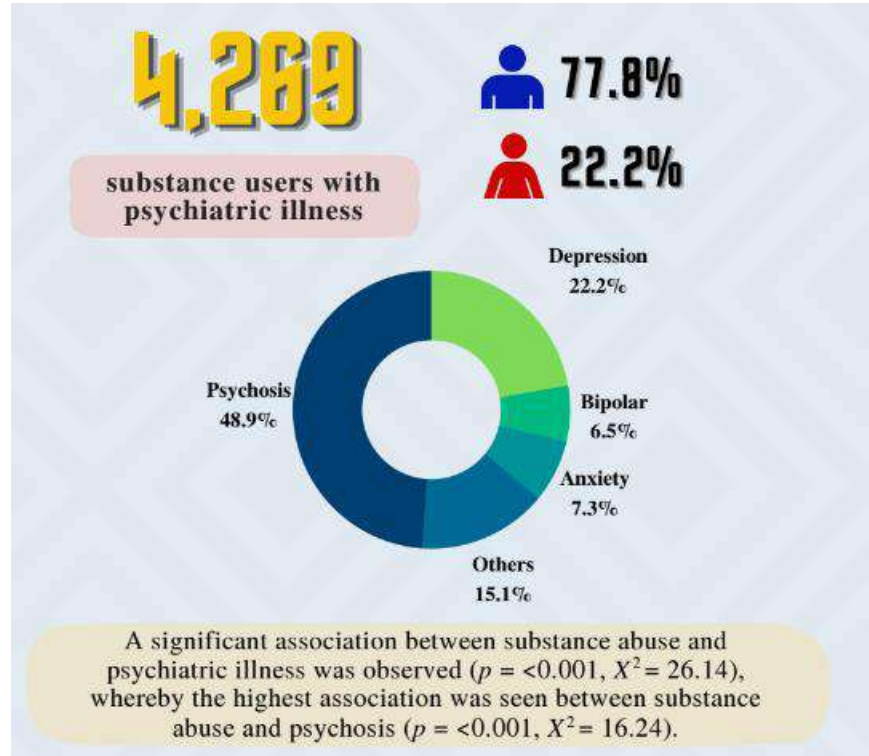


In 77 studies that included 4,930 adolescents and 1,956 adults, two-thirds of patients entering substance abuse treatment programs reported at least one co-occurring mental health problem during the previous year. Attention deficit and conduct disorders were most common in young patients, anxiety and depression in older patients.

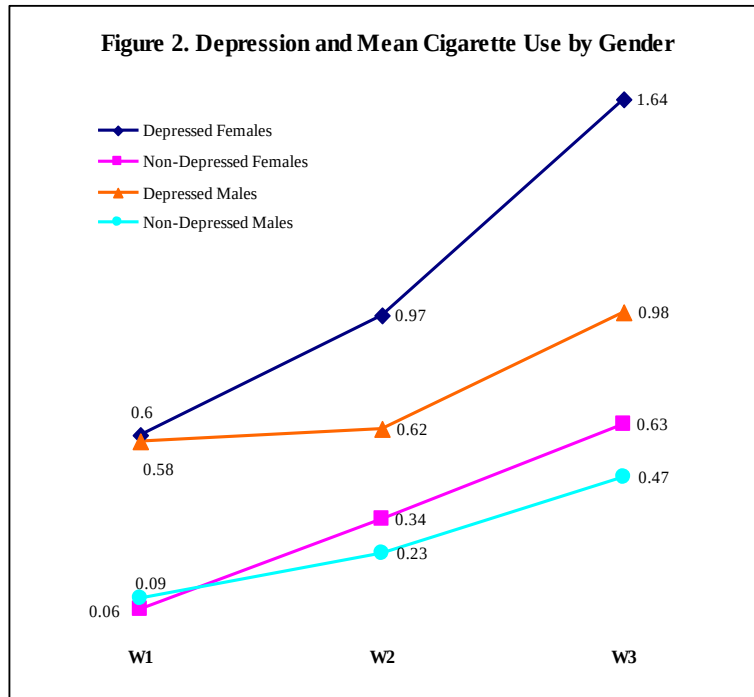
Source: Chan, Y.F., Dennis, M.L., and Funk, R.L. Prevalence and comorbidity of major internalizing and externalizing problems among adolescents and adults presenting to substance abuse treatment. *Journal of Substance Abuse Treatment* 34(1):14-24, 2008.

