APA SPONSORED WEBINAR SERIES

# Approaches to Treating Co-occurring Substance Use and Psychological Disorders

PAID FOR BY


McLean
HARVARD MEDICAL SCHOOL AFFILIATE

AMERICAN PSYCHOLOGICAL ASSOCIATION

SEPTEMBER 17, 2020

# Anxiety and Substance Use Disorders

- Approximately 15% of people with an anxiety disorder have an SUD
- 17-18% of people with an SUD have an anxiety disorder (33-43% of those in treatment)
- Substance-Induced Anxiety Disorders
  - Anxiety symptoms often remit following periods of abstinence
  - Less than 1-2% of anxiety disorders

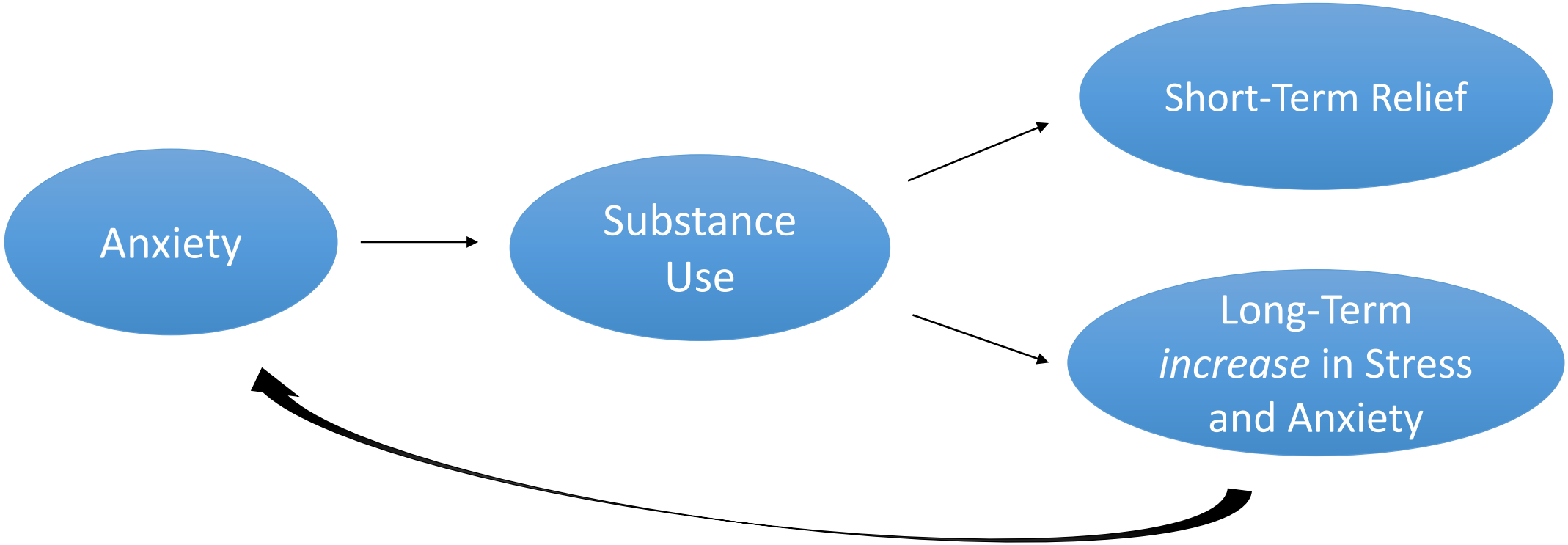


Grant et al., 2004; 2006; Conway et al., 2006

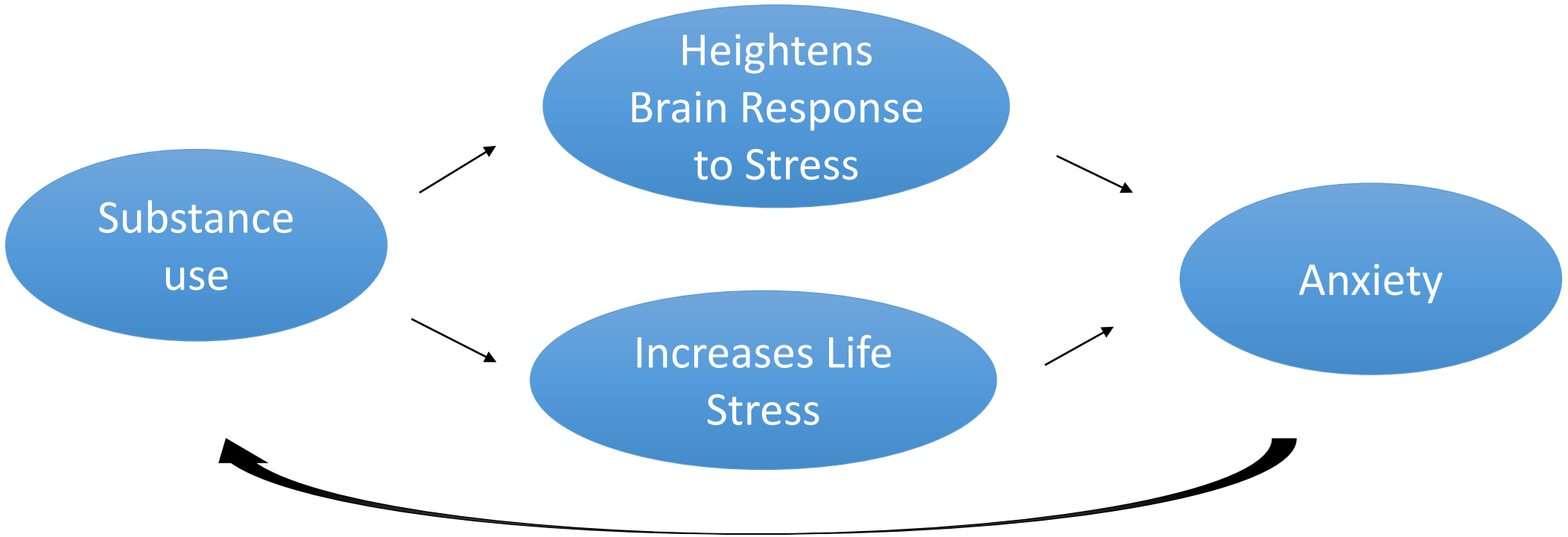
# Impact of Anxiety on SUDs

- Widespread effects…
  - reason/motive for use
  - trigger for relapse
  - may exacerbate withdrawal
  - worse functioning and quality of life

