

Dual Diagnosis

Two out of three individuals who have a substance use disorder (SUD) meet criteria for at least one additional Axis I or Axis II disorder.

Half of these (one-third of the total) have an additional substance use disorder or antisocial personality disorder (ASPD).

Excluding ASPD, one out of three individuals with substance use disorders appears to meet criteria for an Axis I major psychiatric disorder.

The most common psychiatric syndromes (other than ASPD) seen in people with substance use disorders involve:

- ♦ anxiety
- ♦ depression
- ♦ psychotic symptoms

Temporary Substance-Induced Disorders

The first reason for comorbid psychiatric symptoms: the majority of “comorbidity” is the result of temporary, but often intense, substance-induced disorders.

Substance-induced behavioral changes or psychiatric symptoms can frequently last days to weeks beyond abstinence.

Stimulants and depressants are especially likely to induce clinically relevant temporary psychiatric syndromes.

Refer to DSM-IV for detail on diagnosis.

Carefully observe for symptoms to markedly improve or disappear within days to perhaps a month of abstinence.

The Relationship Between Alcohol Dependence & Major Depressive Disorder

A study by Brown (1988)

- ♦ 200 alcohol dependent men tested after one week of abstinence, 40% had scores so high on a depression rating scale that major depression could have been considered a possibility.

Other studies have shown that 80% of alcoholics report having felt severely depressed, and one-quarter to one-third have at some time had a depression that lasted two or more weeks and interfered with functioning.

Approximately 5% of male alcoholics and 10% to 15% of female alcoholics appear to have experienced depression independent of times of heavy drinking.

Time Line Approach

Identify the approximate age of onset of substance dependence.

Determine any periods of abstinence lasting for several months at a time since the onset of dependence.

Determine if a full-blown DSM-IV psychiatric disorder can be documented before the onset of substance dependence or during a subsequent abstinent period.

If the substance being used can cause symptoms of the psychiatric syndrome, **and if** there are no episodes of the psychiatric condition that are clearly independent of substance use, then it is unlikely that the present psychiatric symptom picture is a true independent psychiatric disorder.

In this case: improvement of the psychiatric symptoms will occur within an abbreviated period.

Substance Use Disorders Exacerbate Pre-existing Psychiatric Disorders

Heavy intake of AOD is likely to exacerbate pre-existing major psychiatric disorders.

Potential problematic disorders....

Symptoms may improve temporarily with abstinence ...

- ♦ escalation of substance intake is likely to worsen the symptoms of the prior syndrome.

Some Psychiatric Disorders Contribute To Substance Use Disorders

There are a limited number of psychiatric disorders for which subsequent alcohol and drug abuse or dependence syndromes are likely to be observed at higher rates than the general population.

The data does not support the supposition that most other major psychiatric syndromes increase the risk for alcohol or drug dependence.

If self-medication of prior psychiatric disorders was occurring, then the children of alcoholics, themselves at a threefold to fourfold increased risk for future alcoholism, should demonstrate high rates of psychiatric disorders before alcoholism develops.

- ▶ No major study of children of alcoholics has demonstrated this increased rate

There are some psychiatric syndromes that have interesting relationships with substance use disorders. They include:

- ▶ borderline personality disorder
- ▶ attention deficit disorder with hyperactivity
- ▶ panic disorder

However, these relationships are not observed in the majority of alcohol and drug dependent individuals and further study is required.

Summary

Data indicate that the majority of comorbidity involves the antisocial personality disorder or other substance use disorders.

The relationship between substance use disorders and Axis I major psychiatric syndromes appears to relate most closely to temporary substance-induced disorders.

Some psychiatric disorders do carry an increased risk for substance use disorders.

Psychiatric symptoms observed in the context of substance use disorders must be carefully evaluated.

It is not wise to assume that an independent major psychiatric disorder exists until patients have been evaluated and observed over time.

Suggested Literature

- Brown, S. A., & Schuckit, M. A. (1988). Changes in depression among abstinent alcoholics. Journal of Studies on Alcohol, *49*, 412-417.
- Gibson, S., & Becker, J. (1973). Changes in alcoholics' self-reported depression. Journal of Studies on Alcohol, *34*, 829-836.
- Goodwin, D. W., Schulsinger, F., Moller, N., Hermansen, L., Winokur, G., & Guze, S. B., (1974). Drinking problems in adopted and nonadopted sons of alcoholics. Archives of General Psychiatry, *31*, 164-169.
- Isbell, H., Fraser, H. F., Wikler, A., Belleville, R. E., & Eisenman, A. J. (1955). An experimental study of the etiology of "rum fits" and delirium tremens. Journal of Studies on Alcohol, *16*, 1-33.
- Knop, J., Teasdale, T. W., Goodwin, D., & Schulsinger, F. (1988). Young men at high risk for alcoholism. In K. Kuriyama, A. Takada, & H. Ishii (Eds.), Biomedical and Social Aspects of Alcohol and Alcoholism. Amsterdam, Elsevier.
- Mathew, R. J., Wilson, W. H., Blazer, D. G., & George, L. K. (1993). Psychiatric disorders in adult children of alcoholics: Data from the epidemiologic catchment area project. American Journal of Psychiatry, *150*, 793-800.
- Schuckit, M. A. (1992). Anxiety disorders and substance abuse. In A. Tasman & B. R. Riba (Eds.), APA annual review of psychiatry (Vol. 11, pp. 402-417). New York: American Psychiatric Press.
- Schuckit, M. A. (1994). Low level of response to alcohol as a predictor of future alcoholism. American Journal of Psychiatry, *151*, 184-189.
- Schuckit, M. A. (1995). Drug and alcohol abuse: A clinical guide to diagnosis and treatment (4th ed.). New York: Plenum.
- Schuckit, M. A., & Hesselbrock, V. (1994). Alcohol dependence and anxiety disorders: What is the relationship? American Journal of Psychiatry, *151*, 1723-1734.
- Schuckit, M. S., & Smith, T. L. (1996). An 8-year follow-up of 450 sons of alcoholic and control subjects. Archives of General Psychiatry, *53*, 202-210.

Schuckit, M. A., Irwin, M., & Brown, S. A. (1990). The history of anxiety symptoms among 171 primary alcoholics. Journal of Studies on Alcohol, *51*, 34-41.

Schuckit, M. A., Hesselbrock, V., Tipp, J., Nurnberger, J. I., Anthenelli, R. M., & Crowe, R. R. (1995). The prevalence of major anxiety disorders in relatives of alcohol dependent men and women. Journal of Studies on Alcohol, *56*, 309-317.

Schuckit, M. S., Tipp, J. E., Bergman, M., Reich, W., Hesselbrock, V. M., & Smith, T. L. (1997). Comparison of induced and independent major depressive disorders in 2,945 alcoholics. American Journal of Psychiatry, *154*, 948-957.

Tamerin, J. S., Weiner, S., & Mendelson, J. H. (1970). Alcoholics' expectancies and recall of experiences during intoxication. American Journal of Psychiatry, *126*, 39-46.

Vaillant, G. E. (1983). The natural history of alcoholism. Cambridge, MA: Harvard University Press.