

Co-occurring Psychiatric & Substance Use Disorders in Adolescents & Young Adults

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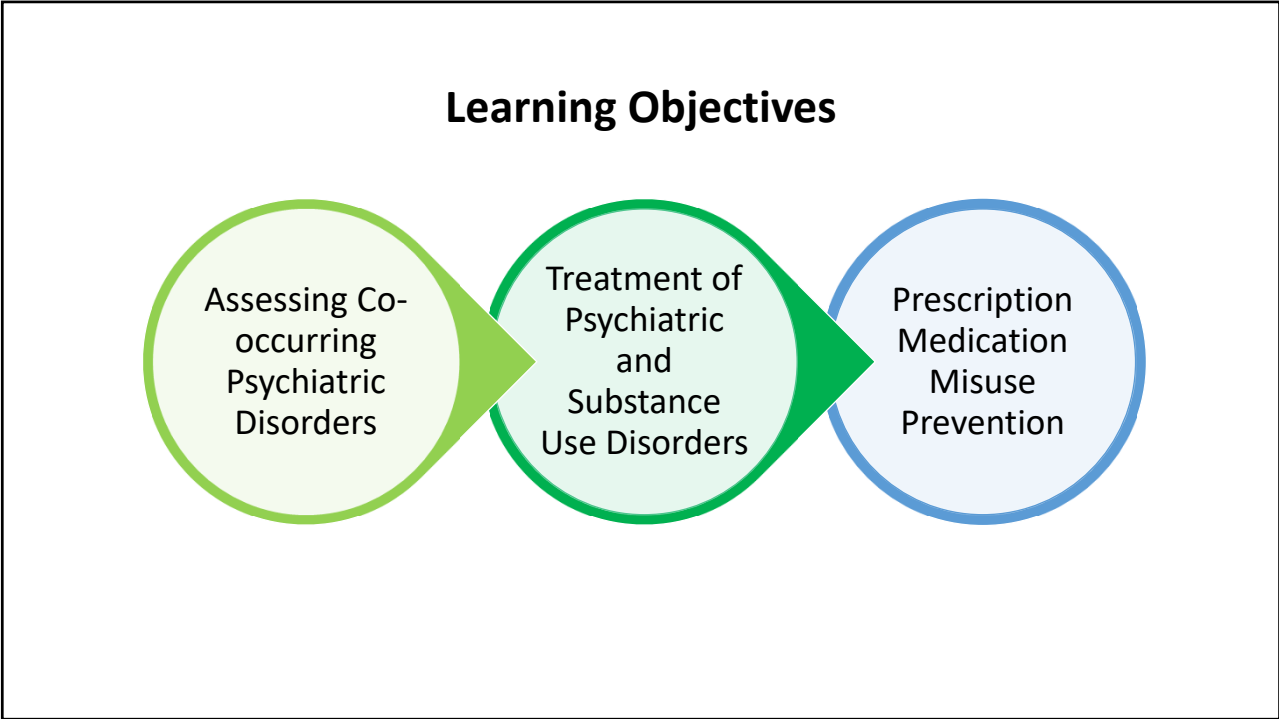
Grayken Center
for Addiction