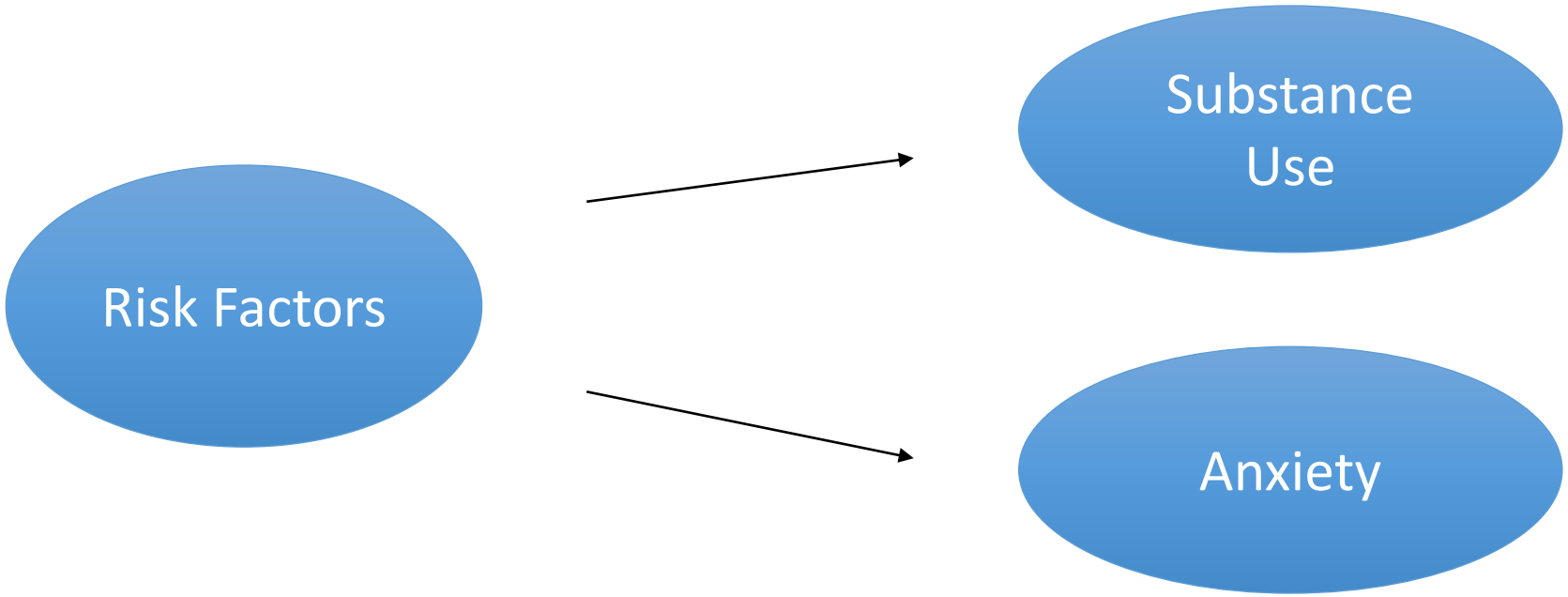
## Pathway 1: Anxiety Increases Risk for SUD



## Pathway 2: SUD Increases Risk for Anxiety



## Pathway 3: Common Risk Factors



# Anxiety as a Risk for Opioid Use

- Individuals with anxiety disorders are:
  - more likely to use opioids
  - have higher incident risk for opioid dependence
- 60% of people with opioid use disorder have a lifetime anxiety disorder
- Anxiety symptoms often precede opioid use and are a common reason for use

Conway et al., 2006; Martins et al., 2009; Ouimette et al., 2010; Rigg et al., 2010; Sareen et al., 2016

# Treatment

Significant Knowledge Gaps Because…

1. Anxiety disorders trials typically exclude SUDs
2. SUD trials often do not assess anxiety disorders or report anxiety outcomes

# Single Disorder or Sequential

1. Anxiety disorders do not consistently yield worse short-term SUD outcomes
2. However, SUD treatment alone will not help the anxiety disorder
3. People with both disorders have worse functional outcomes

