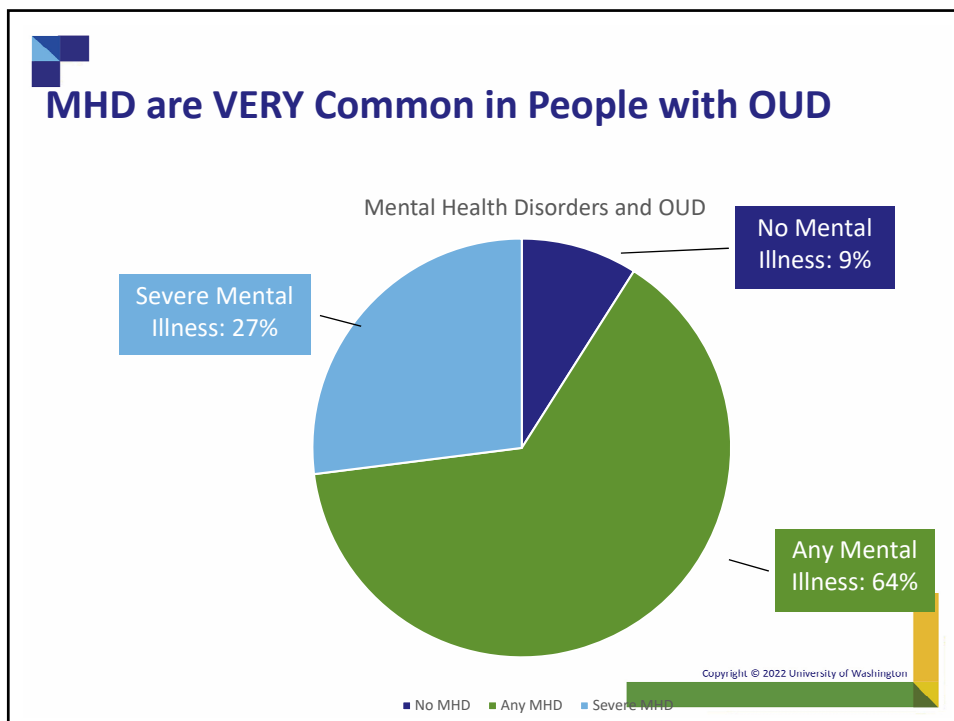


**AIMS CENTER**  
UNIVERSITY of WASHINGTON  
Psychiatry & Behavioral Sciences

# Review of Co-Occurring Disorders

June, 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 health disorder
  - History of mental health disorder during periods of recovery


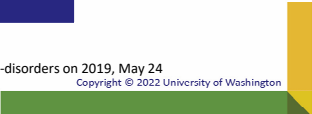
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## Shared Risk Factors for MHD and OUD

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?**
- **Any 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 BHCMS 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 factors that impact 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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## 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?**
  - **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:**

- **Cost – out of pocket expenses for visits and/or  
medications**
- **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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## 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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## Questions & Discussion



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