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BupPatient Guides
v5.0b [2019-1-31]

Patient Guide: Mental Health and Addiction

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OVERVIEW

People with opioid use disorder sometimes have a mental health problem at the same time1. Opioid misuse is associated with later development of anxiety disorder and bipolar disorder2. In this chapter you will learn:

- How having a mental health problem can affect treatment for opioid use disorder
- Common mood disorders present among patients with opioid use disorder
- The importance of treating both a mental health and opioid use disorder when they occur together.

MENTAL ILLNESS AND ADDICTION

Pre-Existing Mental Health Disorders

Opioid use disorder and a mental health diagnosis sometimes contribute to each other. For example, post-traumatic stress disorder may both be a risk for and a result of opioid use disorder[4]. Certain mental health problems, such as depression and anxiety disorders and bipolar disorder, appear to increase the risk for developing opioid use problems[2].

Some patients may have a dual diagnosis, that is, a psychiatric diagnosis as well as opioid use disorder. For these patients, stabilization of the psychiatric illness may be recommended before buprenorphine treatment[3].

Induced Psychiatric Disorders

Opioid-induced mental disorders may be distinguished from opioid-independent mental disorders by the following[5]:

Order Of Onset

A psychiatric disorder is not considered to be caused by opioid misuse if it developed before the patient started using opioids (opioid independent). If the psychiatric disorder developed after the patient began using opioids, it is more likely to be caused by opioids (opioid dependent).

Family History

A family history of mental illness increases the likelihood that mental illness is independent of opioid misuse.

Symptoms During Abstinence

Psychiatric disorders that persist during periods of abstinence (from both opioids and all other substances of abuse) are much more likely to be independent of opioid misuse.

Treatment For Opioid-Induced Psychiatric Disorders

With opioid-induced mental disorders (particularly depression), psychiatric symptoms often resolve once opioid use stops[6].

In opioid-induced psychiatric disorder cases, addiction treatment stability is the first therapeutic step[3]. Psychiatric treatment for the disorder is necessary only in severely affected patients, such as those who are suicidal.

DEPRESSION

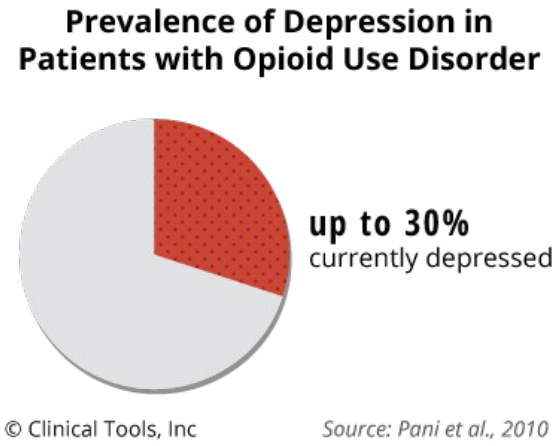
Depression And Treating Opioid Use Disorder

Prevalence: Depression is the most common mood disorder among patients with opioid use disorder. An estimated 44% to 54% of patients with opioid use disorder have suffered from major depression at some point in their lifetime[7]. At any time, up to 30% of patients with opioid use disorder are currently depressed.

Impact of Treatment: Patients with depression are less likely to respond well to treatment for opioid use disorder as compared to patients without a comorbid disorder. They are also more likely to relapse to opioid use. However, patients with comorbid depression do respond well to psychiatric intervention.

Sometimes, what appeared to be major depression remits rapidly after patients stop opioid misuse, because it was actually a substance use disorder. Persistent cases that are independent of opioid use disorder can be treated readily with psychotherapy or pharmacotherapy.

Recommendation: Because of the impact of depression on the success of treatment for opioid use disorder, be sure to advise your provider of symptoms of depression and follow recommended treatments.



Suicidality and Treating Opioid Use Disorder

Because of a relatively high rate of suicidality among patients with opioid use disorder, it is vital for providers to monitor patients for risk factors.

Prevalence: By some reports, almost half of opioid users have a past suicide attempt[8]. Mortality attributable to suicide in individuals with opioid use disorder is estimated to be up to around a third higher than in the general population; up to 7% of those with opioid use disorder die from suicide each year[9].