- Similar story if you treat the anxiety disorder alone

# Concurrent or Integrated Treatment

- Medications
- Behavior therapy

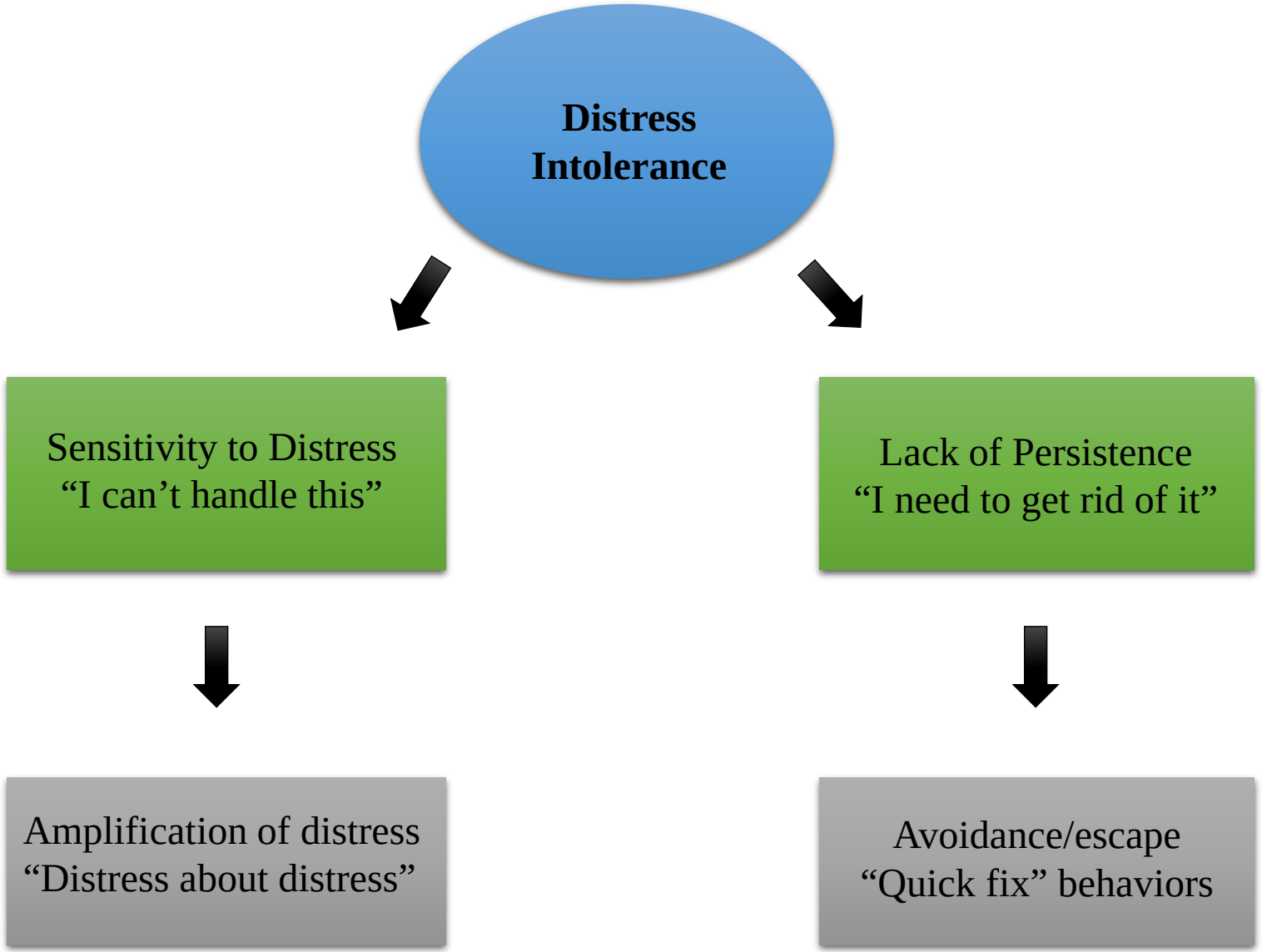
**no evidence for increased relapse risk in an exposure-based treatment

# Treatment Targets

- Common maintaining processes for both disorders:
  - Heightened negative affect
  - Anhedonia/low positive affectivity
  - Physiological arousal
  - Maladaptive coping (escape/avoidance)

# Distress Intolerance

- Maybe a core common feature across both anxiety and SUDs
- Focus on “quick fix behaviors”

