

# DUAL DIAGNOSIS

Substance Use and Mental Health  
Dealing with Co-occurring Disorders?



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## LEARNING OUTCOME:

Participants will learn about

- The 2 way relationship between SUD and other psychiatric disorders ,
- Diagnosis of these disorders,
- And plan of treatment.

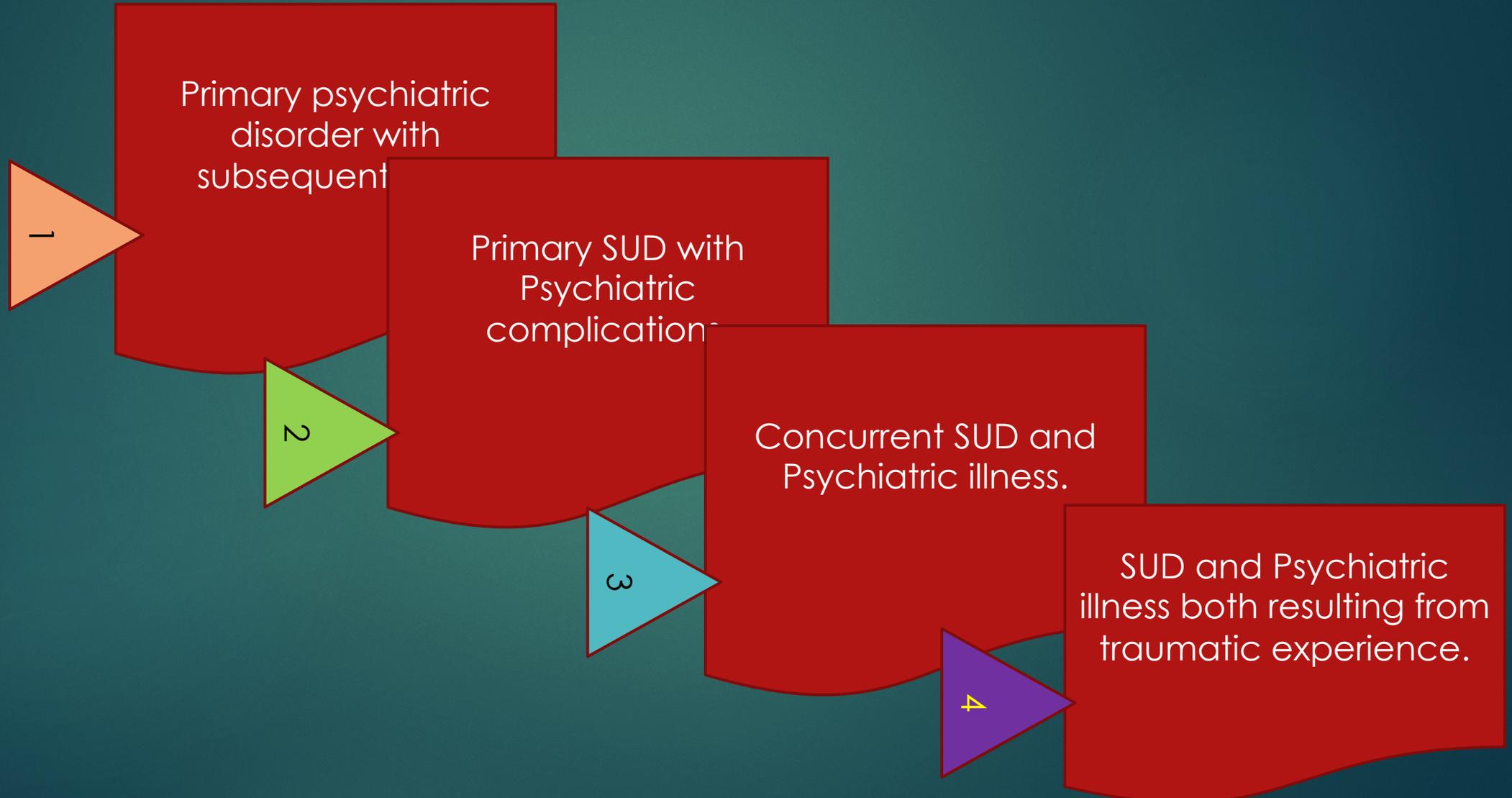
# COMORBIDITY:

- ▶ Comorbidity is a condition that describes the presence of 2 or more diagnosable conditions , either happening at the same time or having a close temporal relationship.



