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Psychiatry and Addictions Case Conference

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SUBSTANCE INDUCED PSYCHIATRIC DISORDERS

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

- ✓ Any conflicts of interest?--- NO

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OBJECTIVES

1. To apply rules of DSM 5 substance induced disorders to several common patient presentations
2. Identify differential diagnoses
3. To provide treatment choices for various syndromes

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MARY IS A 32 YO FEMALE

- Presents to prim care with both social anxiety and now “panic attacks” in the afternoon
- Has always had some social anxiety, but says with alcohol she can interact more easily
- Has been worried that her drinking is getting out of hand….but drinking helps the afternoon panicky feelings

SO WHAT IS GOING ON?

- Social anxiety
- Alcohol use disorder mild /mod
- Panic disorder
- Afternoon mild/mod alcohol WD= induced Anx
- Other?

DRUG INDUCED PSYCHOPATHOLOGY

Drug States

- Withdrawal
  - Acute
  - Protracted
- Intoxication
- Chronic Use

Symptom Groups

- Depression
- Anxiety
- Psychosis
- Mania

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SUBSTANCE-INDUCED PSYCHIATRIC DISORDERS: DSM-5 CRITERIA

A. Prominent psychiatric symptoms (depression, mania, anxiety, psychosis)
B. Evidence that symptoms developed during or within a month of substance intoxication or withdrawal and that the substance is capable of producing the symptoms.
C. Symptoms are not better accounted for by an independent psychiatric disorder.
D. The disturbance does not occur exclusively during the course of a delirium
E. The disturbance causes clinically significant distress/impairment

WHAT TO DO?

History shows long term moderate social anx, but she has never had full panic, recently just gets increasingly anxious every afternoon- she wonders if this is something at work. She agrees to cut down and maybe stop her drinking

- Start sertraline for anxiety
- Start a more sedative med like mirtazapine
- Start naltrexone for alcohol, gabapentin for mild/mod alc WD, consider sertraline too
- CBT for social anxiety and alcohol use disorder

GEORGE IS A 21 YO MALE…..

- Admitted to the ER for agitation, paranoid ideation and is sure Police were outside his apt and were going to kill him
- Has No previous Medical or Mental Health treatment noted in chart or brief pt history, graduated high school and has work history
- Is tachycardic but settles with IM BZP and IM antipsychotic
- Admits to taking Methamphetamine from a friend almost continuously for the last 5 days but an extra large amount 4 hours ago

- Option A--Within 2 hours in ER, feels “normal” but tired and wants to go home
- Option B– he stays psychotic in ER, admitted and still psychotic a week later despite antipsychotics
  - During this week he reports he has been having some soft voices over the last year

SUBSTANCE INDUCED SCHIZOPHRENIA ?

- Methamphetamine/Cocaine
- Ecstacy
- Hallucinogens (strong THC too)
- Alcohol Hallucinosis

METH/ COKE VS SCHIZ

- Meth
  - Later onset
  - Clear regular heavy drug use
  - Lifestyle
  - More likely to preserve general function
  - Usually paranoid and voices, but not many negative sx
  - Cocaine, like above, but lasting minutes to hours vs days to weeks
- Schiz
  - Earlier onset
    - Prodrome of withdrawal, negative symptoms, few friends
  - More global impairment, thought disorder
  - May have drug use but usually much less

WHAT DO DO ?

- Use a sedative BZP IM as first line, followed but an atypical antipsychotic (like risperidone, olanzapine etc) if the agitation and psychosis continues more than 30-60 min
- Try to confirm more hx with friends, family etc to determine if this is all sub-induced or sub-induced on top of a more chronic psychotic state
- Most meth induced psychoses last minutes to hours –NOT days to weeks.

SUBSTANCE-INDUCED DISORDERS ARE DISTINGUISHED FROM A PRIMARY MENTAL DISORDER BY CONSIDERING THE ONSET, COURSE AND OTHER FACTORS.

- Suggestive of primary mental disorder:

  - persistence of symptoms for greater than 4 weeks after the end of intoxication/withdrawal

  - development of symptoms in excess of what would be expected given amount of subs used or duration of use

  - hx of prior recurrent episodes of mental disorder

  - strong family hx of mental disorder

  - hx of mental illness during abstinent periods

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FACTORS SUGGESTIVE OF SUBSTANCE-INDUCED DEPRESSIVE DISORDER (SIMD)

- Alcohol-dependent patients presenting with mood disorders were more likely to have SIMD if they had evidence of more severe substance dependence:
  - drank more on each occasion
  - drank with greater frequency
  - had longer duration of substance dependence
  - sought treatment more often
  - dependence on/abused other substances

Schuckit MA et al (1997) *American Journal of Psychiatry* 154:948-957

DISCRIMINATING BETWEEN SUBSTANCE-INDUCED DEPRESSIVE DISORDER (SIDD) & INDEPENDENT MDD:

COURSE OF SIDD*

- Depressed SUD pts presenting for CD tx were evaluated w/ Psychiatric and Research Interview for Substance and Mental Disorders (PRISM)
  - 51% Substance-Induced Depression
  - 49% Co-occurring Major Depression
- Over course of 1 year: 32% of the SIDD pts were reclassified as having Independent MDD
- Those w/ SIDD were equally likely to have relapse of depression as those w/ Independent MDD

*Nunes EV et al. *Journal of Clinical Psychiatry* 67:1561-1567 (2006)

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