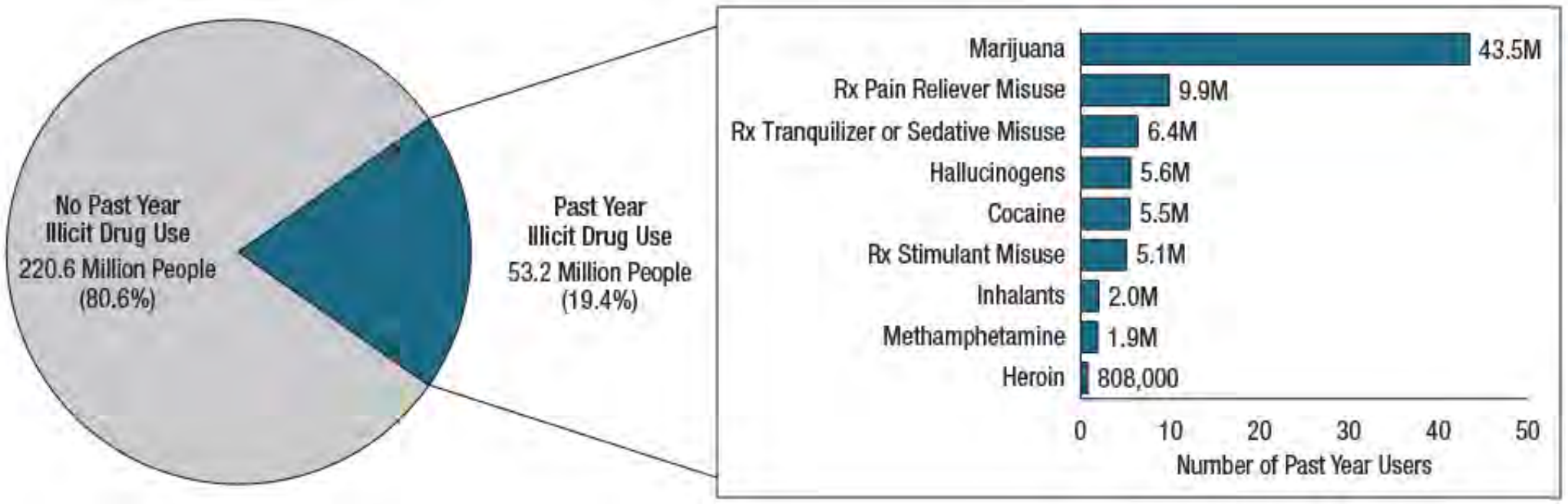

Distress Intolerance
Sensitivity to Distress
"I can't handle this"
Lack of Persistence
"I need to get rid of it"
Amplification of distress
"Distress about distress"
Avoidance/escape
"Quick fix" behaviors

# A Quick Note on Benzodiazepines

- More than 1 in 20 people in the US have a prescription each year
- Prescriptions are increasing in number and dose
  - Prescriptions filled: increased 67% from 1996-2013
  - Ambulatory visits: doubled from 2003-2015
  - The quantity increased by 140% 1996-2013

