

Burden and management of Alcohol Use Disorder and co-occurring mental disorders.

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Outline of presentation

- Introduction
 - Definitions
- Risk Factors for Dual Diagnosis
- Diagnostic Challenges
- Management Models
- Clinical, Research and Policy Implications
- Conclusion

Introduction

- **Young people:** People aged 10–24 years (according to UNICEF, WHO, and UNFPA). Information from the UN Department of Economic and Social Affairs.
- **Alcohol use:** Refers to use of alcohol
- **Alcohol use problem**(Harmful use) occurs when using alcohol causes harm(Health, school/work or social relationships) to the user or to others.
- **Alcohol abuse:** A pattern of repeated alcohol use that often interferes with health, work or social relationships.
- **Alcohol use problems** can lead to addiction/Dependency.

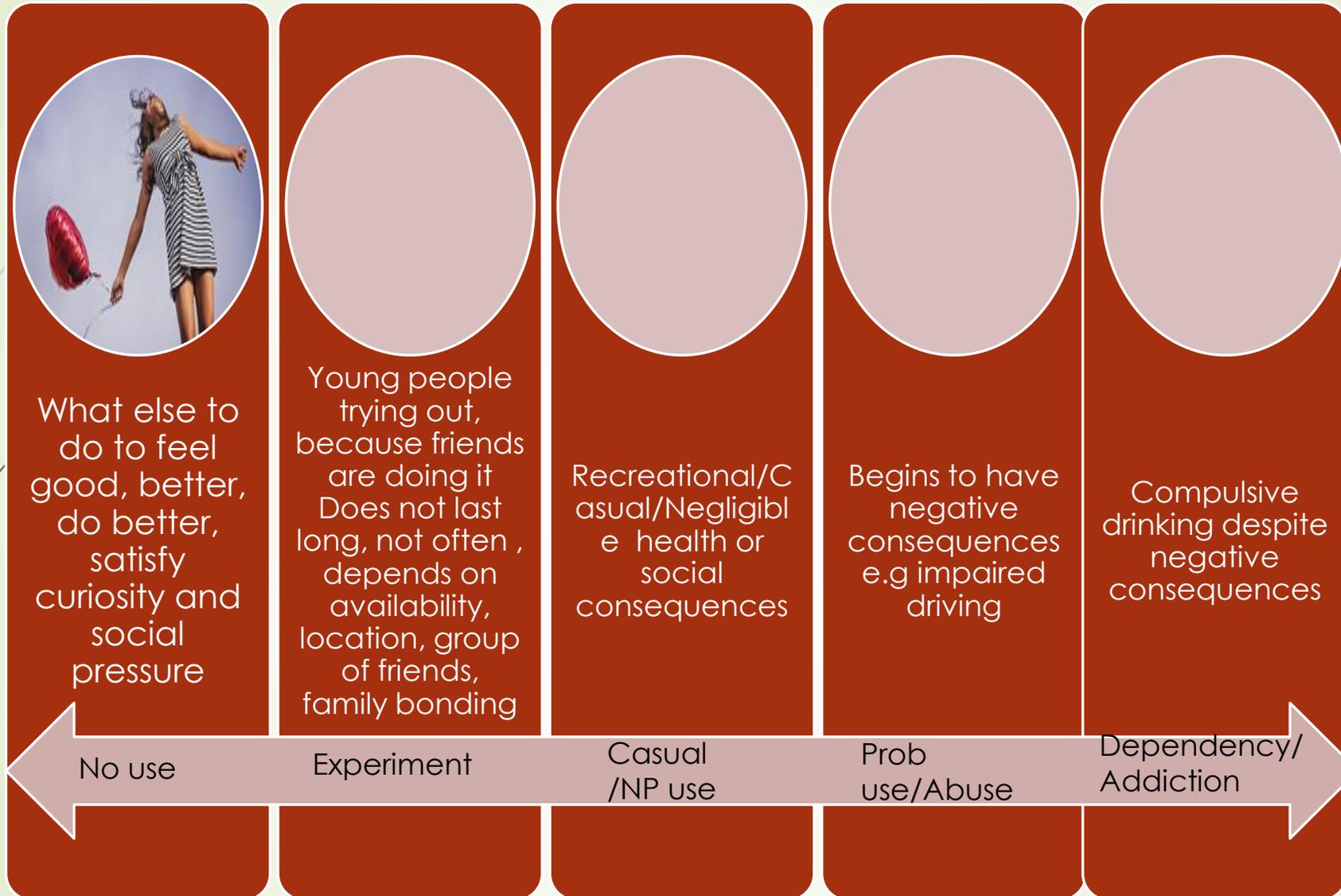
Introduction

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- Alcohol:
- a small molecule widely distributed throughout the body
- affects most of the body's organs and systems.
- As a psychoactive substance has harmful impact on mental health through:
 - intoxication,
 - physical ,
 - psychological dependence
 - withdrawal states,
 - detrimental effect on cognitive and affective functioning.
- AUD are one of the most prevalent comorbidities in people with mental illness.

Alcohol use occurs along a continuum

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Introduction

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- Uganda has one of the highest annual consumption of alcohol in Africa.