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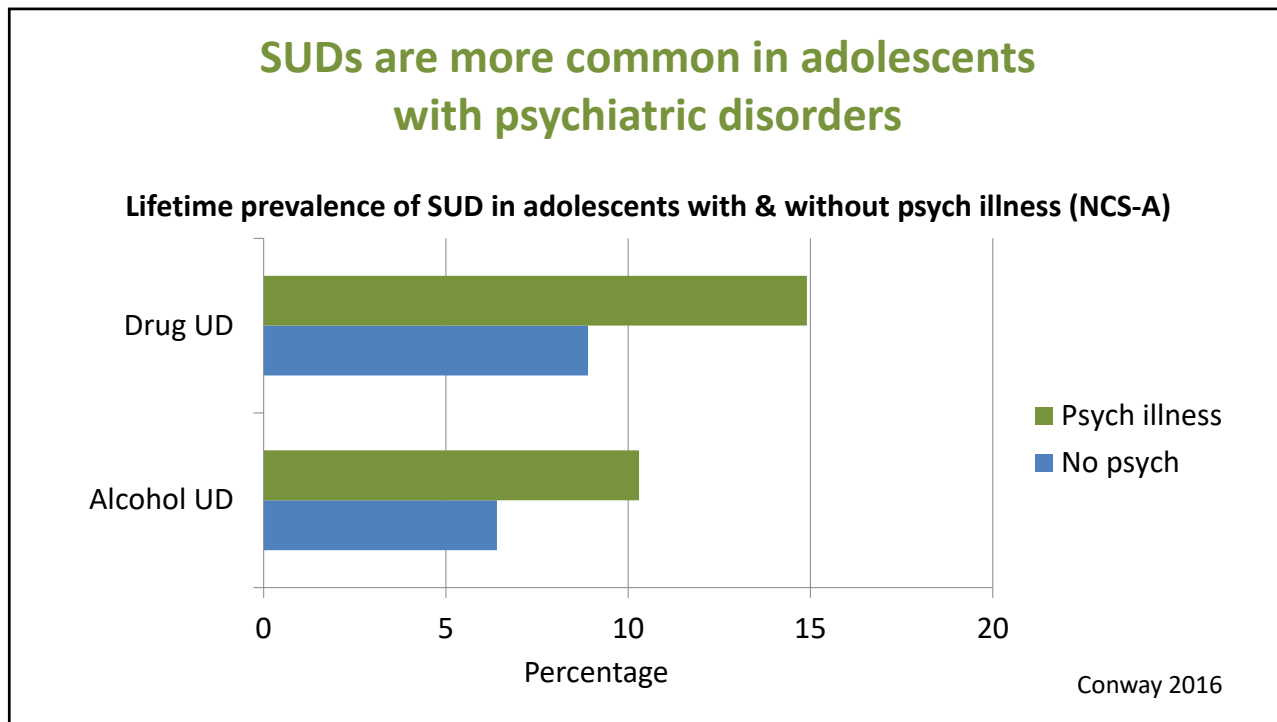
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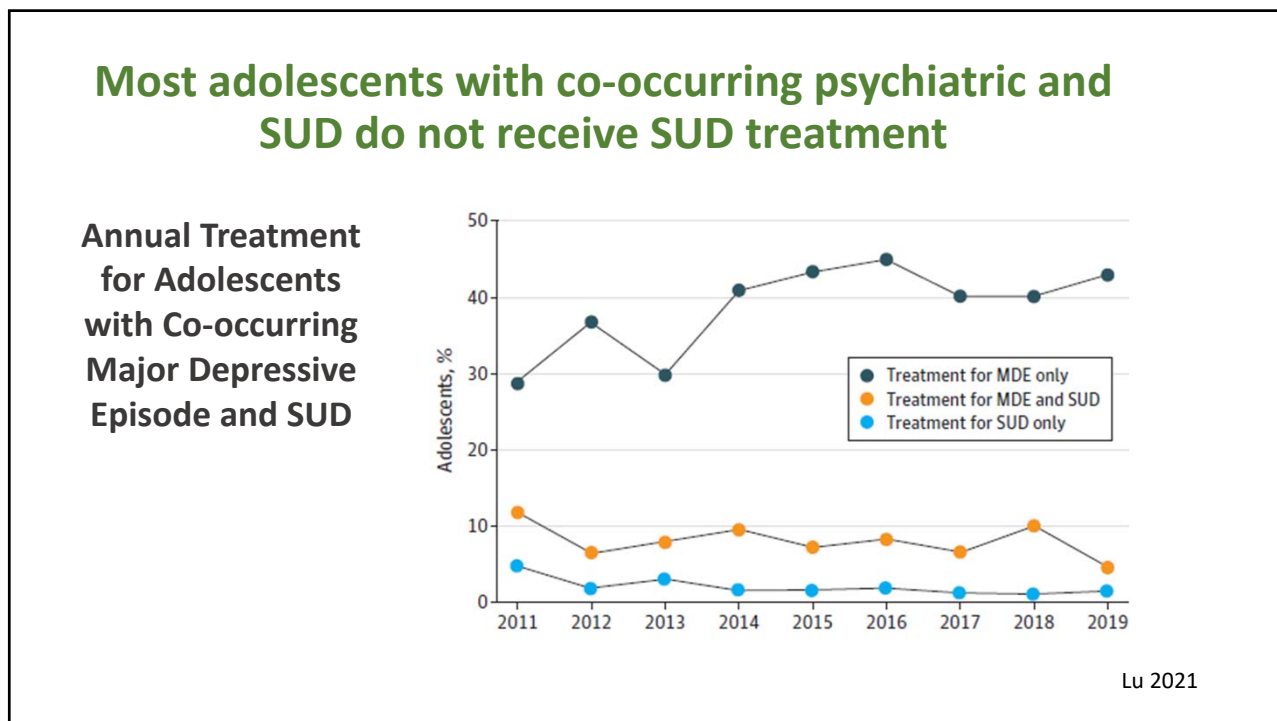
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Co-Occurring Psychiatric Disorders and Substance Use Disorder (SUD)