In Malaysia:

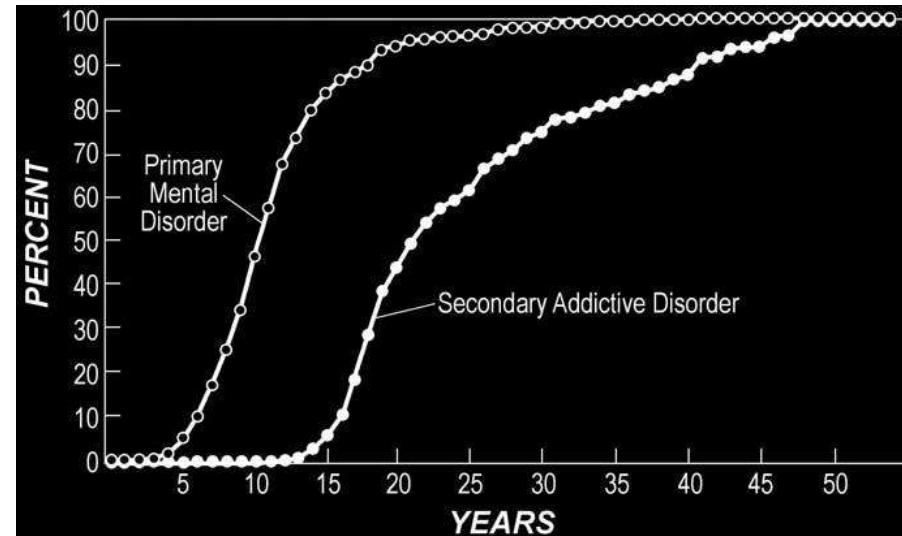
Association Between Substance Abuse With Psychiatric Illnesses Among New Patients In Government Health Facilities Before And During Covid-19 Pandemic
(Norliza CM, NorAsiaah M, Norni A et al)



TEMPORAL PRIORITY AND AGE OF ONSET



Whitbeck, Yu, McChargue & Crawford, 2009



Kaplan- Meier Age of Onset Curves WHO, 2000

Course of illness more chronic than single disorder.

ETIOLOGICAL EXPLANATIONS

1. SELF-MEDIATION

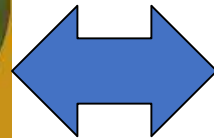
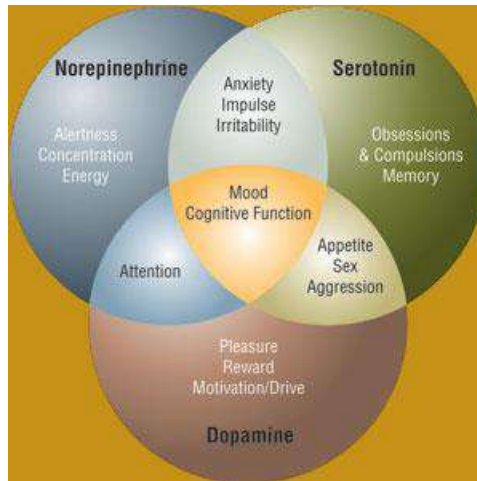


Theories of Dual-Diagnosis

- **Self-medication theory**: Substances are selectively used in service of alleviating symptoms of mental illness (i.e. stimulant abuse employed to counter the sedative effects of anti-psychotic medications)
- **Alleviation of dysphoria**: mental illness creates dysphoria (feeling bad) and this dysphoria leads to drug use to mitigate the experience of these unpleasant feelings

ETIOLOGICAL EXPLANATIONS

2. BIOLOGICAL MECHANISMS



CNS Drugs. 2016 Dec;28(12):1115-26.

