



# *Comorbidity of Alcohol and Psychiatric Problems*

NIAAA Social Work Education

Module 10E

(revised 03/04)



# *Outline*

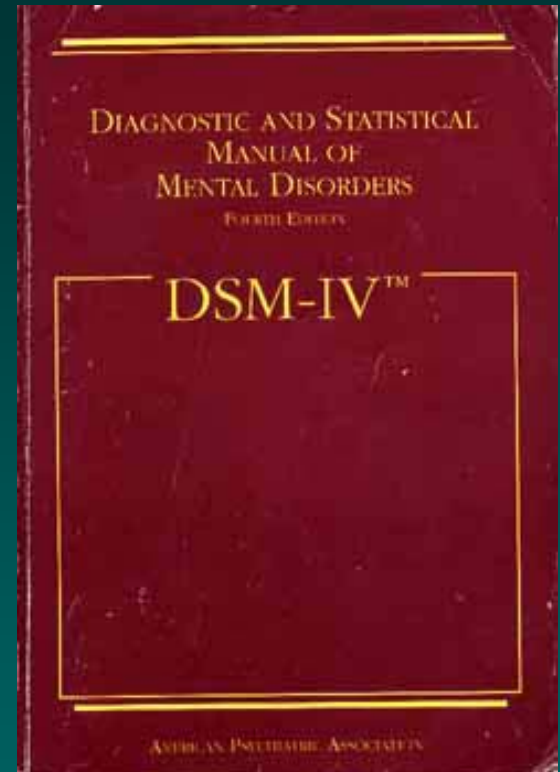
- Background
- Epidemiology of Comorbidity
- Social Work Implications of Comorbidity
- Intervention Strategies

# Background

## DSM-IV:

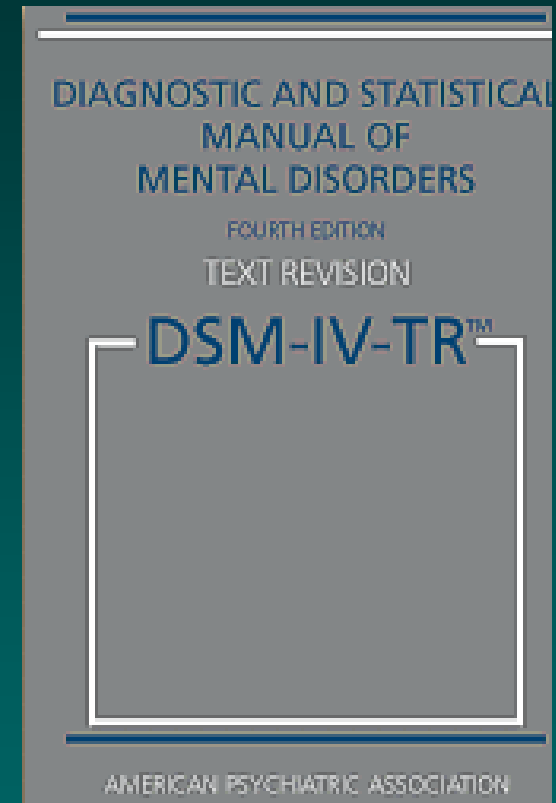
- Provides U.S. definitions of the main mental and psychiatric disorders
- Provides professionals with a common language and promotes clear communications
- Is widely available

(<http://www.psychology.net.org/dsm.html>)



# *Background (continued)*

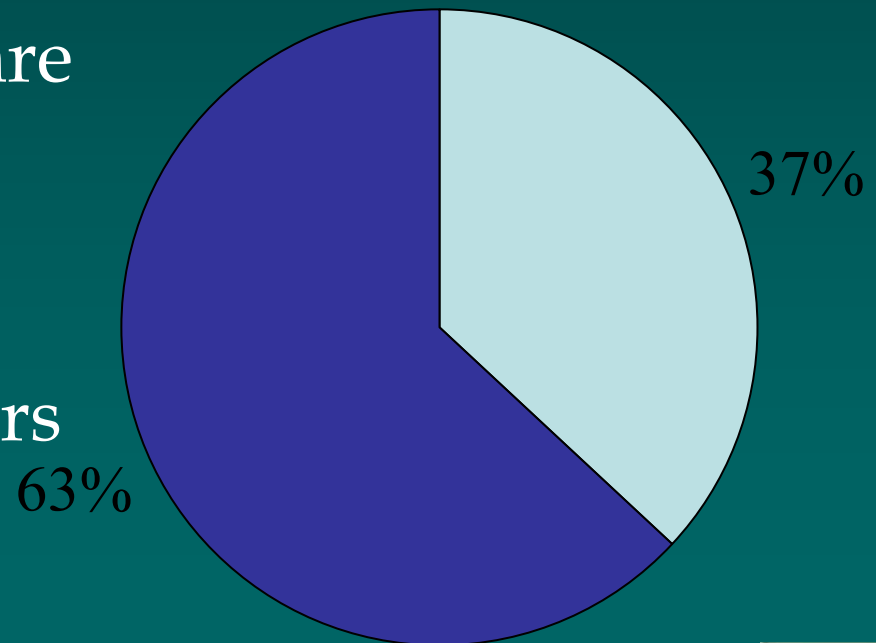
- Comorbidity is the co-occurrence of two diseases, disorders, or health problems
- Comorbidity is discerned through DSM-IV diagnoses
- Alcohol disorders: dependence, abuse
- Comorbid disorders: symptoms must not be those of intoxication or withdrawal)



