Addiction and Psychiatric Comorbidity

For substance dependent patients, the term psychiatric comorbidities refer to the diagnosis of further psychiatric conditions in addition to the diagnosis of substance addiction in one patient. This topic has been more closely examined by researchers since the 1990s. There are several etiological theories which attempt to explain the appearance of several psychiatric disorders at the same time:

1. The Trigger Model:
   The mental disorder is seen as the result of substance addiction.
   Example: Drug induced psychosis as a result of cannabis or cocaine consumption.
2. Drift Hypotheses:
   The substance use results from the mental disorder. Patients attempt self medication through substance abuse ("Self Medication Hypotheses").
   Examples: There are a high percentage of schizophrenic smokers who may attempt to improve their cognitive abilities through nicotine. The high percentages of cannabis users with psychosis can also be interpreted as an attempt to self medicate.
3. Dopamine Hypotheses:
   Both the substance abuse and the other psychiatric disorder are the result of a genetic condition causing a disturbance in the dopamine balance in the brain.

Classification

Addiction and other psychiatric diagnoses are classified by the World Health Organization (WHO) in the "International Classification of Diseases," tenth edition (ICD 10) and in the "Diagnostic and Statistical Manual," fourth edition (DSM-IV) from the American Psychiatric Association.

Prevalence

According to data from several sources, psychiatric comorbidity is quite common among substance dependent patients. A 1997 study by Kessler et al. of alcohol dependent patients found an additional psychiatric diagnosis in 78.3% of the men and 85% of the women. There is an especially high rate of anxiety and affective disorders among alcohol dependent women. These results show that the difference in prevalence of psychiatric comorbidity between the sexes can vary widely. Gender specific care is important for these patients.

Risk factors for a combination of three or more psychiatric diagnoses are:

- Female gender
- Young age
- Low income
- Low level of education
- Living in an urban area

A study of schizophrenic patients found that 47% of them also suffered from substance addiction, 34% showed symptoms of alcohol abuse and 28% were addicted to other substances. Nicotine abuse is very common among schizophrenic patients.

The life time prevalence for opioid dependent patients for the development of a comorbid psychiatric disorder is 65%. Of opioid dependent patients, 37% also have a personality disorder, 31% an affective disorder and 32% an anxiety disorder. Women who are addicted to opioids have a higher rate of anxiety disorders, phobias and affective disorders.

Addiction and Depression

Depression is common among patients with substance and non-substance addictions (compulsions). Alcohol addiction and depression are among the most common psychiatric disorders in the general population. Patients who suffer from one of these conditions have a higher chance (2 to 3 times) that the other condition will occur as well. More than 50% of opioid dependent patients suffer additionally from depression or an anxiety disorder. Depression is especially frequent after long term maintenance therapy but it can also occur independently of the therapy and should not be over looked. Postpartum depression is common among new mothers in opioid maintenance therapy. When treating depression among opioid dependent patients, it is important to take into account that selective serotonin reuptake inhibitors (SSRIs) can cause an increase in the blood level of opioids. Close observation is important. There are gender differences in the actions of tricyclic antidepressants and lithium which should be considered. Social and familial problems play an important role in the development of depression among dependent patients. It is one of the most common psychiatric comorbidities.

Addiction and Personality Disorders

Personality disorders include narcissistic, histrionic, obsessive-compulsive, borderline, antisocial and dependent personality profiles which are commonly associated with substance dependence. Up to 40% of addiction patients have a personality disorder. One theory explains that the occurrence of pathological personality characteristics often lead to mental

and interactive disturbance. Patients often have problems coping with their surroundings which can result in substance abuse and addictions. Dropping out of therapy, frequent change of care provider and problems with care provider and other patients are typical. These patients have a rather inauspicious therapy prognosis. Psychotherapy is important in treating these patients.

Addiction and Schizophrenia

Of all schizophrenic patients, 20-40% suffer from substance addiction as well. Statistically, young men from lower social classes are most often affected. It is important to be cautious when making a diagnosis because it is difficult to differentiate between a primary psychosis and psychotic symptoms resulting from substance abuse. Schizophrenia can also be triggered by the consumption of psychotropic substances. "Self medication" is also common among these patients in an attempt to improve symptoms or reduce the side effects of antipsychotic medications through the abuse of alcohol, nicotine and/or cannabis. Social isolation plus work and financial problems resulting from schizophrenia can also facilitate the development of addictions. The dopamine receptor system also plays a role in both schizophrenia and addiction.

Addiction and Anxiety Disorders

Sedating substances such as alcohol, benzodiazepines and barbiturates are often used by anxiety patients to subdue anxiety and induce relaxation. There are different forms of anxiety disorders (including phobias) that vary in their intensity. Many patients simply do not want to experience negative feelings of fear and anxiety any more which can lead to a misuse of sedatives. Benzodiazepines have a high addictive potential when regularly consumed. Alcohol abuse is also common which leads to decreased anxiety symptoms. It is very important that the doses of sedatives be reduced slowly and that patients receive psychotherapy to improve the anxiety disorder.

Implications for the Treatment

The treatment of substance dependent patients is made more difficult by the existence of psychiatric comorbidity and there are special aspects to be considered in the treatment of this patient group. These patients are often overwhelmed by the treatment setting. They are more likely to be seen as "problem patients" because they drop out frequently and have more social problems. This behavior is often misinterpreted by care providers as a conscious

refusal of therapy. Other problems include a general slowing down (depression), non-compliance to treatment, difficulties in complying with rules (personality disorders), the tendency to loose control (personality disorders), delusional interpretations (psychosis) and cognitive deficiencies (brain damage resulting from long term substance abuse). It is important that these patients receive especially intensive, comprehensive and individual care leading to an improvement in all of their psychiatric problems. The primary disorder should be treated first. It is important to consider the side effects of pharmacological therapy because this patient group tends to have a low tolerance of these effects. In an opioid maintenance therapy, it is important that withdrawal symptoms be minimized. Psychotherapy can also be very helpful in treating substance dependant patients with psychiatric comorbidity.