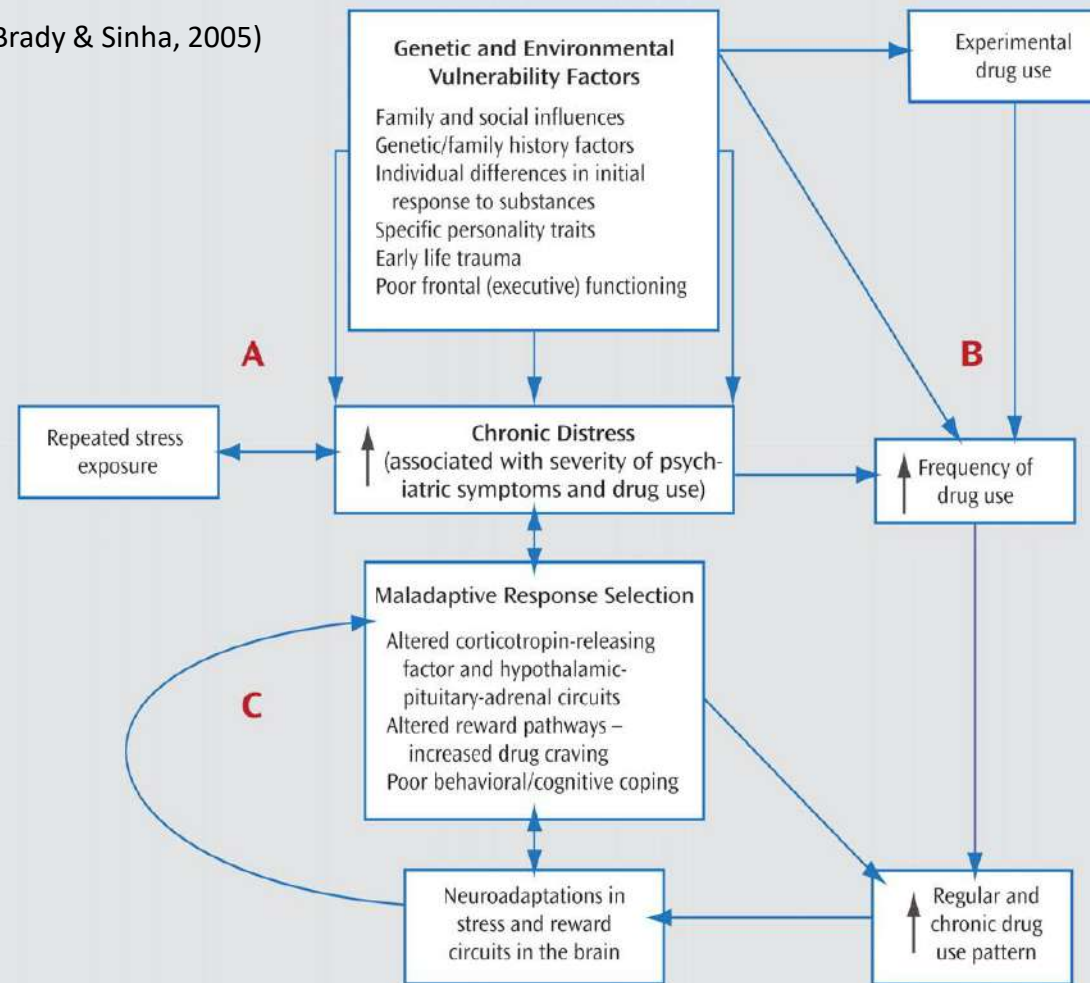
Methamphetamine Psychosis: Epidemiology and Management. Glasner-Edwards & Mooney LJ.