Impact of Treatment: Treatment for opioid use disorder decreases the risk of suicide. Methadone maintenance treatment significantly rediced suicidal ideation and attempts[10]. Some forms of psychosocial treatment appear to be even more effective

Assessment: When suicidality is reported or suspected, providers may assess patients' relative risk of committing suicide[11]. Specifically, try to determine if the patient actively wants to kill himself or herself, has access to lethal means of suicide, and "has a plan."

Recommendation: As with depression, be sure to advise your provider of any thoughts or feelings you may have of self-harm and follow their recommendations.

ANXIETY DISORDERS

Anxiety Disorders In General And Treating Opioid Use Disorder

Prevalence: Anxiety disorders, such as generalized anxiety and phobias, are common in patients with opioid use disorder, with a lifetime prevalence of 8% to 27%[11].

Impact on Buprenorphine Treatment: Routine treatment of anxiety disorders with pharmacotherapy and psychotherapy would be appropriate for treating anxiety in the context of buprenorphine treatment. However, providers should exercise caution regarding the use of benzodiazepines:

- **Benzodiazepines in combination with buprenorphine are associated with risk of respiratory depression and increase the risk of buprenorphine overdose[12]**.
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Post-Traumatic Stress Disorder (PTSD) And Treating Opioid Use Disorder

Prevalence: PTSD is common among people with substance use disorders: 40.6% of drug dependent people reported symptoms of PTSD and were diagnosed with PTSD[13]. Also, PTSD has a significant positive relationship to severity of drug problems[13].

Impact on Buprenorphine Treatment: Like many other psychiatric disorders, the symptoms of PTSD can overlap with those of opioid withdrawal. There is strong evidence that opioid use may be a kind of self-medication for PTSD[4]. Therefore, patients with PTSD should be treated for the PTSD, and this treatment should be integrated with treatment for opioid use disorder.

PERSONALITY DISORDERS

It is important for providers to recognize personality disorders in patients having opioid use disorder because comorbid personality disorders increase the success rates in treating opioid use disorder.

Prevalence: Comorbid personality disorders are prevalent among patients with opioid use disorder. An estimated 30% to 75% of patients with opioid use disorder have a lifetime diagnosis of a personality disorder[14], which is 4 times the prevalence in the general population. The most common are borderline personality disorder (around 50% [15]) and antisocial personality disorder (~40% [16]). Some experienced providers have noted that many addicted individuals exhibit at least some antisocial behavior[17].

Impact of Treatment: The presence of a personality disorder may interfere with a patient's thoughts and actions and strain the doctor-patient relationship. Many personality disorders affect interpersonal relationships negatively[18]. Therefore, providers may recommend the following:

- Extra time learning a patient's individual challenges
- Consultation with a mental health provider, for more severe personality disorders and evaluation for whether simultaneous treatment is needed
- Additional care in communications and efforts to build trust
- A written treatment agreement and additional treatment structure, especially more frequent office visits
- Referring these patients to a higher level of care if the above precautions are not possible in your practice or are ineffective
- More frequent follow-up to prevent relapse.

OTHER PSYCHIATRIC DISORDERS

Opioid misuse may cause or exacerbate several types of psychiatric disorders and mental impairment. Mental illness may also predispose individuals to substance use. Thus, providers may ask their patients about the history of how these problems developed with respect to each other in order to determine the best treatment. Additionally, patients having a psychiatric illness may require additional support to achieve the best outcomes from buprenorphine treatment.

Other psychiatric disorders also impact the outcome of substance use disorder treatment.

Attention Deficit Hyperactivity Disorder (ADHD) And Treating Opioid Use Disorder

For patients with ADHD, the provider may require the following, in addition to routine treatment:

- More careful instructions when a provider instructs patients on correct buprenorphine usage and dosing, considering the patient's attention span.
- Additional treatment structure, as there are often surrounding factors, such as emotional problems and other issues that may negatively affect their treatment outcomes[19].
- Additional follow-up phone calls during induction and stabilization.
- Additional psychosocial support, such as participation in a 12 step program, to provide support for impulsive behavior. That support may need to continue throughout maintenance.

Polysubstance Use

Polysubstance use is frequent among those who abuse opioids. Cocaine use is most common among heroin addicts (around 75% reported concurrent use [16]), and alcohol is commonly abused by licit and illicit drug users.

KEY POINTS

- Depression, anxiety, and other mental health problems are often comorbid with opioid use disorder. It can be challenging to determine which came first.
- It is important to treat both a mental health and opioid use problem when they occur together.

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