

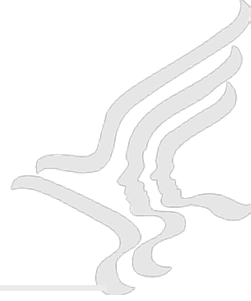
# Module 5: Co-Occurring Medical and Psychiatric Conditions



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
<http://www.samhsa.gov>

# Module 5 Objectives

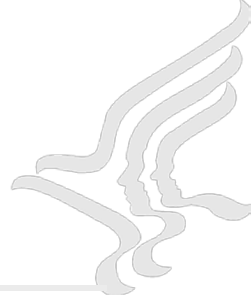
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- Explain special considerations for detox patients with co-occurring medical and psychiatric conditions
- List five common co-occurring medical conditions
- Describe four co-occurring psychiatric disorders

# General Principles of Care

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- Patients who use substances can present with a single condition or combination of conditions
- Medical management of the condition(s) does not differ from that of any other patient
- Detox medicine and protocols must be modified to minimize potentially harmful effects on the co-occurring condition

# Providing the Best Possible Detox Experience

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## Detox Programs Must:

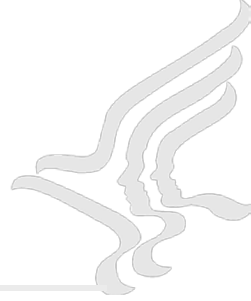
- Be familiar with signs/symptoms of co-occurring medical disorders
- Equip treatment setting to handle medical conditions and provide required patient monitoring
- Arrange consultation with specialists
- Use the opportunity to engage patients with co-occurring medical conditions in substance abuse treatment
- Set up appointment for medical follow-up care following discharge from detox

# Common Co-Occurring Medical Conditions



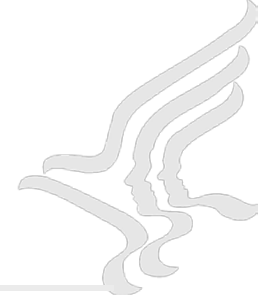
- Gastrointestinal disorders (e.g., gastritis, pancreatitis)
- Liver disorders (e.g., cirrhosis)
- Cardiovascular disorders (e.g., hypertension, arrhythmia)
- Hematological (blood) disorders (e.g., anemia)
- Pulmonary disorders (e.g., asthma)
- Neurological disorders (e.g., withdrawal seizure and stroke)
- Infectious diseases (e.g., STDs)
- Other conditions (e.g., diabetes)

# Treatment of Co-Occurring Psychiatric Conditions



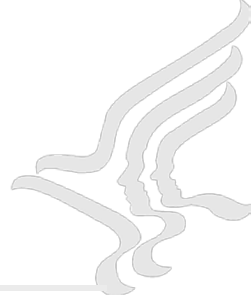
- Detox can be complicated by meds taken for psychiatric conditions
- Symptoms of detox medication may mimic psychiatric conditions
- Not advisable to discontinue all psych meds during detox
- Treatment of addictive disorder and psychiatric disorder must be treated simultaneously
- Untreated, psych condition can result in mood, anxiety, or thought disorders and hinder recovery
- Long-term plan of psychotherapy and illness management is needed for patients with co-occurring disorders

# Anxiety Disorders



- Prevalence rate of anxiety and addiction: 5–20%
- Antianxiety meds can oversedate and dull one's reaction to influences
- Anxiety can help a patient move toward change
- Withdrawal produces varying levels of anxiety in patients
- Treatment indicated when anxiety persists after treatment or is preventing patient to enter treatment
- Meds can be started at any time if condition is persistent and waiting is not possible
- Benzodiazapines and antidepressants are commonly used meds

# Depressive Disorders



- Prevalence rate of depression and addiction: 5–25%
- Can occur independently of addictive disorder or induced by alcohol or drugs
- Depression can result during recovery as part of the patient's healing due to losses
- Depressant drugs (alcohol) can produce depression during intoxication
- Stimulant drugs (cocaine) can produce depression during withdrawal
- Depression can be prolonged by certain drugs that linger in the body (marijuana, benzos)
- Depression is more common in older adults and women
- Meds can be started at any time, if condition is persistent and waiting in not possible
- Antidepressant meds are used if the depression is not drug-induced

# Bipolar Disorders

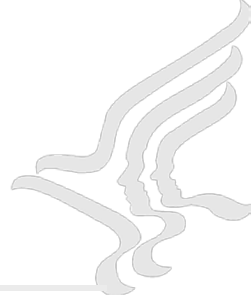
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- Prevalence rate of bipolar disorders and addiction: 30–60%
- May be complicated by alcohol or drugs (e.g., mania can be produced by stimulants and depression by depressants, such as alcohol)
- Meds can be started at any time, if condition is persistent and waiting is not possible
- Mood-stabilizing drugs include lithium and anticonvulsives

# Psychotic Disorders

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- Psychoses can be caused by stimulant drug use during intoxication and by drug/alcohol use during withdrawal
- Meds can be started at any time if condition is persistent and waiting is not possible
- Meds used:
  - Antianxiety agents (benzos)
  - Antipsychotic agents
  - Antidepressants