...approximately 40% of MA users affected... psychotic symptoms include hallucinations, ideas of reference and paranoid delusions...can recur and persist.

ETIOLOGICAL EXPLANATIONS

3. GENETIC/ENVIRONMENTAL

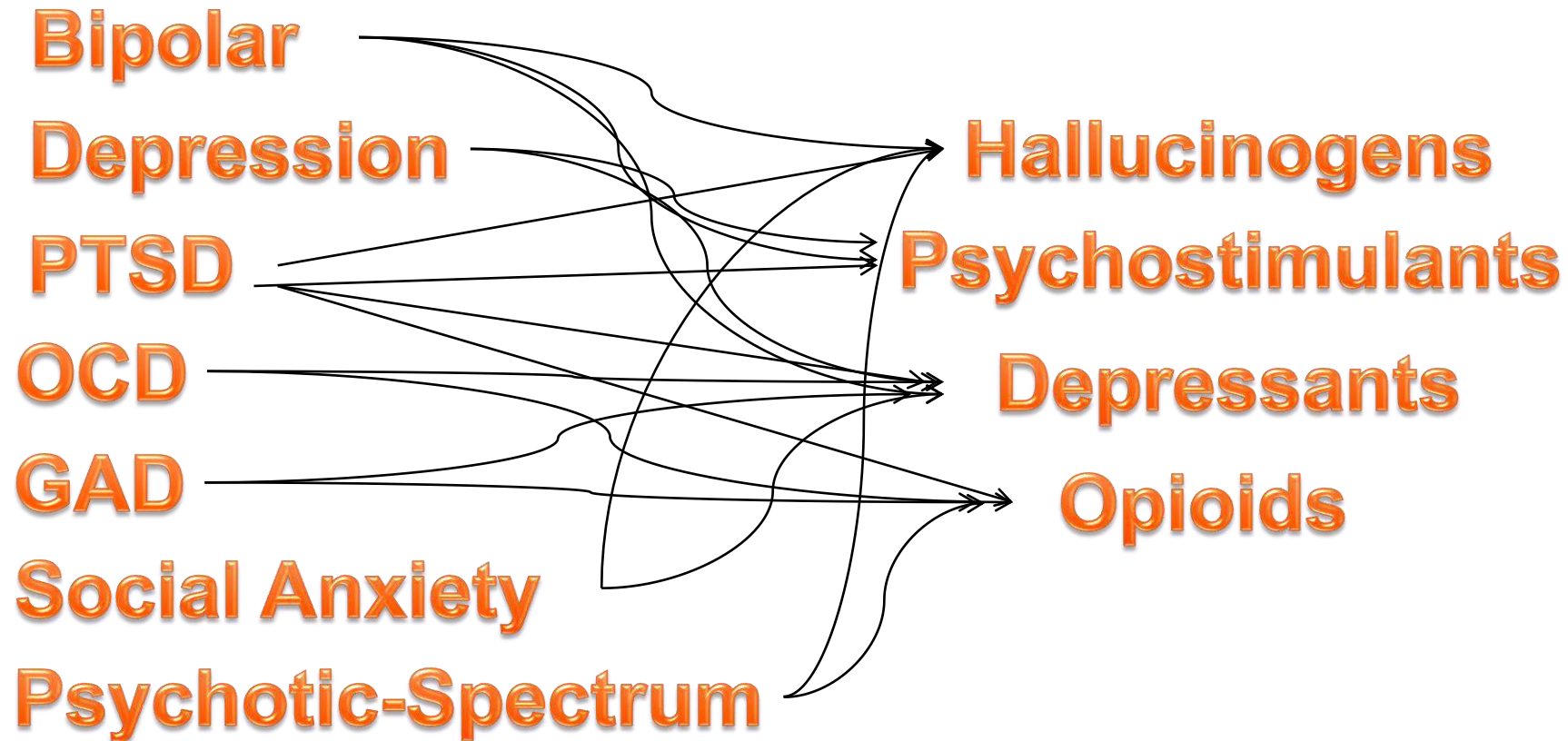
(Brady & Sinha, 2005)



Theories of Dual-Diagnosis cont.