# *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



# Epidemiology (continued)

Psychiatric disorder	Individuals w/alcohol dependence			
	Men		Women	
	%	OR	%	OR
Anxiety	35.8	2.2**	60.7	3.1
Mood	28.1	3.2**	53.5	4.4**
Drug depend.	29.5	9.8**	34.7	15.8**
Antisoc pers.	16.9	8.3**	7.8	17.0**

\*\*Odds ratio signif. different from 1 at .05, 2-tail test

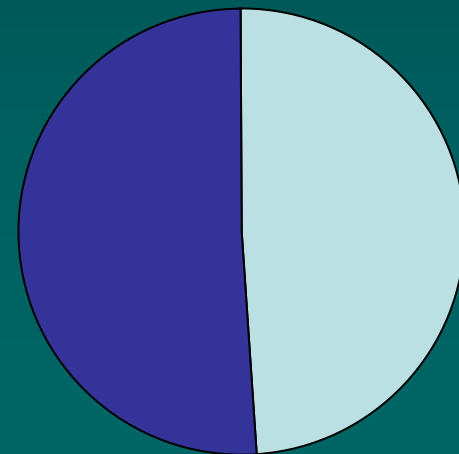
# Epidemiology (continued)

- *>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

Alcohol/  
drug plus

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

Odds of alcohol/drug problems



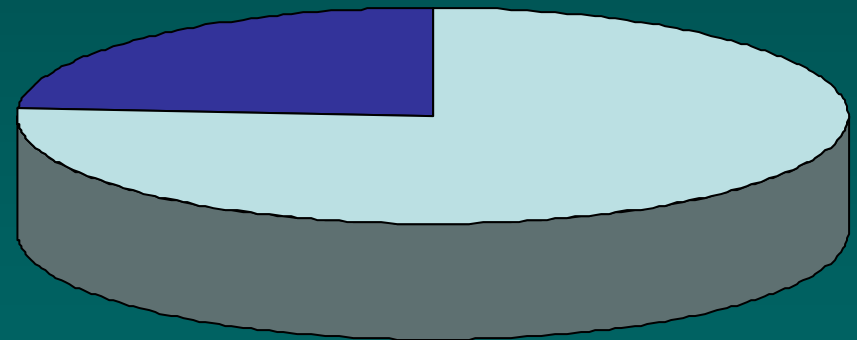


# Epidemiology (continued)

- 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

Adolescents with substance use disorders

SUD alone	SUD with psych symp
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Source: Kandel et al., 1999



