

Les Colloques de Biarritz

Biarritz , oct 8-11, 2013

Assessment and outcomes of psychiatric comorbidity in heroin-assisted treatment

A. Uchtenhagen

Research Institute for Public Health and Addiction

WHO collaborating centre affiliated with

Zurich University

Overview

- **Psychiatric comorbidity in opiate dependence**
- **Psychiatric comorbidity in methadone maintenance treatment MMT**
- **Psychiatric comorbidity at entry to heroin assisted treatment HAT**
- **Outcomes of psychiatric comorbidity in HAT**
- **Comparing outcomes in HAT and MMT**
- **Summary**

**Psychiatric comorbidity
in
opiate dependence**

Dual diagnosis in opiate dependence

Meta-analysis of 16 Studies (Frei & Rehm 2002)

Summary

Diagnosis	Range
Min. one disorder	47 – 97 %
Personality disorder	26 – 68 %
Affective disorder	18 – 54 %
Anxiety disorder	3 – 49 %
Schizophrenic disorder	0 – 14 %

**Psychiatric comorbidity
in
Methadone maintenance treatment**

Psychiatric comorbidity in methadone maintenance treatment

Ball & Ross 1991 (n=567)

Psychiatric symptoms (ASI)	Lifetime %	Last 30 days %
Serious depression	48.3	16.6
Serious anxiety	51.7	22.9
Hallucinations	8.6	2.3
Suicide attempts	8.5	0.4
One or more symptoms	68.4	35.4

Retention of dual diagnosis patients in methadone maintenance treatment

- **More severe psychiatric symptomatology is related to lower retention rates (McLellan et al 1983)**
- **More severe mental health problems are related to poor retention (Joe et al 1991)**
- **Patients with DSM-IV axis I comorbidity have better retention (50%) as compared to non-comorbid patients (30.2%) (Maremmani et al 2008, n=129).**

**Psychiatric comorbidity
at entry to
heroin assisted treatment HAT**

Psychiatric disorders at entry to HAT

Dutch data, n=430, Blanken et al, 2005, *Addiction* 100:89-95

Diagnosis	% or mean	SD / median
SCL 90, sum score (range 0-360)	71.5	59.9/56
Life-time number residential treatments	0.4	2.2/0
Ever attempted suicide	28.0 %	-
Prescribed psychiatric medication	33.8 %	-
Any current DSM-IV axis I diagnosis	30.0 %	-
Additional need for psychiatric treatment (range 0-4)	1.0	1.5/0

Psychiatric comorbidity at entry to HAT

Swiss data, n=85, Frei & Rehm 2002, Psychiat Prax 29:251-257

Diagnosis SKID axis I	Lifetime total	F n=12	M n=73	4-weeks total	F n=12	M n=73
At least one disorder	65.9	75.0	64.4	38.8	41.7	38.4
Affective disorder	55.3	41.7	57.5	27.1	25.0	27.4
Anxiety disorder	25.9	58.3	20.5	16.5	25.0	15.1
Eating disorder	7.1	33.3	2.7	2.4	16.7	0.0
Schizophrenic disorder	5.9	8.3	5.5	0.0	0.0	0.0
Somatoform disorder	1.2	0.0	1.4	1.2	0.0	1.4

Psychiatric comorbidity at entry to HAT

Swiss data, n=85, Frei & Rehm 2002, Psychiat Prax 29:251-257

Diagnosis SKID axis II	Total %	F %	M %
At least one personality disorder	57.6	66.7	56.2
Paranoid disorder	2.4	8.3	1.4
Schizoid disorder	5.9	16.7	4.1
Antisocial disorder	30.6	16.7	32.9
Borderline	10.6	16.7	9.6
Avoiding disorder	10.6	25.0	8.2
Obsessive disorder	11.8	25.0	9.6

