Managing Co-occurring Diagnoses

ANNIE MCGUIRE, MS, LMHC, MHA

CLINICIAN TRAINER AND PRACTICE COACH

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• CHECK IN

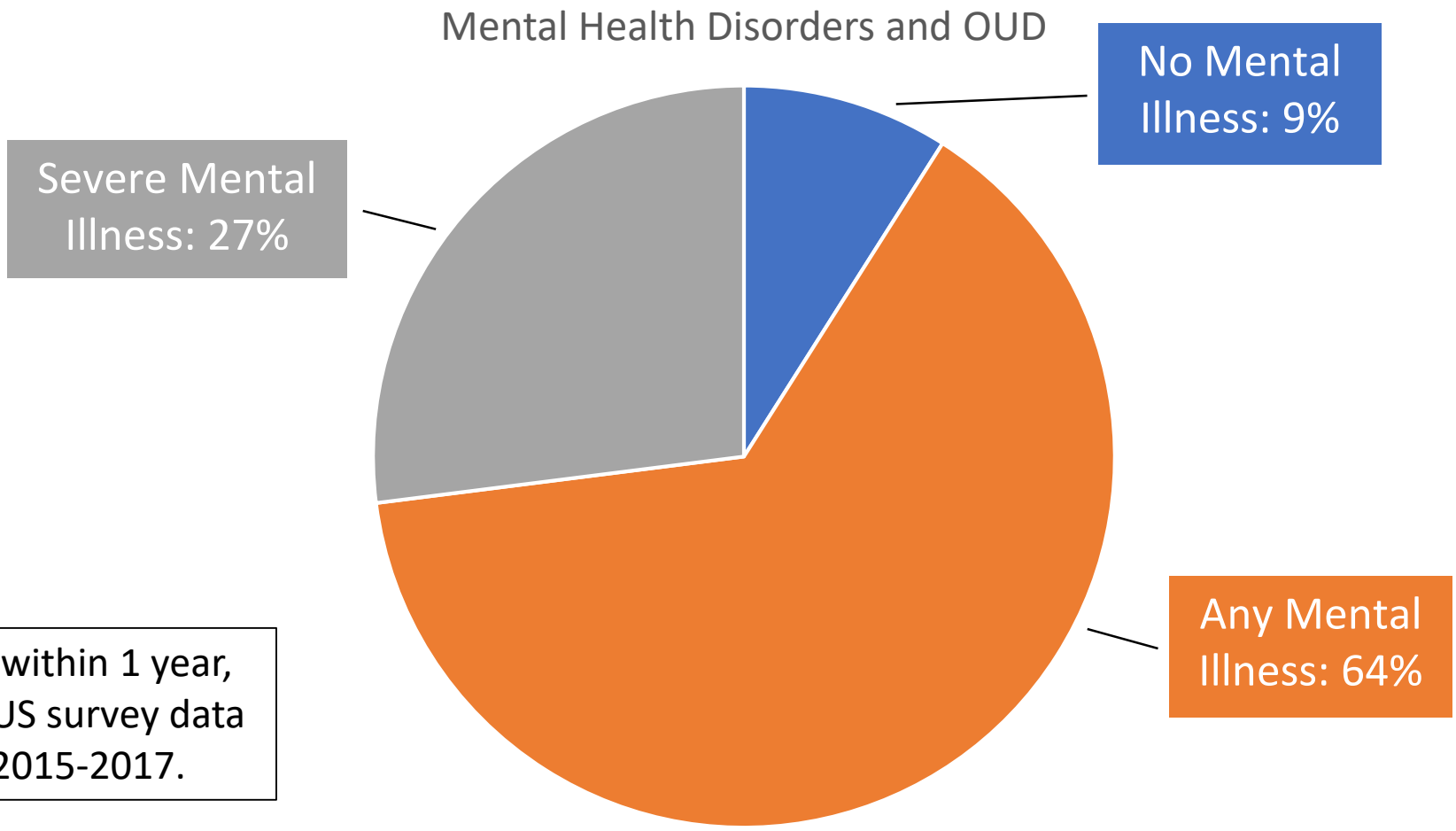
- How are things going?
- Review of registries
- Anything else on your mind?

Learning Objectives

By the end of this session, participants should be able to:

- Review the connection between mental health disorders and OUD
- Explain the relationship between concurrent MHD and OUD and how they have similar risk factors
- Understand key features and options for treatment for OUD

MHD are VERY Common in People with OUD



Rates within 1 year, from US survey data from 2015-2017.

