Comorbidity of Alcohol and Psychiatric Problems

NIAAA Social Work Education

Module 10E

(revised 03/04)
Outline

- Background
- Epidemiology of Comorbidity
- Social Work Implications of Comorbidity
- Intervention Strategies
**Background**

DSM-IV:

- Provides U.S. definitions of the main mental and psychiatric disorders
- Provides professionals with a common language and promotes clear communications
- Is widely available (http://www.psychologynet.org/dsm.html)
Comorbidity is the co-occurrence of two diseases, disorders, or health problems.

Comorbidity is discerned through DSM-IV diagnoses.

Alcohol disorders: dependence, abuse.

Comorbid disorders: symptoms must not be those of intoxication or withdrawal.
Epidemiology of Comorbidity

- Alcohol use disorders are common
- Psychiatric disorders are common
- Co-occurrence of alcohol and psychiatric disorders is common

37% of those with alcohol use disorders also have psychiatric disorders

- 37%
- 63%
### Epidemiology (continued)

<table>
<thead>
<tr>
<th>Psychiatric disorder</th>
<th>Individuals w/alcohol dependence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>OR</td>
</tr>
<tr>
<td>Anxiety</td>
<td>35.8</td>
<td>2.2**</td>
</tr>
<tr>
<td>Mood</td>
<td>28.1</td>
<td>3.2**</td>
</tr>
<tr>
<td>Drug depend.</td>
<td>29.5</td>
<td>9.8**</td>
</tr>
<tr>
<td>Antisoc pers.</td>
<td>16.9</td>
<td>8.3**</td>
</tr>
</tbody>
</table>

**Odds ratio signif. different from 1 at .05, 2-tail test**
Epidemiology (continued)

- >50% of persons with alcohol, drug or mental health disorders have two or more disorders over their lifetimes.
- ~1/6 of the population has three or more comorbid lifetime disorders.

Lifetime Comorbidity with Alcohol/Drug Problems

<table>
<thead>
<tr>
<th>Alcohol/drug plus</th>
<th>Alcohol/drug alone</th>
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</thead>
</table>

Diagram showing percentage distribution between alcohol/drug plus and alcohol/drug alone.
Epidemiology (continued)

• Odds ratio of alcohol/drug disorders is 2.7 times more if any mental disorder exists

• This is 10-20 times greater than expected for schizophrenia, mania, antisocial personality disorder
• 76% of 14-17 year olds with substance use disorders (SUD) also had anxiety, mood or disruptive behavior.
• In 16 of 25 youths with substance use disorders the problem was with alcohol.

Source: Kandel et al., 1999
Other disorders with high rates of alcohol abuse/dependence co-occurrence:

- ADHD (Attention Deficit Hyperactivity Disorder)
- PTSD (Post Traumatic Stress Disorder)
- Major depressive disorders
- Drug use disorders (poly substance abuse)
Social Work Implications

• Comorbidity is frequently encountered
• Comorbidity is associated with significant functional impairment
• Comorbid disorders may have causal relationships with one another
• Comorbid disorders may alter “disease” course and treatment outcomes
• Psychiatric problems affect multiple domains of life for persons with alcohol use disorders
  • Alcohol use problems may negatively influence the course of psychiatric problems
  • Suicide risk increases if an alcoholic person has psychiatric symptoms
  • Comorbidity affects treatment retention/dropout
### Implications (continued)

#### Types of Interactions Between Mental Illness (MI) and Alcohol Use Disorders (AUD)

<table>
<thead>
<tr>
<th>Causal MI → AUD</th>
<th>Causal AUD → MI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-causal, develop simultaneously</strong></td>
<td><strong>Co-occur, co-exist, no inter-relationship</strong></td>
</tr>
<tr>
<td>MI ↔ AUD</td>
<td>MI ↔ AUD</td>
</tr>
<tr>
<td>Non-causal, link over time</td>
<td></td>
</tr>
<tr>
<td>MI ↔ AUD</td>
<td>AUD ↔ MI</td>
</tr>
</tbody>
</table>
Intervention Strategies

- Comorbidity appears in a wide variety of social work settings
- Comorbidity is under-recognized
- Treatment sectors are segmented; non-overlapping expertise
- Treatment strategies may differ or conflict
Assessment:
• Should include both mental health and alcohol/drug measures
• Should occur periodically during treatment, not only during intake
• Discern mental health and intoxication/withdrawal symptoms
• Avoid over-diagnosing
Intervention (continued)

- Counseling Services
- Medication/Psychopharmacology
- 12-Steps
- Intensive Case Management
Additional considerations

- Residential care and/or Therapeutic Communities
- Transitional case management support to re-enter community life
- Serial treatment/parallel treatment minimally effective
- Integrated treatment with dual focus associated with better maintenance of functioning and reduced rates of hospitalization.
- Service integration improves treatment retention
Appendices

Useful Instruments
Diagnostic Interview

SCID-I/SCID-II:
mood
anxiety
psychosis
substance use
(Axis I disorders of DSM-IV)
http://cpmcnet.columbia.edu/dept/scid/
Diagnostic Interview

CIDI
- mood
- anxiety
- psychosis
- substance use

http://www.who.int/msa/cidi
Diagnostic Interview

PRISM
- mood
- anxiety
- psychosis
- substance use
- antisocial and borderline
- personality
- disorders