- **Multiple risk**: social isolation, poverty, lack of daily structure, residing in areas with drug availability, history of traumatic events
- **Supersensitivity**: individuals with severe mental illness have biological/psychological vulnerabilities for substance abuse caused by genetic and early environmental factors that interact with life stressors

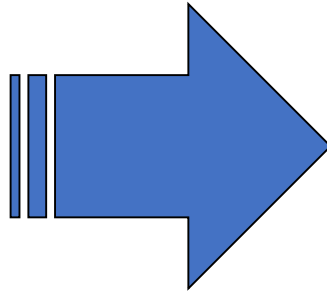
MH/SUD SPECIFIC PAIRINGS



DUAL DIAGNOSIS

COMMON PAIRINGS

Mood
Anxiety
Psychotic-
Spectrum



Hallucinogens
Psychostimulants
Depressants
Opioids

Severity = Degree of Use

Factors associated with dual diagnosis

- Increased severity of symptoms and relapse
- More frequent inpatient hospital admissions
- Higher treatment costs
- Increased hostility and involvement with the legal system
- Increase likelihood of suicide
- Increased rate of homelessness and insecure housing
- Increased risk of HIV infection
- Family problems or intimate relationships

Factors associated with dual diagnosis

- An untreated illness can disrupt an individual's personal, social, educational and work activities
- Gaps in work history
- Limited employment experience
- Lack of confidence
- Fear and anxiety
- Workplace discrimination
- Social stigma
- The rigidity of existing income support/benefit programs.
- 85-95% of persons with treatable severe and persistent mental illnesses are unemployed 

Dual Diagnosis Special Challenges

- Mental health disorder & SA interact
- Cycle of SA worsening psych symptoms and then worsening SA
- SA can mimic psych disorders
- Psych may be masked by SA
- Family problems
- Financial Problems
- Legal problems/incarcerations
- Risk of suicide (Watkins et al., 2001)

Assessment Considerations

- Difficult to differentiate mental health from SA symptoms
 - A period of abstinence may be necessary
 - Differential diagnoses are necessary
- Specialized assessment of SA
 - Intoxication and withdrawal symptoms
 - investigations
- Which came first?

Addiction. 2006 Oct;101(10):1473-8.

The prevalence of psychotic symptoms among methamphetamine users.

[McKetin R](#), [McLaren J](#), [Lubman DI](#), [Hides L](#).

FINDINGS: Thirteen per cent of participants screened positive for psychosis, and 23% had experienced a clinically significant symptom of suspiciousness, unusual thought content or hallucinations in the past year. Dependent methamphetamine users were three times more likely to have experienced psychotic symptoms than their non-dependent counterparts, even after adjusting for history of schizophrenia and other psychotic disorders.

Drug Alcohol Rev. 2010 Jul;29(4):456-61.

Long-term outcomes in methamphetamine psychosis patients after first hospitalisation.

[Kittirattanapaiboon P](#), [Mahatnirunkul S](#), [Booncharoen H](#), [Thummawong P](#), [Dumrongchai U](#), [Chutha W](#).

Of those, 39.2% were re-hospitalised and 38% were given a diagnosis of schizophrenia due to persistent psychosis.

Prog Neuropsychopharmacol Biol Psychiatry. 2011 **Comparisons of methamphetamine psychotic and schizophrenic symptoms: A differential item functioning analysis.**

[Srisurapanont M](#), [Arunpongpaisal S](#), [Wada K](#), [Marsden J](#), [Ali R](#), [Kongsakon R](#).

FINDINGS: The results suggest that, at the same level of syndrome severity (i.e., negative, positive, and anxiety/depression syndromes), the severity of psychotic symptoms, including the negative ones, observed in MA psychotic and schizophrenic patients are almost the same.