Jones CM, et al, 2019

Opioid Use Disorder and Co-Occurring Mental Health Disorders (MHD)

- Depression , anxiety disorders and PTSD are the most significant co-morbidities
  - 2.5 times increased risk of suicide
- These conditions often go undiagnosed and untreated and are a barrier to being successful in OUD treatment.

Jones CM et al 2019
Savant et al, 2013

Assessing Mental Health Disorders in the Context of Substance Induced Disorders:

- Screeners will be more accurate after therapeutic dose of medications is reached and maintained
- Always screen initially for acute issues like suicide ideation, but rescreen for mental health disorders after four weeks
- Other evidence of a primary mental health disorder
  - History of prior recurrent episodes
  - Strong family history of mental disorder
  - History of mental illness during periods of recovery

Shared Risk Factors for MHD and OUD

CHAMP

Genetics	Epigenetics
Environmental factors	Brain regions
Stress	Trauma/ACEs

NIDA. (2018, February 27). Common Comorbidities with Substance Use Disorders. Retrieved from https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders on 2019, May 24

Genetics

- Account for 40-60% of SUD risk
- Genes
  - Affect person's response to drugs
  - Affect person's response to stress
  - Neurotransmitters (like 5HT and DA) are affected by drugs and dysregulated by mental illness

Epigenetics and Environmental Factors

Epigenetics, defined:
Changes in gene activity/expression due in part to environmental factors

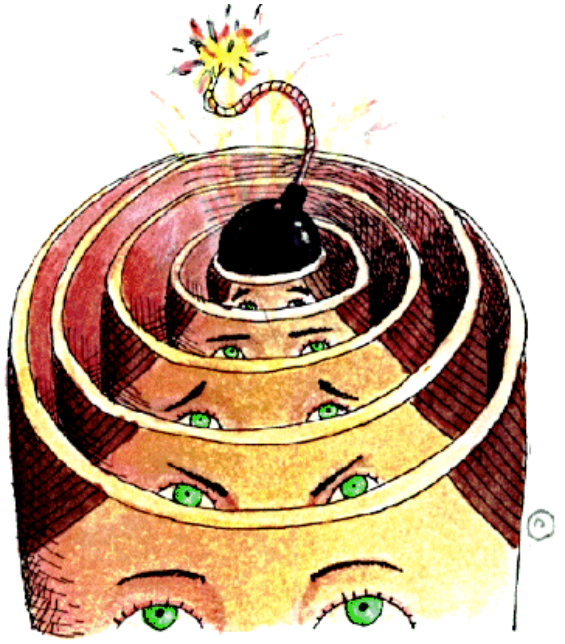
- Environmental factors include chronic stress, trauma, drug use or exposure
  - Induce stable changes in gene expression
  - This in turn changes behavior

Brain Region Involvement

The Brain

Stress/Adverse Childhood Experiences (ACEs) and Trauma

- Risk factor for
  - Mental disorders
  - Recurrence of disease
- Impacts areas of brain involved in
  - Motivation, learning, adaptation
    - Hypothalamic Pituitary Access
  - Impulsivity
    - Prefrontal cortex
- Alters dopamine pathways
  - May enhance reinforcing properties of drugs



ACEs/Trauma

- Increase risk for both SUDs and MH Disorders

Treatment Models For Co-Occurring Disorders

Avoid→ Sequential

- Receives one treatment and then the other

Parallel

- Participates in two systems simultaneously

Consider→ Integrated

- Single, unified and comprehensive treatment program for all disorders

Treatment Gap

- 70-75% will NOT receive both mental health and SUD treatment
  - Lower odds of receiving treatment
    - Males 52% less likely
    - 18-25 yo 42% less likely
    - Non-Hispanic Black 69% or Non-Hispanic other 64% less likely
- People are reluctant to seek MH treatment and treatment is often unresponsive to them

Jones CM, et al, 2019

MH Impacts OUD Treatment Access

- Only 28% of providers with DATA 2000 waiver prescribing
  - 92 providers interviewed
- Reasons why they will not prescribe
  - *#1 reported barrier: lack of mental health and psychosocial support for patients*
  - Lack of institutional support
  - Funding barriers

