



UW PACC

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

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

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

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, ...father had serious alcohol problems.

- 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

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)

[Am J Psychiatry](#). 2010 Jun;167(6):668-75. Epub 2010 Mar 15.

A double-blind, Placebo-controlled Trial Combining Sertraline and Naltrexone for treating co-occurring Depression and Alcohol Dependence.

[Pettinati HM](#), [Oslin DW](#), [Kampman KM](#), [Dundon WD](#), [Xie H](#), [Gallis TL](#), [Dackis CA](#), [O'Brien CP](#).

METHOD:

A total of 170 depressed alcohol-dependent patients were randomly assigned to receive 14 weeks of treatment with sertraline (200 mg/day [N=40]), naltrexone (100 mg/day [N=49]), the combination of sertraline plus naltrexone (N=42), or double placebo (N=39) while receiving weekly cognitive-behavioral therapy.

RESULTS:	Abst	Delay to Heavy Drink	
Sertraline plus Naltrexone	53.7%	98 days	P<.01
naltrexone	21.3%	9 days	
sertraline	27.5%	23 days	
placebo	23.1%	26 days	

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
- Ecstasy
- Hallucinogens (strong THC too)
- Alcohol Hallucinosiis

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

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

[Addiction](#). 2012 Nov;107(11):1974-83.

Mediational Relations between 12-Step Attendance, Depression and Substance use in patients with comorbid Substance Dependence and Major Depression. [Worley MJ](#), [Tate SR](#), [Brown SA](#).

DESIGN:

Controlled trial of Twelve-Step facilitation (TSF) and integrated cognitive-behavioral therapy (ICBT), delivered in out-patient groups for 6 months with adjunct pharmacotherapy. Veterans (n = 209) diagnosed with alcohol, stimulant or marijuana dependence and substance-independent MDD.

FINDINGS:

In multi-level analyses

- > **greater 12-Step attendance predicted lower depression**
- > **and mediated the superior depression outcomes of the TSF group**

Controlled, lagged models indicated these effects were not confounded by current substance use, suggesting **that depression had unique associations with 12-Step meeting attendance and future drinking.**