- In 2016, the per capita consumption of pure alcohol by people aged 15 years and above, was 26.0 liters(Ref).
- Regular heavy use of alcohol has a spectrum of adverse outcomes including psychological, physical, social, and legal problems.
- Among young people in Uganda, alcohol use is normative but often leads to the maladaptive patterns of use that characterize alcohol use disorder (AUD)

Dual Diagnosis

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- Moreover, AUD among young people often co-occurs with mental disorders, a condition commonly referred to as Dual Diagnosis(DD).
- DD are common and a serious public health concern.
- Among patients attending mental health services in low and middle-income countries (LMICs) such as Uganda,
- AUD is a major co-occurrence that makes clinical care challenging.

Dual Diagnosis

- DD among young people is associated with
 - functional impairment in various life domains,
 - physical health problems,
 - relational conflicts,
 - educational/vocational underachievement, and
 - legal problems.
- Several challenges exist in delivering effective treatment to such young people with co-occurring mental disorders and AUD, resulting in a tremendous economic burden on healthcare, educational, and justice systems.

Objectives

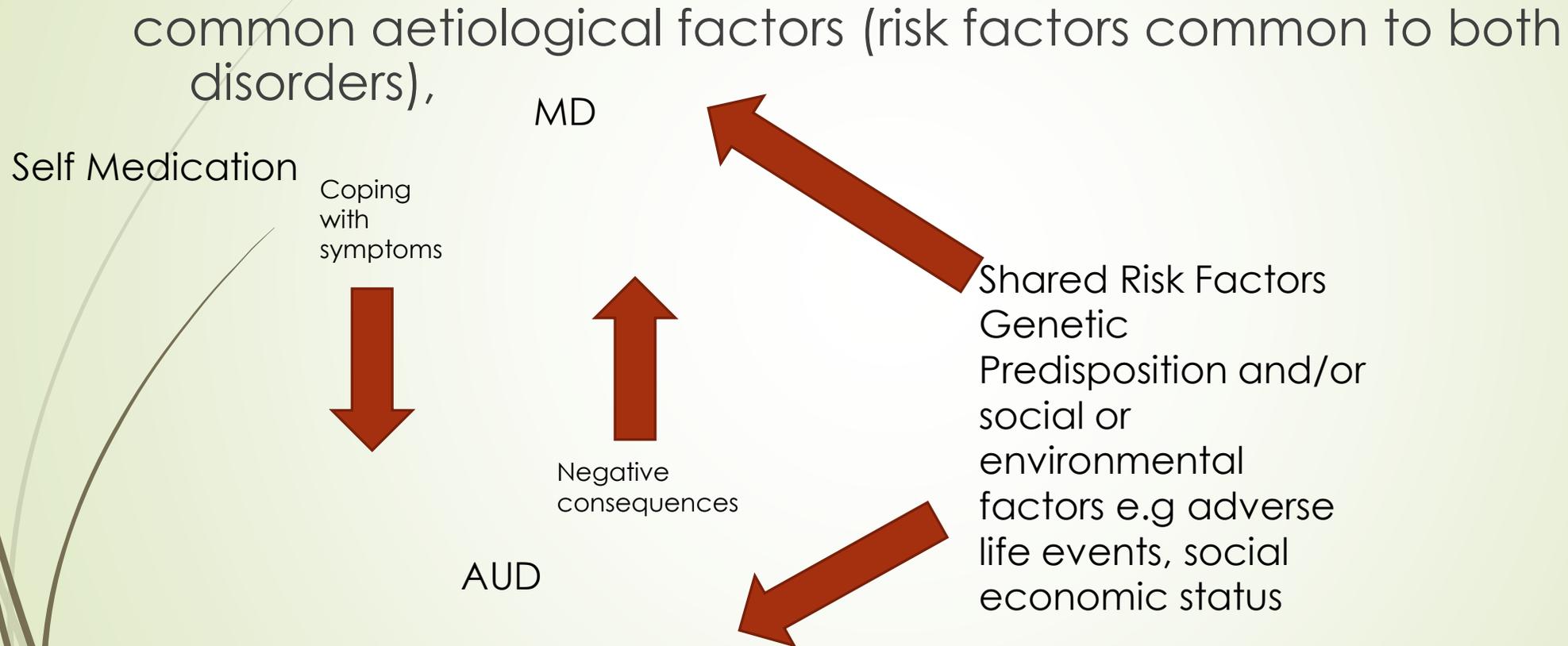
- From literature review and experiences of the authors of this paper, the objectives of this paper are
- to describe:
 - Risk Factors for Dual Diagnosis in young people
 - Diagnostic Challenges
 - Management models
- Discuss Clinical, Research and Policy implications of Dual Diagnosis in young people