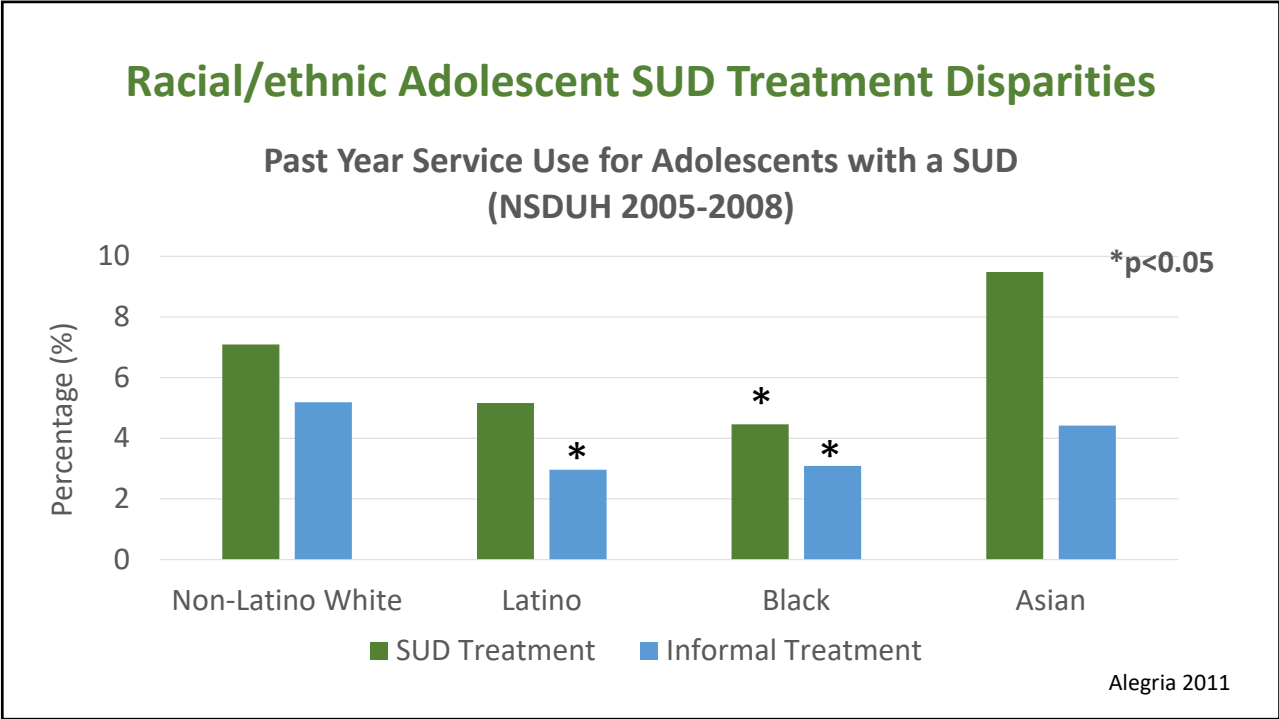
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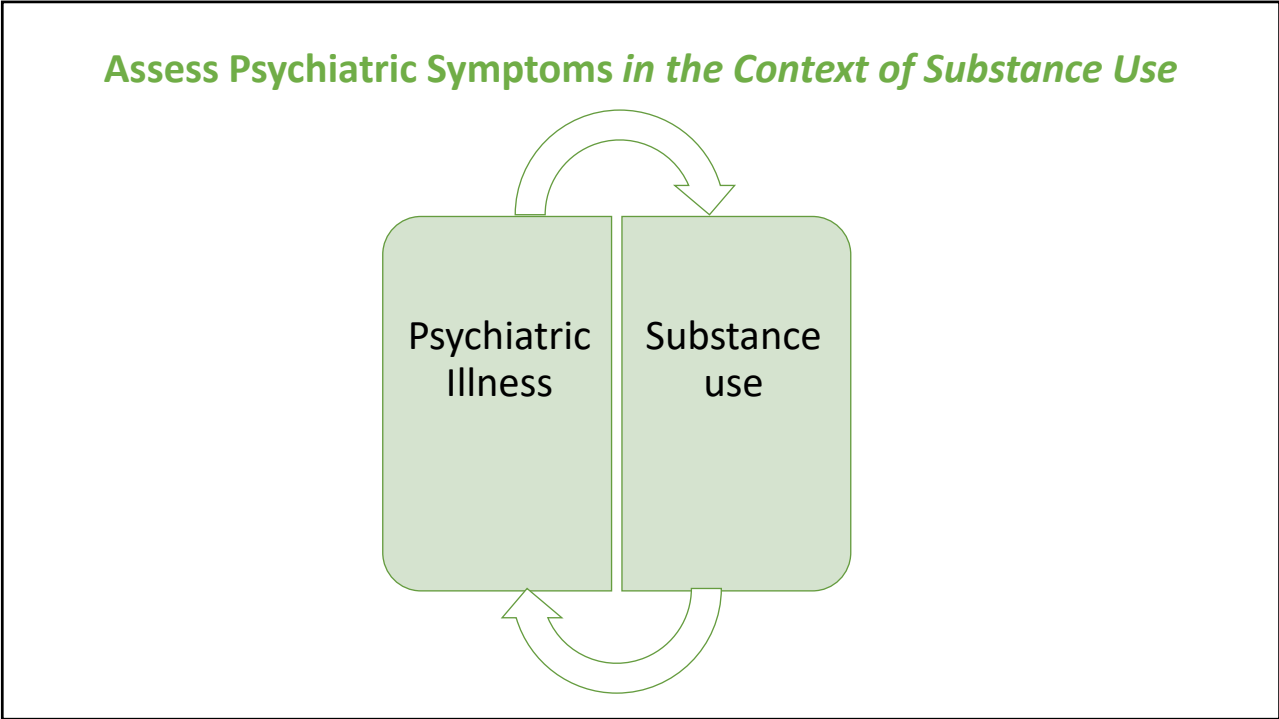
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Assessing Co-Occurring Psychiatric Disorders