Assessment Considerations

- **Type** of mental health disorder
- Be aware **who is at risk** for substance abuse
 - **Biological factor** – e.g. family hx, medical hx
 - **Psychological factor** – e.g. personality, low self-esteem
 - **Social factor** – e.g. peer pressure, accessibility
- **Seriousness** of SA and mental health combinations
- Rehabilitation assessment focusing on **strengths as well as needs**
- **Readiness for change**

Motivation and Addiction

Drug Reinforcement

1. Produce good feeling states
2. Reduce negative feeling states
 - Self-medicating
 - Escape Behavior
 - Co-occurring mental illness and substance abuse
 - May be related to neurotransmitter action, specifically dopamine
 - Cycle of abuse and addiction

Factors Influencing Change (Most to Least Cited Reasons)

- Illness or accident
- Suicide attempt
- Identity crisis
- Religious experience
- Substance related financial problems
- Intervention by immediate family
- Substance related death or illness of friend
- Intervention by friends
- Education about Substance
- Substance related legal problems



Dual Diagnosed Specific Strategies

Levy (1993)

1. Help consumers find relevant treatment goal
2. Explore relationship between substance use and failure to attain that goal
3. Therapists/Counselor helps consumer objectively make connections between use and problems
4. Make link between symptoms of MI and substance use as a failed solution to cope with symptoms



Specific Strategies

- User friendly clinic
- Appointments
- Commitment
- Sources of motivation
- Positive vision of future
- Helpful/Hopeful Expert
- Offering choices
- Avoid premature labeling/diagnosing
- Deliberately surfacing resistances

Specific Strategies

- . Specific treatment plan
- . Abstinence experiment
- . Designated case manager
- . Written treatment contract
- . Involving all relevant parts of the system
- . Using last-chance agreements
- . Frequent reviews
- . Smooth referral

Abstinence & Relapse

- Goal for SA recovery
 - Controlled usage
 - Abstinence
- Contracts
- Relapse
 - Return to old drug abuse patterns
 - Treat them as setbacks or opportunities for learning, instead of failures
 - Often caused by stress, negative emotional states, conflicts with family or friends, social pressures

Dual-Diagnosis “Treatment”

There are some “approaches”:

1. Serial Treatment

- Treats one condition first followed by the other

2. Parallel:

- These intervention approaches focus on **both** substance abuse and mental illness treatment **at the same time**

3. Integrated:

- Treatments are delivered at the **same time** (like the parallel approach) but are coordinated by the **same staff team members in the same treatment setting**

“Treatment” Continued

Specific approaches :

1. Biological:

- This is the **psychotropic medication** arm of treatment and can be effective toward managing symptoms of mental illness which in turn can facilitate treatment of substance misuse

“Treatment” Continued

2. Social and Psychological:

- **Motivational Interviewing:** Engaging in supportive and directed conversation about individuals behaviors and patterns that are designed to increase intrinsic motivation to change

“Treatment” Continued

- **Cognitive Behavioral**: weakening connections between life stressors and reactive/habitual responses that are negative and destructive.
- **Self-Help Groups**: This includes many 12-step groups that can instill peer support and self-discipline

Goals of Dual Recovery

1. stop the pain and confusion caused by
 - the symptoms of the illnesses,
 - the consequences and problems of the symptoms create,
 - ineffective means of coping.
2. back to function
3. maintain a safe recovery and prevent relapse
4. improve the quality of our lives

Integrated Approach

- Comprehensive assessment
- Comprehensive rehabilitation plan
- Simultaneous treatment of both disorders
- Integrating all treatments & supports
 - mental health
 - Substance abuse
 - Ancillary support: employment, financial, daily living, family
- Facilitate communication between stakeholders

INTEGRATIVE TX PLANNING

- Patient Education
 - Educates about the multiple disorders
 - Brings insight into how each disorder influences the other
 - Education about the etiological processes specific to the individual
 - Education about interactive prognosis