At least one axis I or axis II disorder in 86 %

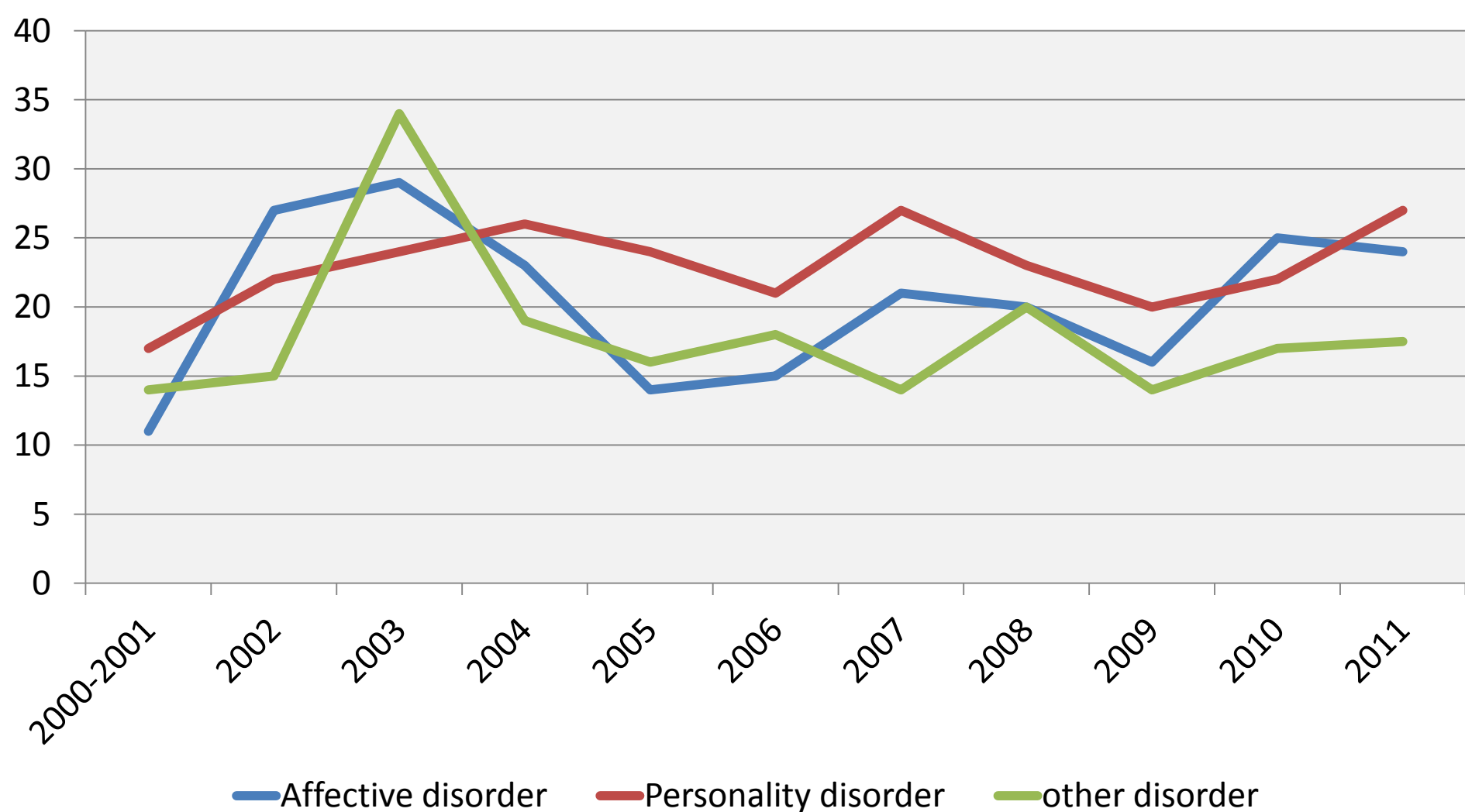
Psychiatric comorbidity at entry to HAT

Swiss data, n=85, Frei & Rehm 2002, Psychiat Prax 29:251-257

	Substance dependence only n=21	Any axis I or axis II disorder n=46	Axis I plus axis II disorders n=18
Cocaine use	10.0	7.59	2.27
Benzodiazepine use	11.12	14.55	15.80
Cannabis use	13.12	15.75	15.19
Global Severity Index	0.57	0.79	1.05
Positive Symptom Total	34.10	40.36	53.76
Positive Symptom Distress Index	1.38	1.65	1.69