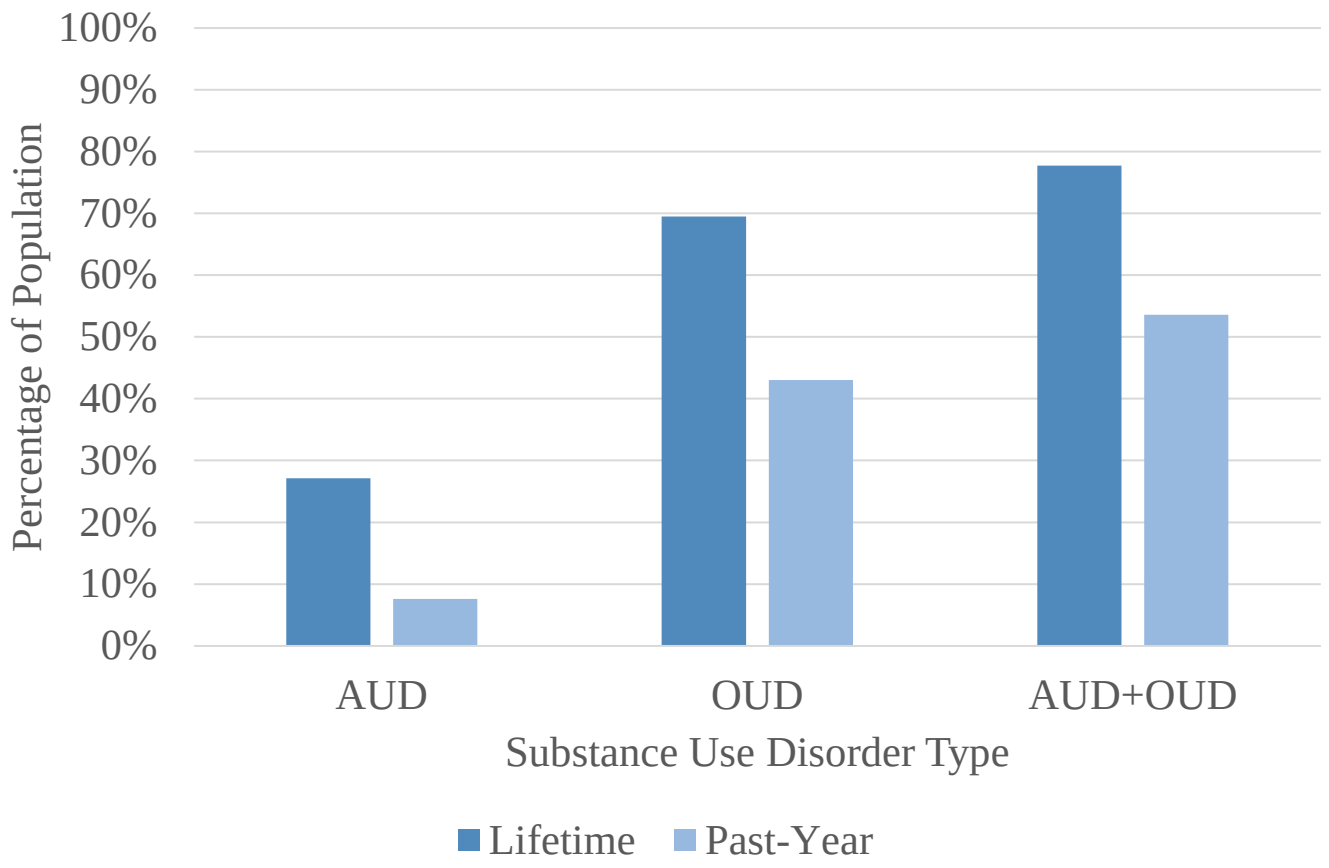


Agrawal et al. (2019); Bachhuber et al. (2016)


No Past Year
Illicit Drug Use
220.6 Million People
(80.6%)
Past Year
Illicit Drug Use
53.2 Million People
(19.4%)
Marijuana
43.5M
Rx Pain Reliever Misuse
9.9M
Rx Tranquilizer or Sedative Misuse
6.4M
Hallucinogens
5.6M
Cocaine
5.5M
Rx Stimulant Misuse
5.1M
Inhalants
2.0M
Methamphetamine
1.9M
Heroin
808,000
0
10
20
30
40
50
Number of Past Year Users



SAMHSA (2019)




AMERICAN PSYCHOLOGICAL ASSOCIATION

Votaw et al., 2019

# The Treatment of Patients with Mood Disorders and Substance Use Disorders

Roger D. Weiss, MD

Chief, Division of Alcohol, Drugs, and Addiction,

McLean Hospital, Belmont, MA

Professor of Psychiatry, Harvard Medical School

AMERICAN PSYCHOLOGICAL ASSOCIATION

# NESARC Odds Ratios of SUDs in Persons with Bipolar Disorder

- Alcohol Dependence 5.7
- Drug Dependence 13.9

# NESARC Odds Ratios of SUDs in Persons with Major Depressive Disorder

- Alcohol Dependence 3.7
- Drug Dependence 9.0

# Substance Use in Patients with Mood Disorders

- Enhanced Reinforcement
- Mood Change
- Escape
- Hopelessness
- Poor Judgment/ Risk-taking/Inability to Appreciate Consequences

# Influence of Depression on Course of SUD

- A current diagnosis of major depressive disorder is associated with poorer outcomes for a variety of SUDs
- Depressive symptoms don't have prognostic impact
- Stresses the importance of a diagnostic assessment

# Significance of SUD in Bipolar Disorder

- Co-morbidity causes more severe course of BD
  - Earlier onset of BD
  - More frequent and severe mood episodes
  - More hospitalizations
  - More medication non-adherence
  - Aggressive, impulsive behavior, legal problems
  - More homelessness
  - Poorer treatment outcome
  - More suicide



Swann et al., 2010

# Diagnosing Psychological Disorders in Patients with SUDs

- How long should you wait until a patient has been off all drugs and alcohol before you can diagnose any psychiatric disorder?
- How much does diagnosis or primary vs. secondary depression matter?