# *Epidemiology (continued)*

*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)*



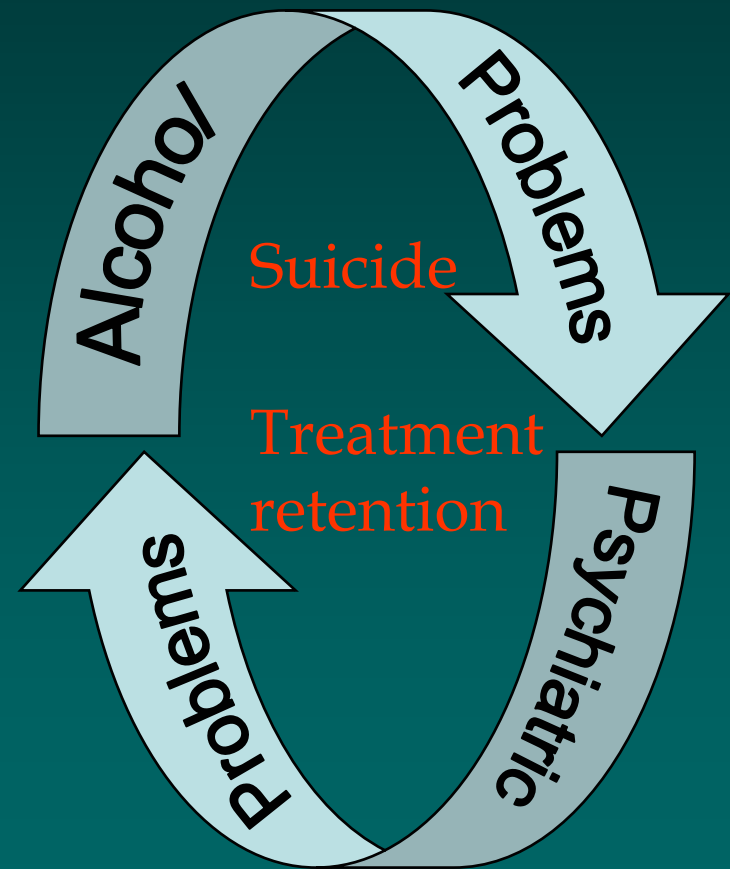
# *Social Work Implications*

- *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*

**Double  
Trouble**

# Implications (continued)

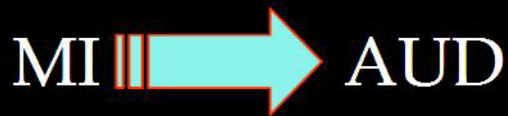
- *Psychiatric problems affect multiple domains of life for persons with alcohol use disorders*
- *Alcohol use problems may negatively influence the course of psychiatric problems*
- *Suicide risk increases if an alcoholic person has psychiatric symptoms*
- *Comorbidity affects treatment retention/dropout*



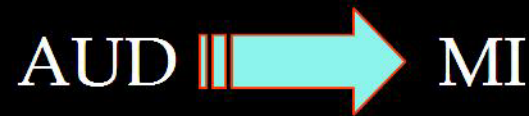
# Implications (continued)

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

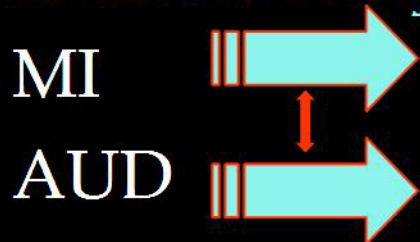
Causal



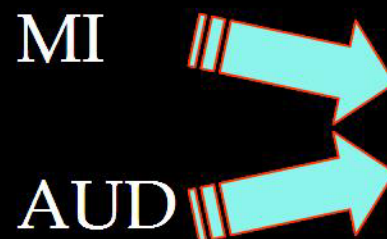
Causal



Non-causal,  
develop  
simultaneously



Non-causal,  
link over time



Co-occur, co-  
exist, no inter-  
relationship



# *Intervention Strategies*

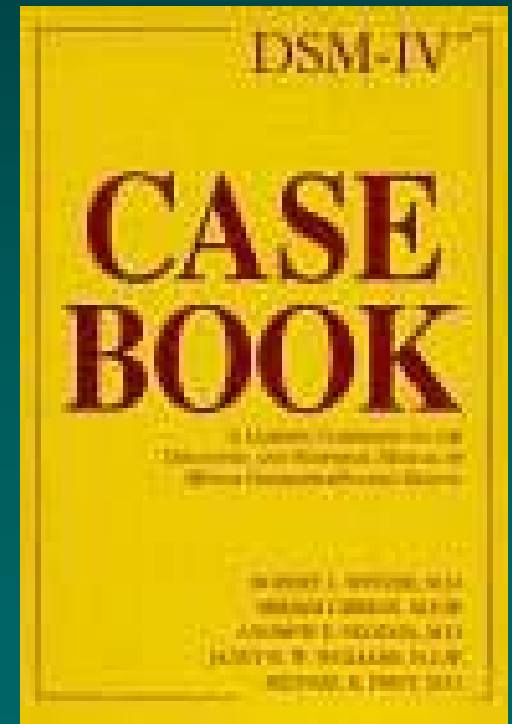
- *Comorbidity appears in a wide variety of social work settings*
- *Comorbidity is under-recognized*
- *Treatment sectors are segmented; non-overlapping expertise*
- *Treatment strategies may differ or conflict*