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The details of their substance use matter (example—cannabis)

- There are many different types of cannabis products.
- Cannabis products have different levels of THC content (potency). The risk of adverse effects from cannabis use increases with increased levels of THC.¹

			
1980's: 3% THC 2014: 12% THC ²	Edibles	Dabs—Wax and Shatter Variable: 25% to 75% THC ³	Hash oil

¹Volkow 2014, ²EI Sohly 2016, ³Raber 2015

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Psychiatric symptoms associated with acute intoxication



- Cannabis

- Cognition
 - Impaired short-term memory
 - Impaired attention, judgment
- Anxiety and paranoia

NIDA Marijuana Research Report 2020

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Psychiatric symptoms associated with cannabis withdrawal



- Cannabis withdrawal syndrome

3 or more symptoms that develop within one week of stopping heavy cannabis use

- *Irritability, anger, or aggression*
- *Nervousness or anxiety*
- *Sleep difficulty (insomnia, disturbing dreams)*
- *Depressed mood*
- Decreased appetite or weight loss
- Restlessness
- One or more physical symptoms causing significant discomfort: abdominal pain, shakiness/tremor, sweating, fever, chills, or headaches

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Psychiatric symptoms associated with opioid withdrawal



- Opioid withdrawal syndrome

3 or more symptoms that develop within minutes to several days after stopping use or receiving an opioid antagonist

- *Dysphoric mood*
- *Insomnia*
- Nausea or vomiting
- Muscle aches
- Lacrimation or rhinorrhea
- Pupillary dilation, piloerection, or sweating
- Diarrhea
- Yawning
- Fever

- COWS also includes anxiety (“anxiety or irritability”)

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Psychiatric symptoms associated with regular substance use



Cannabis Use
in Adolescence



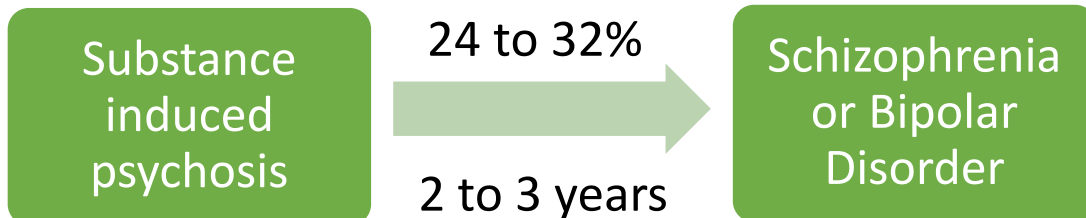
Young
Adulthood

- 1.4 times more likely to have depression
- 3.5 times more likely to attempt suicide

Gobbi 2019

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Youth with substance induced psychosis are at risk to develop a persistent psychiatric disorder



Individuals 16 to 25 years old are at highest risk for converting from substance induced psychosis to schizophrenia

Starzer 2018

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Assess for Risky Behaviors—Overdose



Overdose=ingestion of an excessive amount of a substance

Overdoses can be fatal when associated with impaired level of consciousness and respiratory failure

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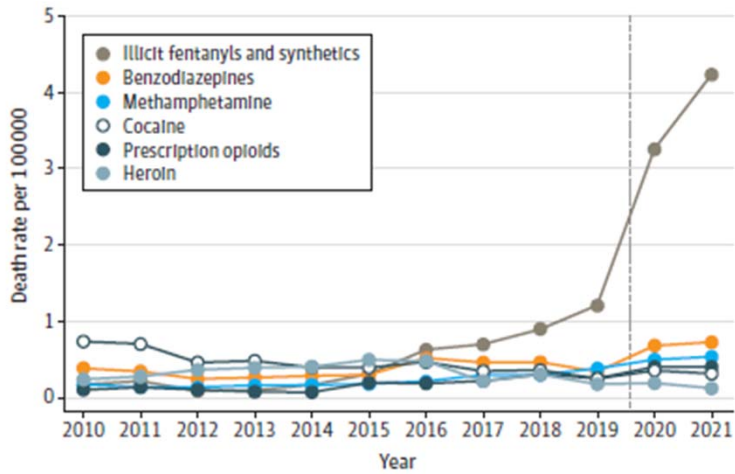
Fatal Adolescent Drug Overdose in the United States

Drug Overdose Deaths in the United States in 2021

Overall population:
101,954 (↑ 11.5% from 2020)