# Co-occurring disorder pharmacotherapy

- Typically focuses on treatment of the psychiatric disorder, though more recent studies have focused on SUD as well
- No comparative effectiveness studies
- Choice of medication is typically based on the usual considerations
  - Side effect profile
  - Family history of medication response
  - Likelihood of medication adherence

# Key Reasons for Medication Non-adherence

- Non-acceptance of illness (esp. bipolar disorder)
- Wish to not mix medications and drugs
- Taking too much medication
  - To get high
  - Because of impatience

# Models of Integrated Treatment

- Depends on the disorders & their relationship
- "Integrated" treatment means different things to different people

# Behavioral Rx of SUD & Depression

- Little good research on this topic
- Preliminary evidence for CBT, behavioral activation
- AA attendance may be associated with reduced suicide risk

# Integrated Group Therapy (IGT) for Bipolar Disorder & SUD: Core principles

- Cognitive-behavioral model focuses on parallels between the disorders in recovery/relapse thoughts and behaviors
- Interaction between the disorders
- The single disorder paradigm: “bipolar substance use disorder”
- The central recovery rule

# The Central Recovery Rule

No matter what!

- Don’t drink
- Don’t use drugs
- Take your medications as prescribed

No matter what!

# IGT Structure

- Check-in: substance use, mood, med adherence
- Review previous week's group
- Skill practice review from previous week's group
- Didactic/handout on integrated topic (e.g., dealing with depression without using alcohol and drugs)
- Discussion

# Findings of IGT research

- 3 studies funded by National Institute on Drug Abuse
- Compared IGT initially to either treatment as usual or standard manualized Group Drug Counseling (GDC)
- All 3 studies showed significantly greater likelihood of abstinence in IGT patients
- “Good clinical outcome” (abstinent and no mood episodes in past month): 45% vs. 20% (IGT vs. GDC)

# Parallels in the recovery and relapse process

- The abstinence violation effect vs. stopping medication when depressed

# Parallels in the recovery and relapse process

- "May as well thinking" vs. "It matters what you do"
- Recovery vs. relapse thoughts and behaviors

# Combating hopelessness: “It matters what you do”

- Making concrete suggestions for taking one step at a time toward recovery
- You’re always on the road to getting better or getting worse; therefore, *it matters what you do*

# Adapting IGT to other settings

- Add items to the check-in (e.g., exercise, honesty, mutual-help meeting attendance)
- Add a “preparation group” for those who don’t believe they have 2 problems
- Broaden the population
- Use IGT principles in individual Rx