# Intervention (continued)

## 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*





# *Intervention (continued)*

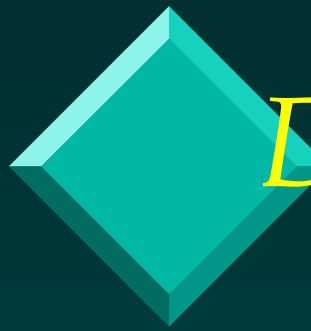
## *Additional considerations*

- *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*

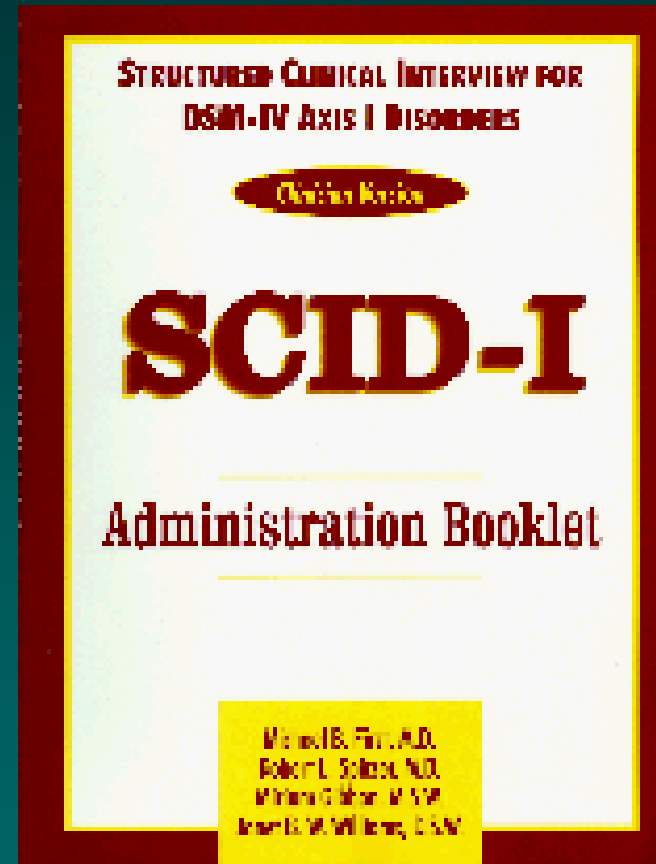
*anxiety*

*psychosis*

*substance use*

*(Axis I disorders of DSM-IV)*

<http://cpmcnet.columbia.edu/dept/scid/>



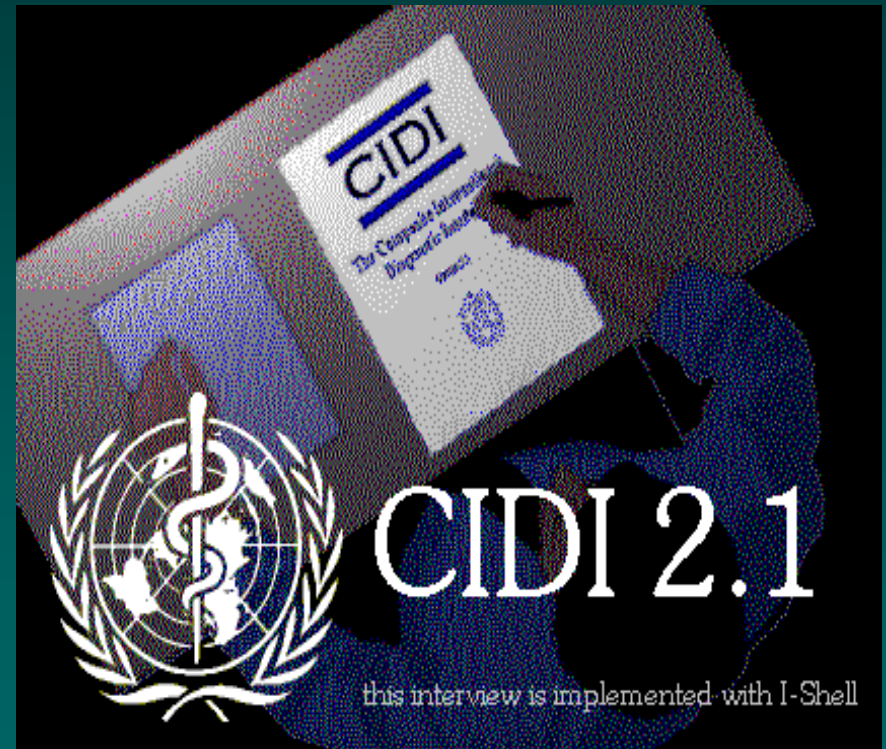


# *Diagnostic Interview*

*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