Adolescents (14 to 18 years):
1146 (↑ 20% from 2020)

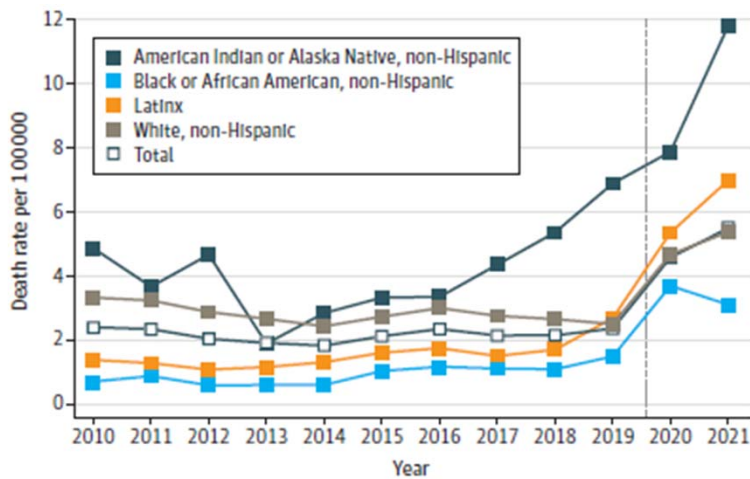
Drug Overdose Deaths for Adolescents *by Substance*



Friedman 2022

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Fatal Adolescent Drug Overdose in the United States by Race/Ethnicity

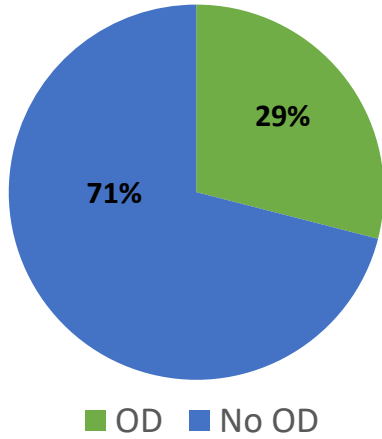


Friedman 2022

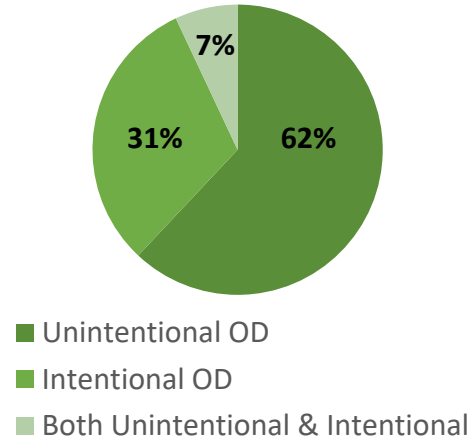
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History of non-fatal overdose at initial evaluation for SUD treatment

Overdose History



Intention of Overdose



Yule, *J Clin Psych*; 2018; 79(3):17m1678

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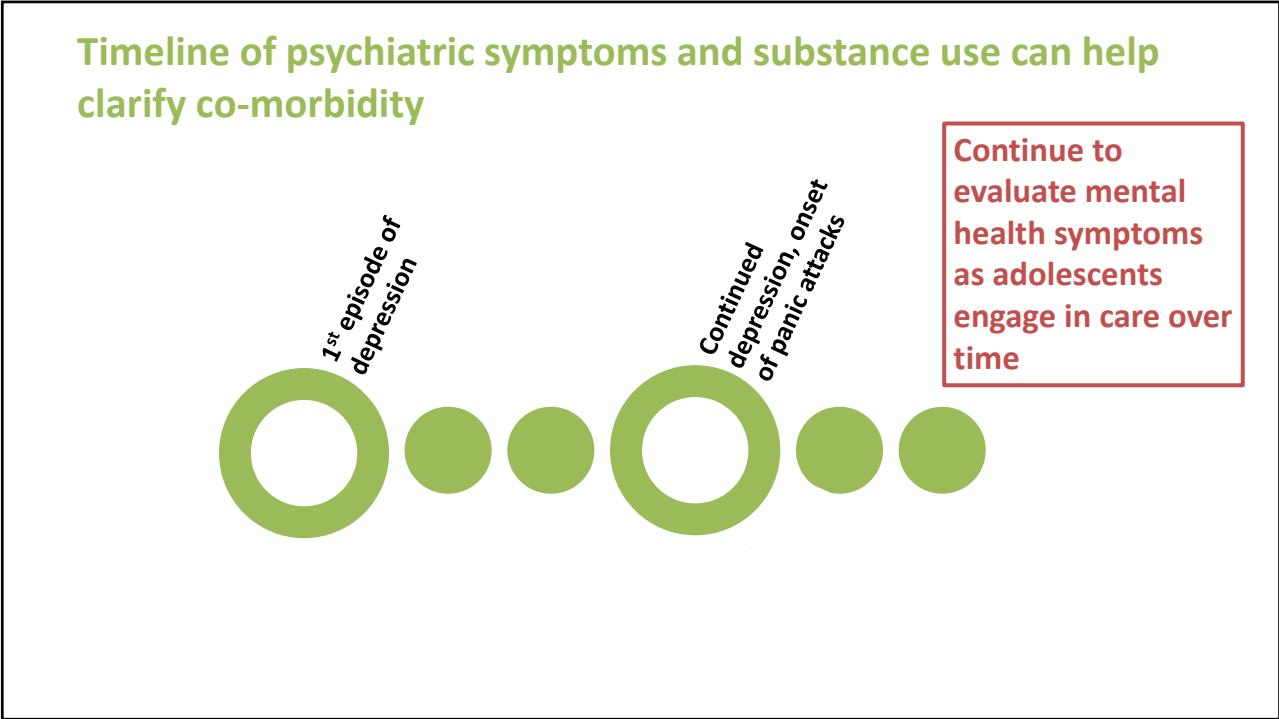
Psychiatric characteristics and disorders associated with drug overdose