# CATEGORIES OF DUAL DIAGNOSIS

Four/4 categories of dual diagnosis.



# WHAT IS A DUAL DIAGNOSIS?

- “A dual diagnosis means co-occurring mental health diagnoses; someone presents with a psychiatric condition simultaneous to (not necessarily caused by or causing) a substance use diagnosis,” it is been said that "Each diagnosis can influence or exacerbate the other.

## For Example

Someone attempting to cope with depressive symptoms by drinking alcohol, and they later develop an alcohol tolerance.



❖ There is a very **clear correlation** between one's mental health and the **development of an addiction**, and each has a good chance of triggering the other," says

- Substances are **commonly** used to mitigate the slightest to the most severe mental and emotional distress,
- While certain mental health conditions are **correlated** with poorer decision making, impulsive behaviors, and substance use.”



# DIFFERENCE BETWEEN COMORBID AND INDUCED DISORDERS:

- During Substance Use or soon after intoxication / withdrawal.
- Symptoms not enough to be diagnosed as other psychiatric disorder.
- Amount and duration of Substance use should be sufficient to produce these symptoms. (ICD 11)
- Symptoms preceded by substance use.
- Symptoms persist after substantial period of time after cessation of substance use.
- History of prior episodes not associated with substance use.(ICD 11)

# RISK FOR THE DEVELOPMENT OF A SUBSTANCE ABUSE DISORDER:

- **Mental Health America** reports that patients with distinct mental health disorders are at the following rates of increased risk for the development of a substance abuse disorder:
  - **Antisocial personality disorder: 15.5%**
  - **Manic disorder: 14.5%**
  - **Schizophrenia: 10.1%**
  - **Panic disorder: 4.3%**
  - **Major depressive disorder: 4.1%**
  - **Obsessive-compulsive disorder (OCD): 3.4%**
  - **Phobias: 2.4%**



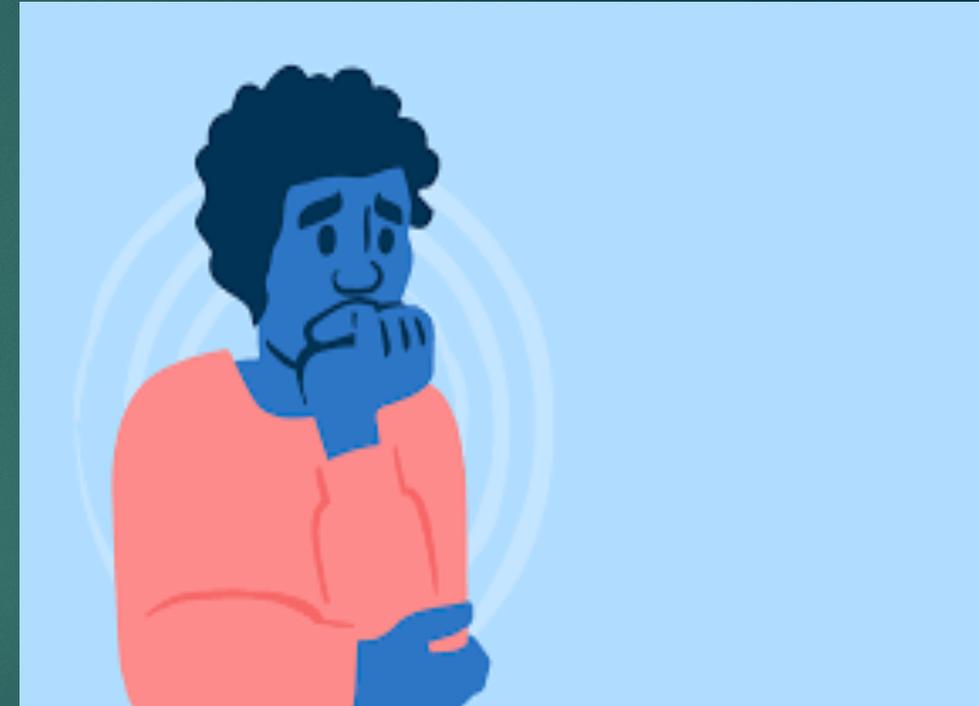
# WHAT CO-OCCURRING MENTAL HEALTH DISORDERS ARE COMMON WITH ADDICTION?