Risk Factors for DD

- Multifactorial and interactional
- Genes x Environmental factors
- no clear directional pattern indicating whether mental disorders or AUDs come first.
- Most Young People, MD precedes AUD
- Earlier onset of Alcohol use tends to confer worse outcomes.
- Understand why Young People use alcohol helps in Understanding the Risk Factors



Risk Factors- hypothesis the explain developmental pathway



bidirectional feedback (presence of mental disorder can contribute to the development of SUD and vice versa),

Prevention of DD in young people

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Risk Factors/adversity

Increase the person's chances for substance abuse

Aim: Occurrence of new cases by Risk and Vulnerability factors and/ or protective and resilience factors (Begun ,1993)

Resilience

Characteristics that enhance normal development in difficult conditions

Protective factors

can reduce the risk acts as buffers to the negative effects of adversity or risk factors

Vulnerability

Characteristics of the child, the family, wider community which might threaten or challenge healthy development

Factors intrinsic

RISK FACTORS

- Chaotic home environment
- Ineffective parenting
- Little mutual attachment and nurturing
- Inappropriate, shy, or aggressive classroom behavior
- Academic failure
- Low academic aspirations
- Poor social coping skills
- Affiliations with deviant peers
- Perceived external approval of drug use (peer, family, community)
- Parental substance abuse or mental illness

**PROTECTIVE FACTORS**

- Strong family bonds
- Parental engagement in child's life
- Clear parental expectations and consequences
- Academic success
- Strong bonds with pro-social institutions (school, community, church)
- Conventional norms about drugs and alcohol



Alcohol and Drug Unit-Butabika Hospital

- Admissions Jan –June 2019
- 73 patients
 - Male: 67 (91.7%)
 - Female 6(8.3%)
- Age below 24 years: 36(49.3%)
- Male: 33(91.7%)
- Female: 3(8.3%)
- Occupation: student 31 (86%)



ADU Diagnoses

Multiple SUD

- Alcohol, marijuana, cocaine
- Tobacco, marijuana, alcohol
- Alcohol, Nicotine
- Heroin, cannabis, nicotine
- Marijuana, alcohol, tobacco
- Alcohol, marijuana
- Alcohol, nicotine
- Benzhexol, Nicotine

