

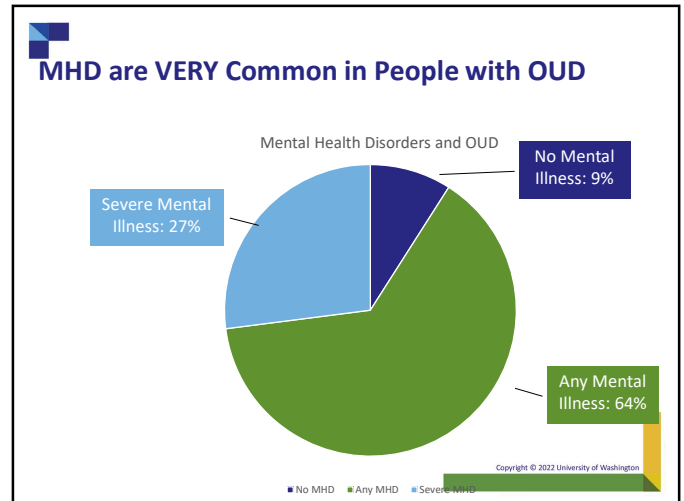
AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

CHAMP Cohort One Control BHCM Support Call: Review of Co-Occurring Disorders

January, 2022

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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

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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

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Shared Risk Factors for MHD and OUD

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
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Checkpoint:



- Tips/suggestions for how to explain to patients about potential connections between OUD and MHD?
- What do conversations look like when you're trying to support connections to MOUD?
- Suggestions for how to identify and work on treatment goals when patients are not interested in treatment for both disorders?

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Why should BH Managers Know about Medication Use?

- Role of supporting successful medication treatment
 - Missed opportunities to support adherence in present-day treatment as usual
 - Adherence is a big deal
 - Actual real-life medication adherence is probably less than 50%!
- Familiarity with the reasons why medication trials
- Management of common benign side effects can facilitate adherence
- A direct contact point for patient may be life-saving

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Checkpoint:



- How do you help manage patients' expectations around medication treatment?
- What are frequent questions that come up from patients?
- How do you work with patients to anticipate challenges that may come up with medication treatment?

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Helping to Manage Expectations Around Medication Use

- **When will the medications work?**
 - "It can take several weeks before you stabilize on the right dose"
- **Realistic goals and timetables**
 - "Is this all I need to change my life?"
- **What will getting better look like?**
 - Patient may be able to tell you

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Anticipating Challenges with Starting Medication

- **How likely are you to take the medication every day?**
- **Do you think the meds will help you?**
- **What might get in the way of taking the medication?**
- **Will your family and friends support you in taking medication?**
- **How will you remember to take it?**

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Starting Medication

- **Make a specific plan**
 - It is a lot harder to take medications than it looks
 - Utilize apps as appropriate
- **Help with the details**
 - When are you going to pick it up?
 - How will you pay for it?
 - Let's pick a specific day for you to start it!
 - How are you going to remember to take it?
 - Consider using checklist, mediset, titration calendar
 - Who will you call with questions?
- **Who will check in with patient post induction?**

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Patient Concerns:

- **Questions to ask patients**
 - **How is this medication working for you? What has improved? Anything worse? Quantify.**
 - **Any side effects? What, when, how much do they bother you?**
 - **Do you think this medication is helping you reach your goals?**

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Anticipate Treatment Adherence Challenges:

- Money
 - No point in prescribing meds if unobtainable
- Prior authorization/insurance/formulary issues
- Challenges at the Pharmacy
- MISSED PROVIDER APPTS
 - Treatment Agreement details
- Lost medications
- Side effects
- Lack of faith/hope, Stigma

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Opioid Medications: Side Effects

- Oral issues
- Constipation
- Vomiting
- Insomnia/sleepiness
- Disturbance in attention
- Serious concerns re withdrawal

Note:

- *Side effects may be less intense than full agonists*
- *Less potential for respiratory depression*

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“What If I Want To Stop My Medication?”

- Some good reasons to stop a medication:
 - Intolerable side effects
 - Dangerous interactions with necessary medications
 - *Both of these unlikely with Buprenorphine*
- Ways to be supportive
 - Direct patient to provider to discuss length of treatment
 - Help patient write down questions
 - Discuss stigma towards meds by society/family/support groups

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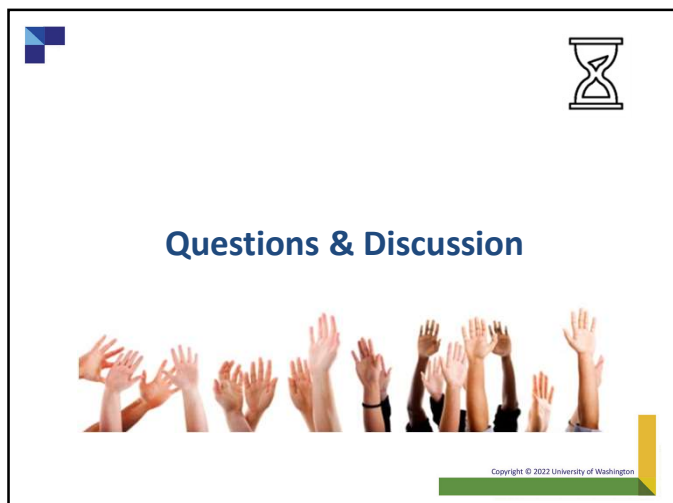
Enhancing Adherence

- Reframe the ongoing use of medications
 - A personal decision, but focus on staying well
 - Enhancing quality of life
 - Reinforce positive effects
 - “You can come back to us if you want to stop and we can make a plan”
 - “Some people may need to be on buprenorphine long term- that’s not a bad thing. What are your concerns?”

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The slide is enclosed in a black rectangular border. In the top-left corner, there is a small blue square icon. In the top-right corner, there is a black outline icon of an hourglass. The text "Questions & Discussion" is centered in a bold, dark blue font. Below the text is a photograph of several hands of various skin tones raised in the air. At the bottom of the slide, there is a thin green horizontal bar with the text "Copyright © 2022 University of Washington" in small black font. A yellow vertical bar is located on the right side of the bottom bar.