- For decades, researchers have been studying co-occurring found some disorders are more common in **dual diagnosis** treatment and **alongside substance use disorders** than others. The most common mental health disorders co-occurring with **substance use disorder** include:



# ANXIETY DISORDERS:

- Almost **18 percent** of the patients with SUD have co-occurring anxiety disorder.
- **Social anxiety** has a solid link to marijuana use issues.
- **Generalized anxiety** disorder, panic disorder, and social anxiety increase the risk of co-occurring mental health disorders.
- For this **reason**, seeking help from dual diagnosis treatment is recommended.





## Mood Disorders –

- Nearly **20 percent** of people with an addiction have a co-occurring mood disorder such as **clinical depression or bipolar disorder**.
- **Dual diagnosis** treatment centers give clients the tools to find joy in daily life.

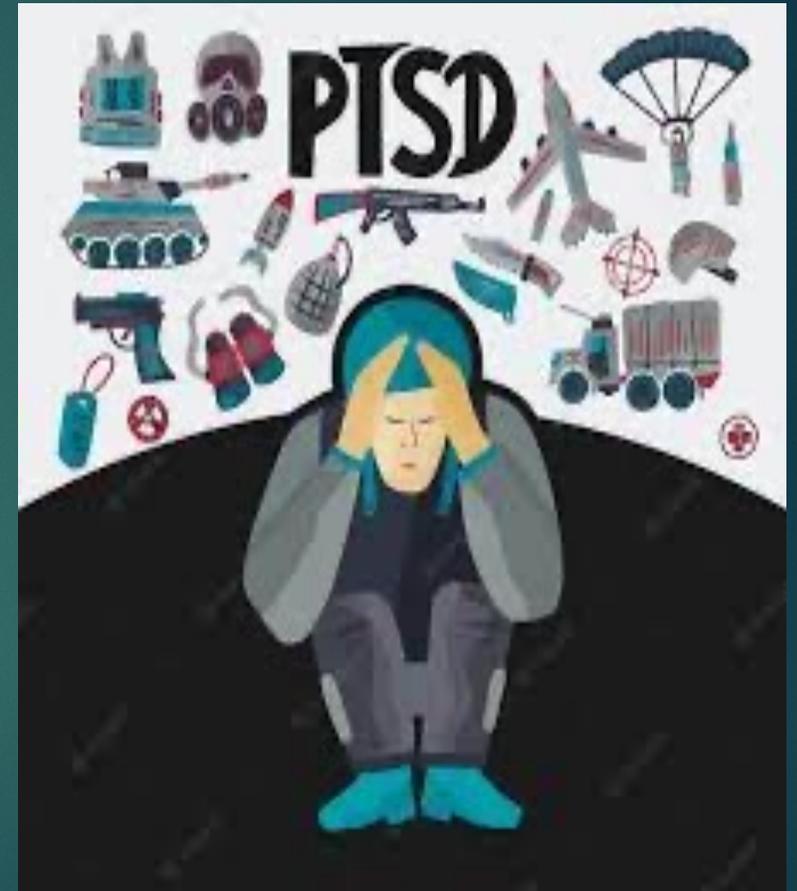
# PERSONALITY DISORDERS: –



- In dual diagnosis treatment,
- Over **35 percent** of clients are treated for co-occurring personality disorders.
  - Types of personality disorders **commonly** co-occurring with addiction include antisocial, borderline, and paranoid personality disorders.

# POST-TRAUMATIC STRESS DISORDER:

- According to the **National Center for PTSD**, 8 out of 100 Americans struggle with PTSD.
- Unfortunately, people with PTSD are **14 times** more likely to need dual diagnosis treatment for co-occurring substance use disorder.