- At baseline—characteristics associated with history of overdose
 - Eating disorder OR 5.1 (1.4, 18)
 - Psychiatric hospitalization OR 3.0 (1.5, 6.2)
- After receiving substance use treatment
 - Mood disorder not otherwise specified OR 9.2 (1.4, 62)

Yule, *J Clin Psych*; 2018; 79(3):17m1678
Yule, *Am J Addict*; 2019; 28(5):382-389

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Sometimes adolescents and/or families are reluctant to acknowledge a co-occurring disorder

- Examples:
 - Preference to align with substance induced psychotic disorder over schizophrenia
 - Attribute all of the substance use to untreated symptoms of the psychiatric disorder, not ready to acknowledge a co-occurring substance use disorder

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Treatment of Psychiatric and Substance Use Disorders

General Considerations

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When treating co-occurring disorders “There is no wrong door”



- Standard of care is **integrated treatment** for both psychiatric and substance use disorders
- However, integrated treatment can be hard to find

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Stay Patient and Family Centered

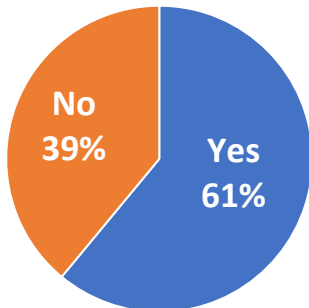


- The overall goal is to get the patient to come back!
- Stay patient centered and engage them around their concerns
- Patients and parents have waxing/waning motivation to change

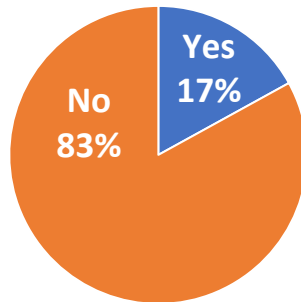
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Providing Trauma Informed Care is Really Important because Adverse Childhood Events (ACE) are Common

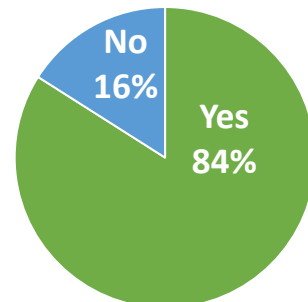
Adults with 1+ ACE



Adults with 4+ ACE



Adults with SUD with 4+ ACE



National Center for Injury Prevention and Control, CDC

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Practice Considerations—Challenges for Patients

- Trauma survivors report distress in care settings related to:
 - Trust
 - Safety
 - Sense of agency
- Clinical experiences (physical touch, a provider's appearance, or loud noises) can be reminders of a traumatic event

Spencer 2021

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Practice Considerations—Things to do to ↑ engagement

- Develop trust over time
- Provide care in an unhurried fashion
- Talk about procedures before doing them
- Validate and normalize concerns
- Provide choices if possible to help patients retain a sense of autonomy

Spencer 2021

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**Practice Considerations—
↓ risk of additional trauma exposure**

- Be mindful when gathering collateral and including supports in care
- Decrease risk of additional trauma exposure
 - Address housing and financial circumstances that increase vulnerability to victimization
 - Psychoeducation on healthy relationships
 - Connect to additional community resources (hotlines, shelters, advocacy groups)

Spencer 2021

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**Treatment of Psychiatric and
Substance Use Disorders**
Pharmacology and Therapy

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Pharmacokinetic Considerations



- Combustible cigarettes induce CYP1A2
 - CYP1A2 substrates: olanzapine, clozapine, haloperidol, caffeine
- Methadone is metabolized by CYP3A4, 2B6, 2C19, 2C9, 2D6
 - Always check for medication/medication interactions

McCance-Katz 2010

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Co-occurring ADHD and SUD

- **General clinical recommendations**
 - Low level substance use → continue to treat ADHD
 - More severe SUD → address SUD first
 - Once stabilizing treat with extended-release stimulants or non-stimulants
 - If using stimulant medication:
 - If possible, involve a support person to monitor adherence
 - Initially frequent follow-up to monitor adherence and response