Single substance use

- Cannabis
- Alcohol
- Heroin

Comorbidities

- Alcohol and PTSD
- Alcohol and Depression
- Alcohol and Epilepsy
- Alcohol, depression and personality Disorder
- Alcohol induced psychosis

Diagnostic Challenges

History

- ▶ variable combination of MD and AUD
- ▶ there is no single symptom or group of symptoms common to all combinations.
- ▶ The symptoms of one problem can resemble, mask or exacerbate the symptoms of the other.
- ▶ Accepting DD
- ▶ The presence of a dual diagnosis increases severity and complicates recovery –Non adherent to

Dual Diagnosis

- Alcohol and PTSD
- Alcohol and Depression
- Alcohol and Epilepsy
- Alcohol, depression and personality Disorder
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Diagnostic challenges

- Is it Alcohol Induced Disorder or DD?
- In clinical practice, it is often difficult to differentiate Alcohol-induced disorders from dual diagnosis because most young people are usually not able to achieve the lengthy abstinence from alcohol that is required for a formal diagnosis.
- For this reason, diagnosis of DD needs to be flexible.
- Symptoms may change with maturity, a decrease in alcohol use, prolonged abstinence or level of environmental stress.

- Probe use of alcohol
- Take collateral history
- Review medical records
- Look for evidence on P/E
- Review Lab tests

Patient's Concerns:
I am seeing things; people are following me; sad; anxious

Consider a possible role of alcohol

YES

Diagnosable MD OR symptoms of MD

NO

Diagnosable MD

Symptoms only

Distinguish btwn Alcohol induced
and Comorbid D/O

Detox, abstinence, support,
Treat AUD, Watchful waiting

Comorbid Disorder
Dual Diagnosis

Alcohol Induced Disorder

Treat both Disorders
simultaneously

Detox, Rehabilitation(abstinence, Support,
Aftercare, Relapse Prevention)

Remain flexible with working Diagnosis and follow up

Challenges with service delivery

- There are a number of challenges in delivering effective treatment to patients with DD.
- The complexity of issues makes diagnosis, care and treatment more difficult.
- Patients become at higher risk of relapse, (re)admission to hospital and harm to self or others.
- One key issue is the number of mushrooming rehabilitation centres without effective guidelines and control of standards, no coordination, no proper referral pathway
- can result in treatment becoming fragmented and duplicated, leading to a poorer experience for the patient and ineffective management of risk

Management Models

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Sequential/serial treatment First, the patient is offered treatment for either the mental disorder or the substance use disorder. After successfully completing treatment for one disorder, they are offered treatment for the other.

2

➤ Simultaneous/parallel treatment The patient receives treatment for both the mental disorder and the substance use disorder at the same time, but the treatment is offered by different services, primarily in isolation from each other.

3

➤ Integrated service The patient benefits from the coordinated use of a single treatment plan that focuses on the two conditions simultaneously and uses multiple treatments, such as the combination of psychotherapy and pharmacotherapy

Clinical Implications

- Increased workload for the clinician , need to screen all young people clinicians interphase with for MD and AUD
- advantage of screening
- possibility of providing early intervention for the most prevalent co-occurring psychiatric disorders, such as MD and depression,
- early detection of emerging MD that may not reach a diagnostic threshold.

Research implications

- ▶ Are mental health services adequately assess for dual diagnosis in young people?
- ▶ Are evidence-based treatment protocols for young people with a dual diagnosis in use?
- ▶ Culturally and developmentally appropriate approaches?

Policy implications

- the 'no wrong door' approach. The principle of the 'no wrong door' approach ensures that the patient is supported or linked to appropriate services regardless of where they enter the system of care.
- policy to ensure services working with young people with coexisting MD and AUD deliver evidenced based care and treatment in a clinically coordinated and systematic manner.
- This will ensure young people with co-existing MD and AUD and their carers and families receive appropriate and effective services equipped to meet their needs.

Conclusion

- ▶ Alcohol Use typically starts in adolescence, a time when noticeable signs of MDs appear
- ▶ DD causes morbidity in young people with a number of diagnostic and management challenges that have clinical, Research and Policy implications

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Thank you!