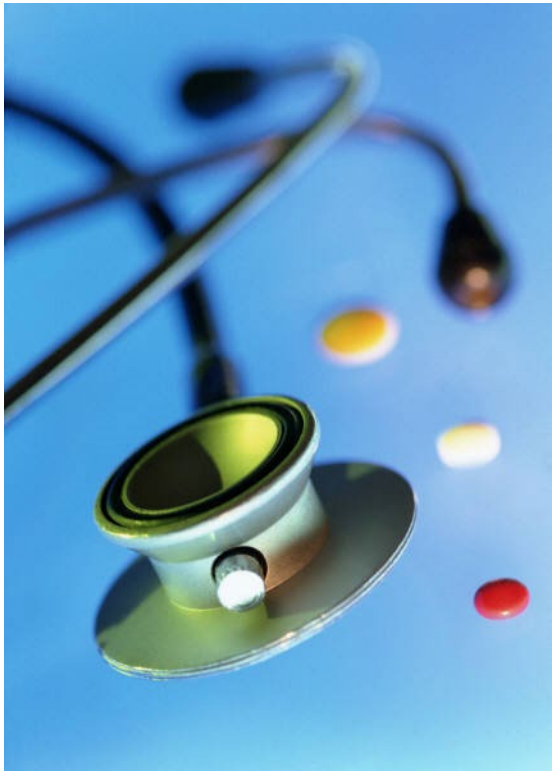
Hutchinson, E., et al. (2014); Knudsen, Abraham, & Oser (2011)

Checkpoint:

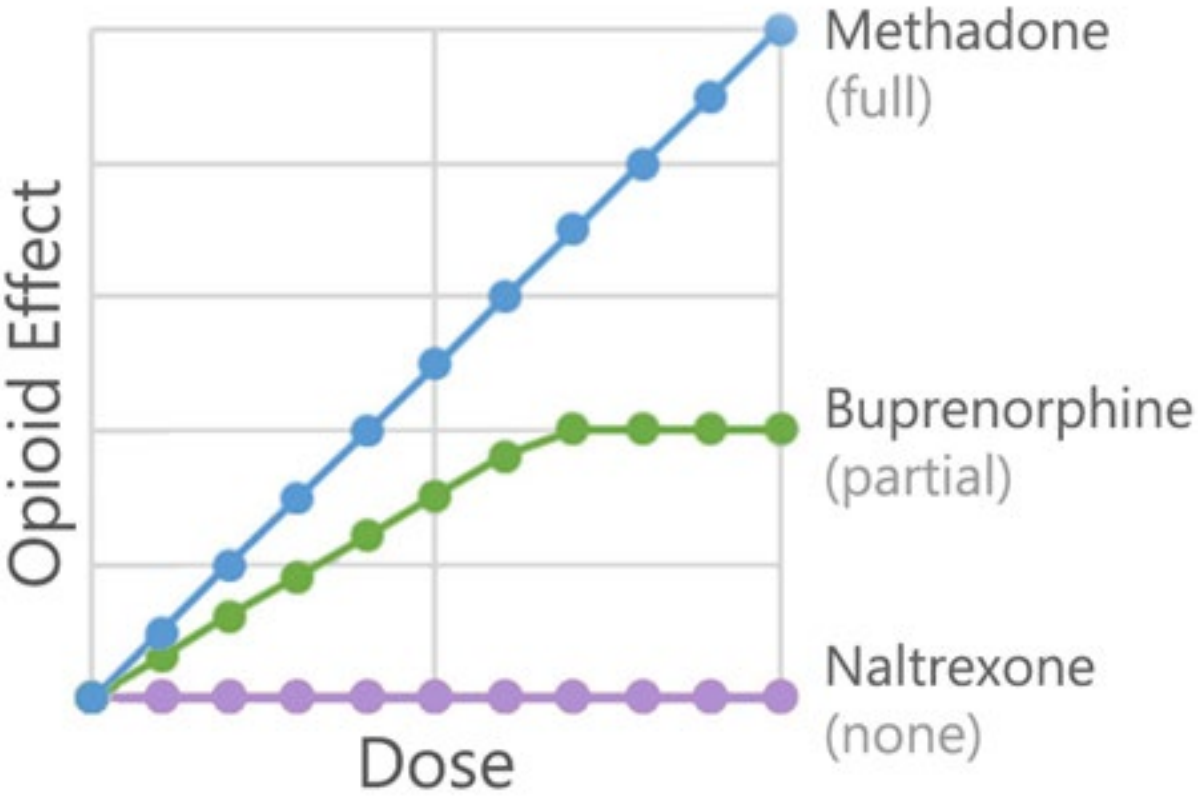
What has been your experience in helping patients to access MOUD while also engaging them in behavioral health treatment?