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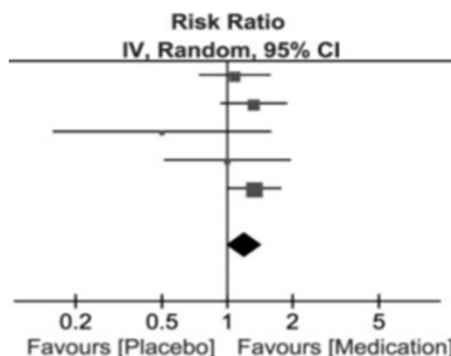
Co-occurring Depression and SUD

• Fluoxetine 20 mg daily¹⁻⁴ & Sertraline 100 mg daily⁵

- For most studies both the active medication and placebo groups had improvement in symptoms of depression and substance use with **no between group differences**
- *Riggs 2007*—fluoxetine group had greater improvement in symptoms of depression, both groups had improvement in substance use

¹Riggs 2007, ²Findling 2009,
³Cornelius 2010, ⁴Cornelius 2009,
⁵Deas 2000

Meta-analysis (Zhou 2015)



Antidepressant medication may help symptoms of depression, less impactful on substance use

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Co-occurring Serious Mental Illness— Bipolar Disorder and Psychosis

- Bipolar disorder—published RCT with Lithium (Geller 1998)
 - 25 adolescents randomized to lithium (0.9 mEq/L) or placebo for 6 weeks
 - Active treatment associated with improvement in substance use and functioning
 - No difference in mood changes between active treatment and placebo
- General clinical guidance:
 - Treat symptoms of bipolar disorder and psychosis with medication
 - Consider medication/substance interactions and risks associated with inconsistent medication adherence

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General Strategy for Psychopharmacotherapy for Adolescents with SUD



- When first engaging in care:
 - Frequent appointments
 - Small quantities of medication
- Involve family
 - To monitor symptoms and behavior between appointments
 - To support treatment engagement
- Evidence-based therapy for SUD is standard of care for treatment of adolescent SUD with and without a co-occurring psychiatric disorder

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Other treatment plan considerations for adolescents & young adults with co-occurring disorders

Anxiety

- Identify thought distortions and avoidant behavior
- Build relaxation skills
- Social anxiety—consider individual therapy before group therapy

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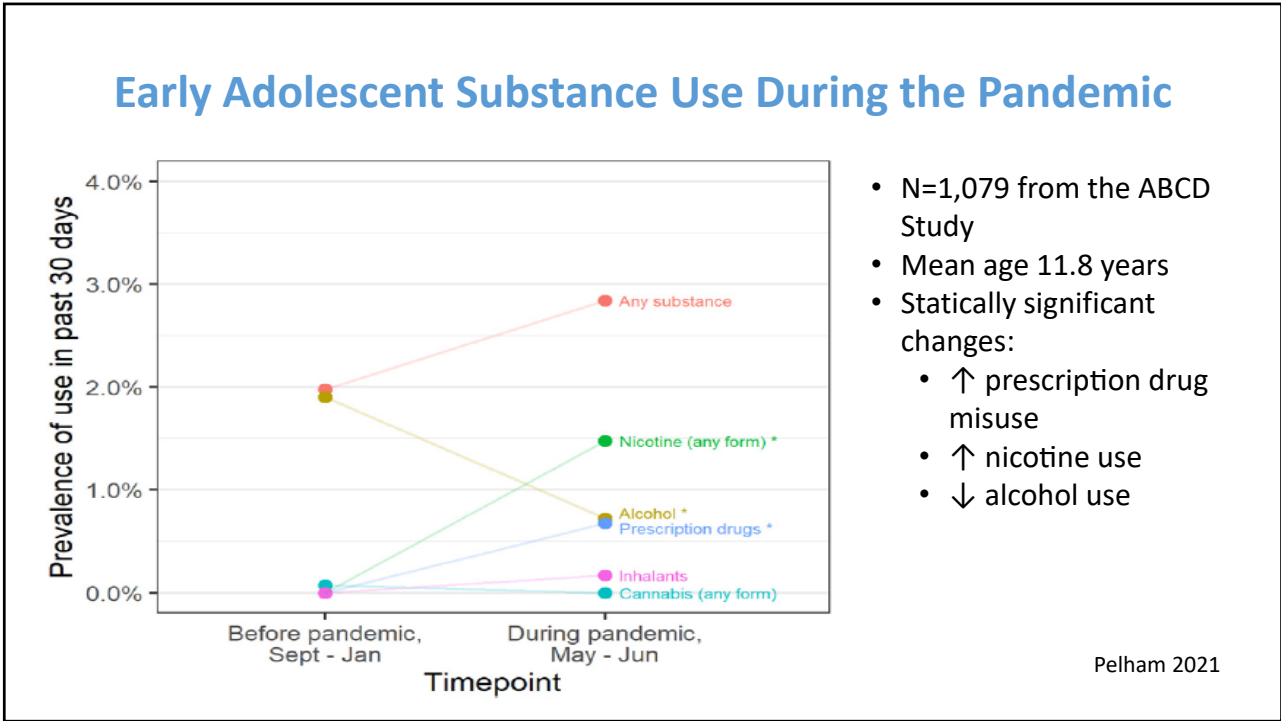
Level of Care and Educational Considerations