# OBSESSIVE-COMPULSIVE DISORDER

- OCD is one of the most common mental health disorders.
- It causes depression, anxiety, and even suicidal thoughts without treatment.
- Coping with the symptoms of OCD is exhausting, causing many to turn to drugs or alcohol



# WHY IS DUAL DIAGNOSIS TREATMENT CRUCIAL FOR CO-OCCURRING DISORDERS?

- It's not easy to determine whether a **person's drug** or alcohol use has led them to develop a mental health condition or vice versa. In some cases, people use drugs or alcohol to **self-medicate** or relieve the symptoms of their mental health issues.
- **For instance**, many people find themselves turning to alcohol to find **relief from anxiety or depression**.
- Conversely, sometimes people abuse substances and develop a **mental illness as a result**.
- **Meth** use and cocaine use, for instance, can quickly lead to anxiety.

- It's often best to attend a **dual diagnosis treatment program** if you struggle with both an addiction and mental illness.
- If you only **seek substance abuse treatment** for your addiction, it is easy to **relapse** as you begin to face the symptoms of your mental health concern unabated by the substance.
- However, if you only get **treatment** for your mental health condition, continuing to use substances may quickly result in another or worsening mental health issues.

- According to the United Nations Office on Drug and Crime, County office for Pakistan (2007), estimated prevalence of Opioid use in Pakistan to be around 0.7% of the adult population.
- Numerous studies hint at an association of substance dependence with certain psychiatric disorders.
- A Swedish cohort sample reported high rates of co-morbid disorders among individuals with substance use including: anti-social personality disorder 20%, psychosis 14.4% (6.5% was drug induced psychosis), depression 12% and 8 % with co-morbid anxiety



- One study concluded that 47% of the diagnosed patients with schizophrenia also had a life time diagnosis of co morbid substance abuse.
- Another study reported that most common psychiatric conditions among youth who abused drugs were conduct disorder, attention deficit hyperactivity disorder and depression.
- A study conducted in Nigeria compared psychiatric co-morbidity overtime period; psychiatric co-morbidity was higher (67.65%) in seven years period from 2000 to 2007 as compared with previous seven years from 1992 to 1999 (38.5%).
- In both periods co-morbidity was associated more with cannabis use as compared with other drugs of abuse.



# CO-OCCURRING PERSONALITY DISORDERS:

- **2 sides** of same coin.
- **37 % to 90 %**.
- Interconnected to such extent that in past **SUD** was classified under personality pathology.
- **Personality disorder** involves pathology in 4 components:
  - Cognition.
  - Affective expression.
  - Impulse control.
  - Interpersonal functioning.

# CO OCCURRING PERSONALITY DISORDERS:

**CLUSTER A** – (odd & Eccentric) PDD , SPD , STPD.

**CLUSTER B** - ( Dramatic , Emotional , Egocentric)  
ASPD , BPD , HPD ,NPD .

**CLUSTER C-**  
(Anxious , Fearful ) AVPD  
, DPD , OCPD.

Strongest association was found for ASPD , BPD.

Double insult to injury –  
Gambling disorder in 40  
%.

Bad prognosis , high  
suicide rate , Forensic  
issues.

# CHALLENGES IN MANAGEMENT:

- Transference issues.
- Trust issues.
- Over involvement / Resignation from Psychiatrist.
- Issues related to impulse control.
- Compliance issues.
- Predisposition towards Depression , Anxiety , Psychosis.
- CBT , DBT , Group Psychotherapy , Family therapy.
- Role of SSRI

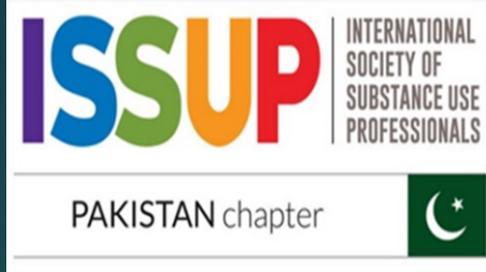


# TAKE HOME MESSAGE:



- **CO MORBIDITY** IS VERY COMMON.
- HOLLISTIC APPROACH FOR **ASSESSMENT**.
- **NEEDS TEAM** APPROACH.
- USE OF VALID **PSYCHOMETRICS** FOR BOTH.
- **FOLLOW GUIDELINES** FOR PHARMACOLOGICAL INTERVENTIONS.
- NEVER **FORGET** SUICIDE ASSESSMENT.
- KEEP **UPDATED** & KEEP LEARNING.

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Thank You