Supporting Medication Treatment for OUD

- Multiple benefits of MOUD
  - Reduces deaths
  - Well-tolerated
- Support Recovery
  - Stabilize function and control cravings
  - Prevent recurrence of symptoms
- Backed by research
  - Medications are the standard of care
  - Many years of safe and effective use



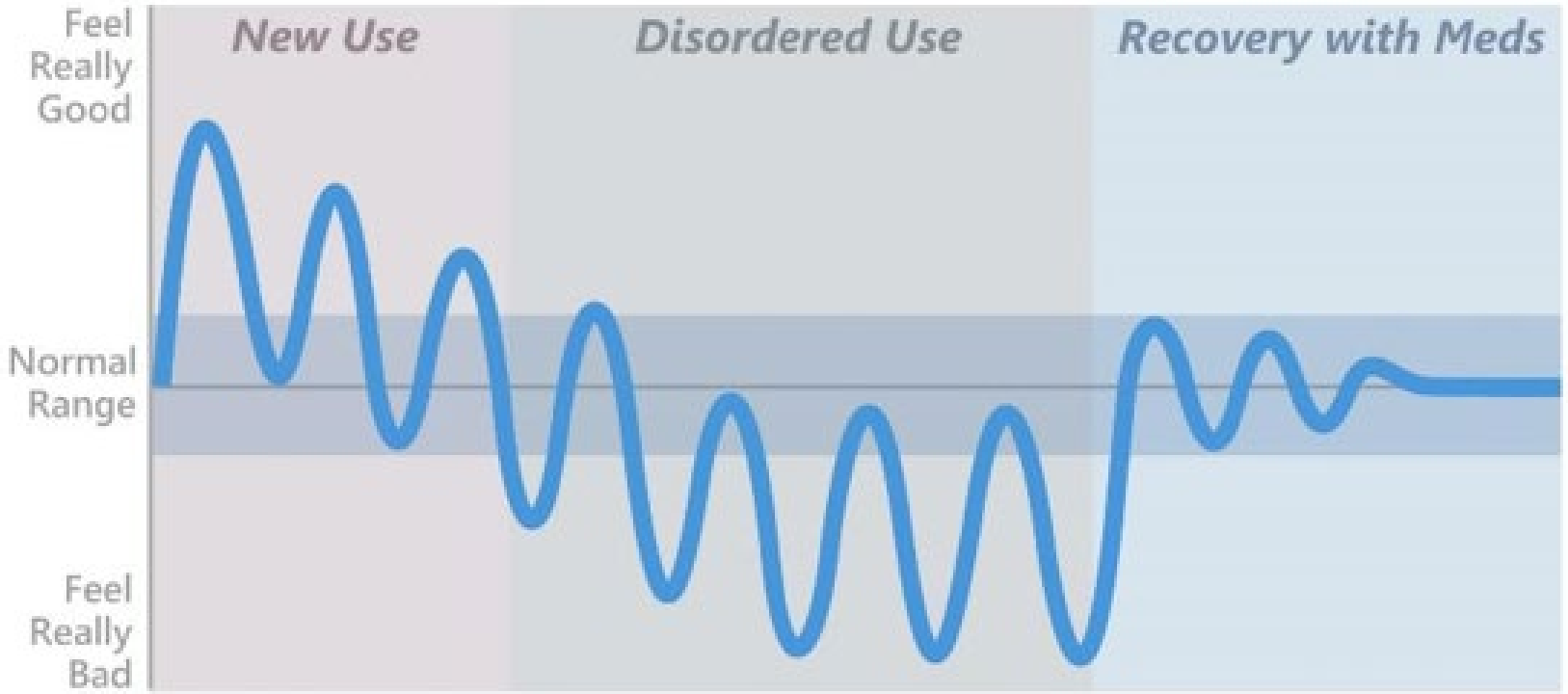
OUD Treatment Medications



Medications for Opioid Use Disorder (MOUD)

- Methadone
  - Full opioid effect, only available in opioid treatment programs
  - Heavily regulated, no ceiling effect- overdose potential
- Buprenorphine
  - Partial opioid agonist
  - Commonly available as pills or fills in a duo product with naloxone (Suboxone)
- Naltrexone
  - Blocks opioid receptors
  - Monthly in-clinic Injection (also available as a pill for alcohol use disorder), patient must be opioid free 7-14 days prior to start

Actions of MOUD vs. Heroin



Treatment Options

- Clarify important differences in three settings:
  - Medication options
  - Other supports/structure
  - Visit frequency
- Evidence suggestions medications are the most effective approach of treating OUD

Questions & Discussion

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Journal Articles Cited

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