# Current status of IGT

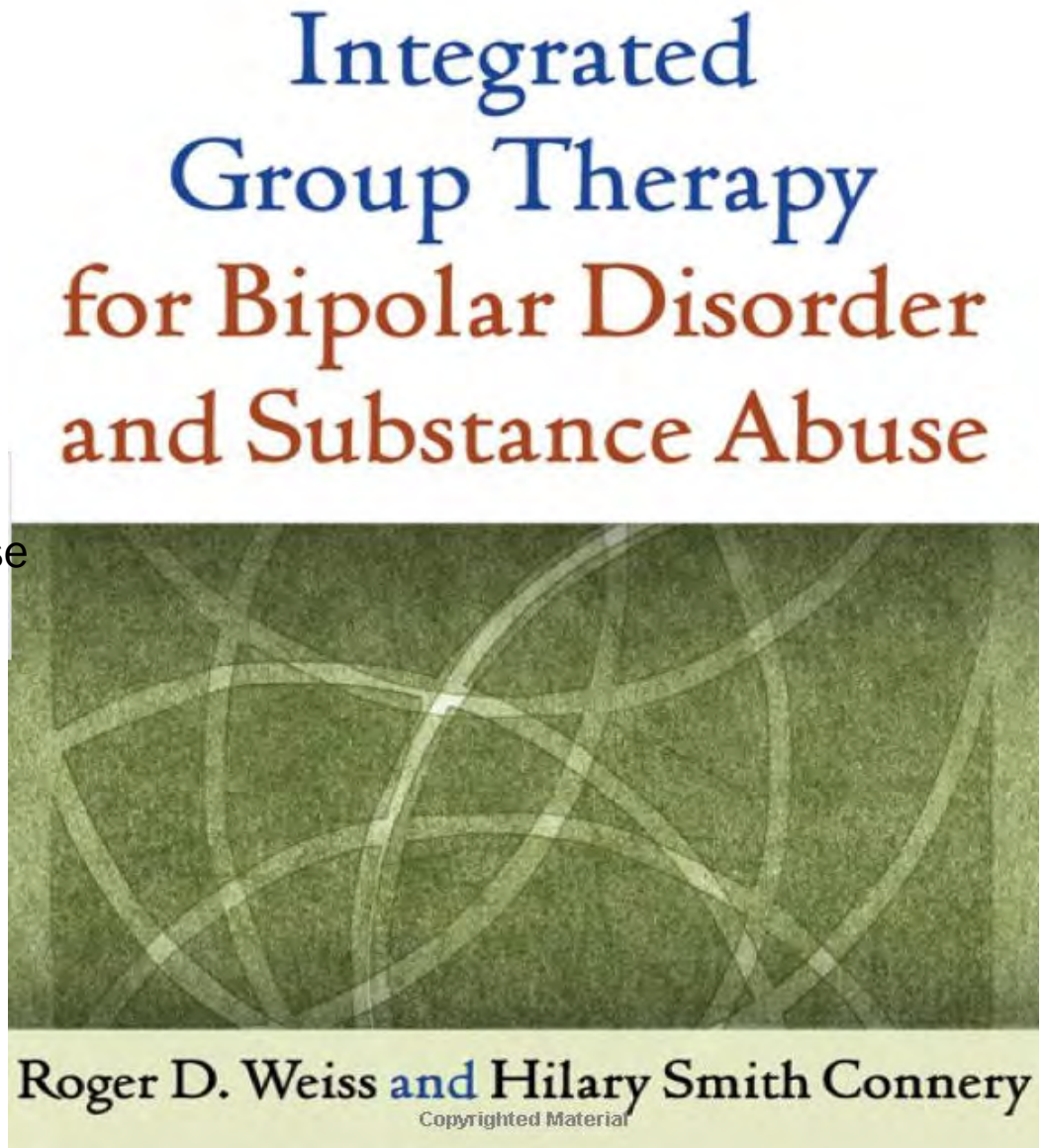
- Has been adapted for patients with psychotic illness as well
- In use in multiple clinical settings at McLean Hospital
- Currently in use in multiple clinical research and correctional settings in U.S., Canada, France, Switzerland, Nepal
- Book published in 2011 by Guilford Press

# Now available!

Society of Addiction Psychology (APA Division 50):
https://addictionpsychology.org/
National Institute on Drug Abuse:
https://www.drugabuse.gov/

- Resources for screening and treating substance use disorders
- Resources for families and patients

National Institute on Alcohol Abuse and Alcoholism:
https://www.niaaa.nih.gov/




AMERICAN PSYCHOLOGICAL ASSOCIATION

# QUESTIONS & ANSWERS

APA SPONSORED WEBINAR SERIES

# THANK YOU

PAID FOR BY


McLean

HARVARD MEDICAL SCHOOL AFFILIATE

AMERICAN PSYCHOLOGICAL ASSOCIATION