- Systems often evaluate adolescents with co-occurring disorders based on the criteria used for the disorders separately without accounting for the fact that they are co-occurring and therefore more complicated
 - Treatment level of care
 - Educational accommodations

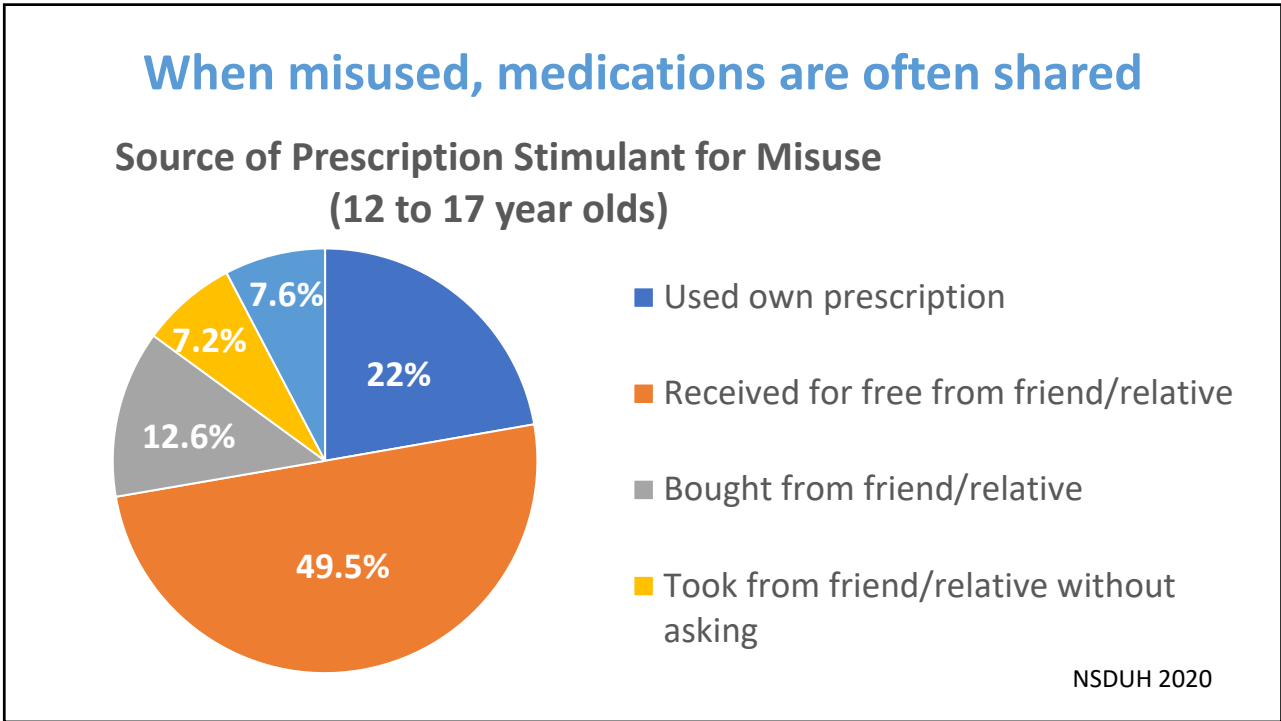
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Prescription Medication Misuse Prevention & Harm Reduction

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Medication Guidance



- Patient and Family Guidance
 - Take your medication as prescribed
 - Do not share your medication
 - Role play what to do if asked to share medication
- Safe storage
 - Medication safe
 - Stored “out of sight”
- Periodic parent monitoring of medication adherence
- Discard unused medication every 3 to 4 months

Harstad 2014, Engster 2019

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Adolescents & Young Adults may use pressed pills that they think are prescription medication



Pressed pill

Dea.gov

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Discuss naloxone with all patients with any substance misuse



- **Naloxone**—opioid antagonist, temporarily reverses an opioid overdose
 - *“I like to talk to all families about how to recognize and respond to an opioid overdose. I hope that you will never need to use this information, but want to make sure that you are prepared just in case”*



Winer, in press

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SUD and Co-Morbidities



- It may take time to clarify co-occurring psychiatric diagnosis
- It is very important to stabilize the co-occurring opioid use disorder

- Frequent appointments while both psychiatric and SUD are initially stabilizing
- Therapy is important!

- Discuss safe medication storage with all patients!

Questions?

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