

Impact of psychiatric disorders on treatment for patients with substance abuse

[Health & Medicine](#), [Drug Abuse](#)



Impact of Psychiatric Disorders on Treatment Outcomes for Patients with Substance Abuse Daniel Painter Raritan Valley Community College Table of Contents

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Introduction

For this research I selected the articles that concentrated on treatment outcomes for clients with addictions who also had a mental illness diagnoses (depression, anxiety, antisocialpersonalitydisorder, phobias). The first two research studies were conducted at different times but by the same researcher, Drar Charney, MD, and concentrate on outcomes of addiction treatment in patients with co-occurring disorders of anxiety and depression, or both at the same time. The last article by Wilson Compton, MD, focuses on drug dependence treatment outcomes in patient with a variety of mental illnesses. All three studies show similar results in predicting outcomes.

#1 Abstract The first study that I selected, “ Association Between Concurrent Depression And Anxiety And Six Month Outcome Of Addiction Treatment” conducted by Dara Charney, MD, et al, focuses the common problem of depressive or anxiety symptoms appearing together withdrug abuse. The study was conducted for 6 months, used a sample of 326 patients that were

assessed through semi structured interviews, ASI, BDI, and Symptom Checklist 90 and then reassessed after 6 months.

The objectives of the study were to assess rates of depression and anxiety in patients seeking addiction treatment and examine how the existence of concurrent psychiatric symptoms will influence treatment outcomes. The sample included 326 patients which was mixed population of adults with substance abuse disorder, who were predominantly white (93%) and male (64%) with a mean age of 41 years old. The sample included patients who were recruited upon entering treatment at the MUHC addictions unit.

All patients were eligible for study - there were no exclusion criteria. 63% of patients had significant psychiatric symptoms at intake: 15% had depressive symptoms, 16% had anxiety symptoms and 32% presented with combined depressive and anxiety symptoms. During the six-month follow-up study, participants were offered standard treatment: outpatient detoxification, one or two 90-minute group therapy sessions per week, at least four 50-minute individual therapy sessions and random urine drug screens throughout treatment.

Follow up included even those participants who dropped out of the treatment (154 patients dropped out of treatment before 6 months mark) and all participants were asked about the outcome of treatment (abstinence status and duration of continuous abstinence), psychological distress and depressive symptoms. Results of the study revealed that those patients who were presented with few psychiatric symptoms on intake or presented with either depressive or anxiety symptoms on intake fared better than those

who presented with depressive and anxiety symptoms together: 73% were still abstinent at 6 months.

Critique of study #1 The study supported studied done earlier on the same subject and came up with similar results: patients with co-occurring depressive, anxiety symptoms and addictions fare worse at the end of the addiction treatment than those who do not present with co-occurring symptoms. There are several drawbacks in the means this study employed. The sample was not representative of the community at large, because the majority of the participants were white males.

It was not a random sample as well, because patients were recruited at the same facility. Half of the patients dropped out of treatment before the 6 month period, and were still evaluated at the end of the study regarding its objectives, which is not representative of treatment outcomes since they did not receive treatment. However, on the positive side, the study did include a large sample of patients and the outcomes were consistent with the outcomes of the similar studies. Study #2 Abstract

The second study that I selected, " The impact of depression on the outcome of addictions treatment" conducted also by Dara Charney, MD, Antonios Paraherakis, BSc, et al, focused on prevalence of depression among men and women who entered the outpatient program for substance use disorder treatment. The objectives of the study were to find out whether it was primary depression or substance-induced depression, presentation of specific features of depression and the impact of depression on treatment out comes. The research sample included 75 patients of the MGH addictions

unit. 97% of the sample population was Caucasian, 61.3% were male and 38.7% were female, all of mean age of 40.5 years old. Subjects were consecutively recruited upon entering treatment and no exclusion criteria were applied. At intake 22.4% of patients exhibited primary depressive disorder, 8.4% had substance-induced depressions. At 3 months follow up 93.3% of patients were reinterviewed. Participants who dropped out of the outpatient treatment were also invited to participate in the interview (35% of the sample). The study concluded that patients, who in the beginning of the study presented with primary depressive disorder, had longer duration of abstinence and greater decreases in symptomatology.

Patients with substance-induced depression almost completely stopped using their primary substance. Critique of study #2 One of the drawbacks of this study is a small sample size: only 75 patients participated. Sample population was not diverse either: the majority of participants were white males. The duration of the study makes the validity of the outcomes questionable, based on the recurring nature of depressive disorder. However, the results were consistent with the results of similar studies.

Study #3 Abstract

The third study I selected, "The role of psychiatric disorders in predicting drug dependence treatment outcomes" conducted by Wilson Compton, MD, et al, examined what role co morbid psychiatric disorders played in the outcomes of treatment of drug-dependent subjects. The researchers used a sample of 401 subjects from a variety of facilities in the St. Louis area: public outpatient methadone clinics, two drug-free outpatient programs, two drug-

free inpatient programs, an outpatient program for drug-abusing prostitutes, and a residential recovery shelter for women. The sample was diverse in that 61% were African Americans and 66% were men.

The majority had graduated from high school, were unemployed and had never married. Alcohol dependence was the most common co-occurring psychiatric disorder with a prevalence of 63%. The subjects were interviewed upon admission into the study and then re-interviewed at follow-up 12 months later to determine their drug abuse status. The results of the study showed that several psychiatric disorders predicted worse outcomes at the follow-up. For instance, subjects with major depressive disorder showed using a larger number of substances and having more drug dependence diagnoses and symptoms.

Subjects with alcohol dependence showed more dependent diagnoses. Outcomes predicted better abstinence results for women than for men. Critique of study #3 This is a thorough study conducted over a fairly long period of time (12 months at follow-up) that involved a large population sample (401 subjects) and was diverse in the facilities involved and demographically. It shows solid outcomes consistent with other research that focused on similar topics. Overall, the study is well designed and its outcomes have a high probability of being accurate.

Conclusion In conclusion, I would like to say that all three research studies focused on drug abuse treatment outcomes for patients who have co-occurring mental disorder. The first two were done by the same researcher and consistently did not have a varied population sample (the majority of

patients were male and white in study #1 and study #2) and were done over a period of time that was not long enough in the duration to accept the findings as truly valid, although, the results of these two studies were consistent with the results of similar studies.

The last research study, however, employed a large enough and diverse enough population sample as well as long enough duration to validate the results that were achieved. Overall, study #3 was designed best out of the three and the validity of its findings can be accepted as accurate with a good amount of confidence. Works Cited Charney, Dora, MD; Palacios-Biox, Jorge, MD, et al (2005). Association Between Concurrent Depression And Anxiety And Six-Month Outcome Of Addiction Treatment.

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