INTEGRATIVE TX PLANNING

- Substance Stabilization/Relapse Prevention
 - Includes specific language about mental health triggers/influences
- Recovery Reinforcement
 - Sober support
 - Social network
 - Physical and Mental Well-being
 - Academic/Employment

INTEGRATIVE TX PLANNING

- Mental Health Stabilization/Relapse Prevention
 - Includes language about substance triggers/influences
- Mental Health Interventions
 - Specific to Disorder
- Risk Management
 - Substance, Suicide, Violence,
 - De-compensation

INTEGRATIVE TX PLANNING

- Simple Example (1-2 month in tx)

Goal 1: Continued education about how mental health has influence substance use (MH provider or DC)

Goal 2: Develop insight and coping strategies associated with relapse risk. (SUD provider)

Goal 3: Develop insight into how mental health symptoms function as a trigger to use (MH provider)

Goal 4: Develop emotion regulation coping strategies that assist in coping with both substance and mental health. (provider specific)

Goal 5: Monitor and assist client in managing substance use and mental health risks (provider specific)

INTEGRATIVE STRATEGIES

- Additional Strategies/Recommendations
 - Beware of Compensatory Behavior
 - Utilize treatments that affect both first
 - Specific Disorders
 - Social Anxiety
 - (if pre-existing before substance onset) utilize group treatment as exposure
 - PTSD
 - exposure doesn't necessarily prompt relapse, if in controlled environment

INTEGRATIVE STRATEGIES

- Pharmacology Concerns
 - Beware of prescription seeking behavior
 - ADHD/PSYCHOSTIMULANT
 - Psychostimulant meds
 - PTSD/OPIOID
 - Benzodiazepine
 - Beware of medications for diagnoses that were misdiagnosed.
 - Collaboration with pharmacist is important

New Hampshire Dual-Diagnosis Outcome Study

(Drake, Xie, McHugo, & Shumway, 2004)

- Bipolar disorder participants
- Treated with an integrated approach over 3 years
 - Small improvements in psychiatric symptoms
 - Considerable improvements in substance abuse
 - Greater remission
 - Greater independent living
 - Greater competitive employment
 - Greater quality of life

Dual Diagnosis and Employment

- Substance Use Disorder (SUD) rates in general population are around 15-17%
- SUD rates among people with SMI are closer to 50%
- Is the presence of a SUD a sufficient condition for holding off on employment?

Patterns in Work and Vocational Rehabilitation (Drebing et al., 2002)

- Study of 25,480
- Co-occurring SA and psych disorders had better or as good vocational success as those with just psych disorders
 - Better work functioning
 - More participation in Voc Rehab Services
 - Better outcome
- Researchers conclusion: "Clinicians should focus on work and vocational goals"

Supported Employment Model

(Becker, Drake, & Naughton, 2005)

1. **Encourage** those with dual diagnosis to consider employment
2. **Include** substance abuse in the vocational profile
3. **Find a job that supports recovery**
4. Help develop **a plan to manage money**
5. Use a **team approach** to integrate mental health, substance abuse, & vocational services

- **Possible stressors at work:**

- New boss
- Job modifications
- Desire for new position
- Personal issues
- Modification of living arrangements impacts job
- Conflicts with co-workers
- The illness itself

Goals of Vocational Rehab

- Lessen or eliminate the debilitating symptoms of mental illness
- Minimize or prevent recurrent acute episodes of the illness
- Meet basic needs and enhance quality of life
- Improve functioning in adult social and employment roles
- Independent living
- Diminish Family Burden

Integration of Rehabilitation, SA treatment and Mental Health

- **Closely** integrated SA and mental health team
- **Regular** treatment team meetings
- **Interaction outside of meetings** as well
- Rehabilitation is an integral component of SA and mental health treatment, rather than a separate service



Thank
you