Psychiatric comorbidity in HAT 2000-2011

Swiss data, Schaub 2012



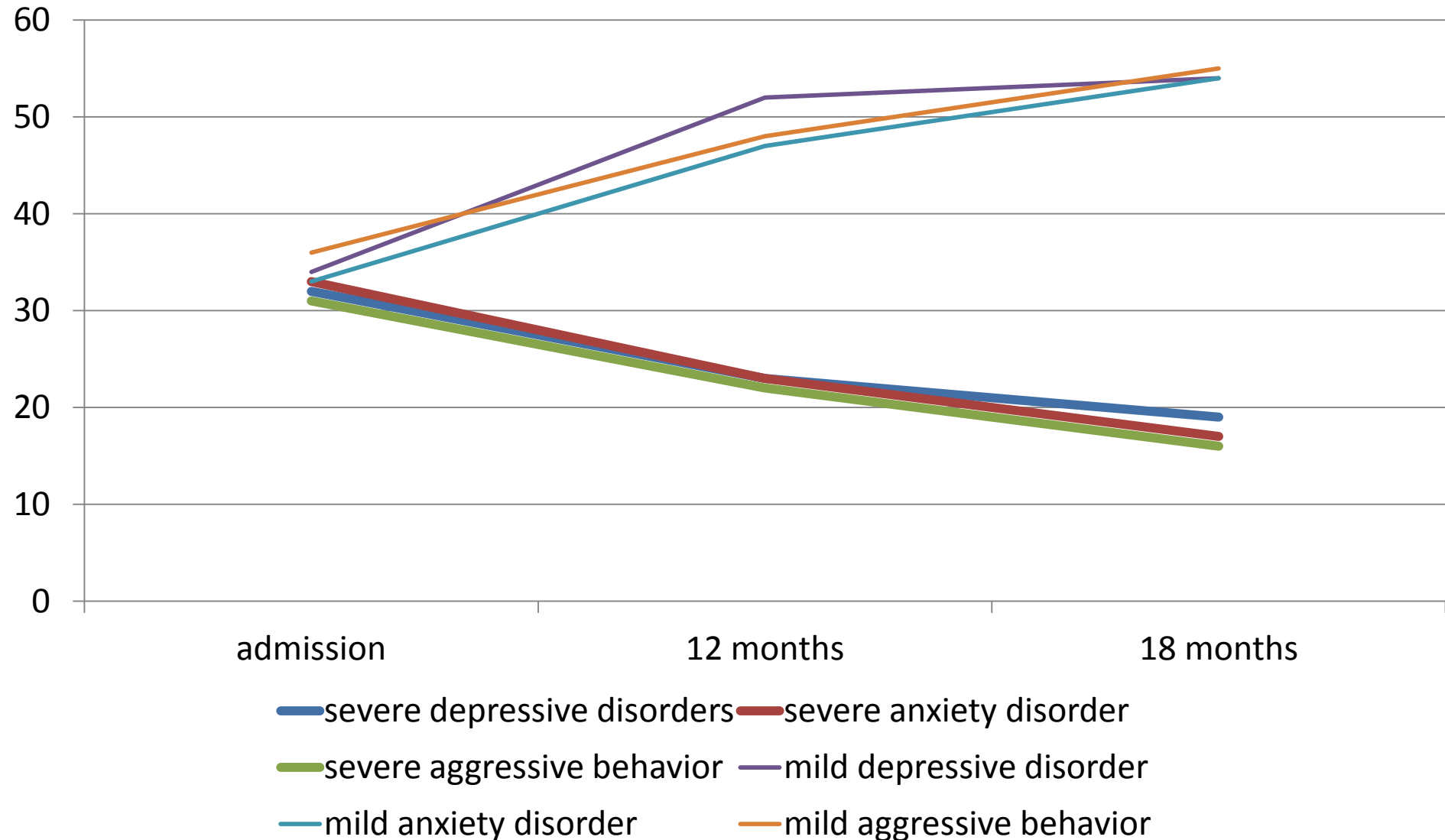
**Outcome
of psychiatric comorbidity in
heroin assisted treatment HAT**

Overview of follow-up studies for psychiatric comorbidity in HAT

Country	Assessment instrument	Duration follow-up	Outcome measure	Comparison groups
CH	SCL 27	12 years	% diagnosis	-
NL	EuropASI, SCL-90 CIDI MAP-HSS	12 months 4 years	Multi-domain outcome index	HATi – MMT HATs - MMT
BRD	SCL-90 DSM IV / CIDI	2 years	Responder score	HAT - MMT
E	EuropASI, OTI	9 months	ASI composite score	HAT - MMT
CA	EuropASI	12 months	ASI score psychiatric status	HAT - MMT

Course of psychiatric disorders in HAT

Swiss data n=233, Uchtenhagen et al 1999



Last treatment outcome per latent class

(Swiss data, Wiedermann et al. 2013, n=2242)

Outcome	Reduced hostility	Symptom free	Persistent dysthymia & depression	Improved depression social phobia	Total
failure	39	172	50	30	291
positive	42	207	57	42	348
censored / neutral	141	731	114	149	1135
missing	60	270	82	56	468
Total	282	1380	303	277	2242

**Comparing
heroin assisted treatment HAT
and
methadone maintenance MMT**

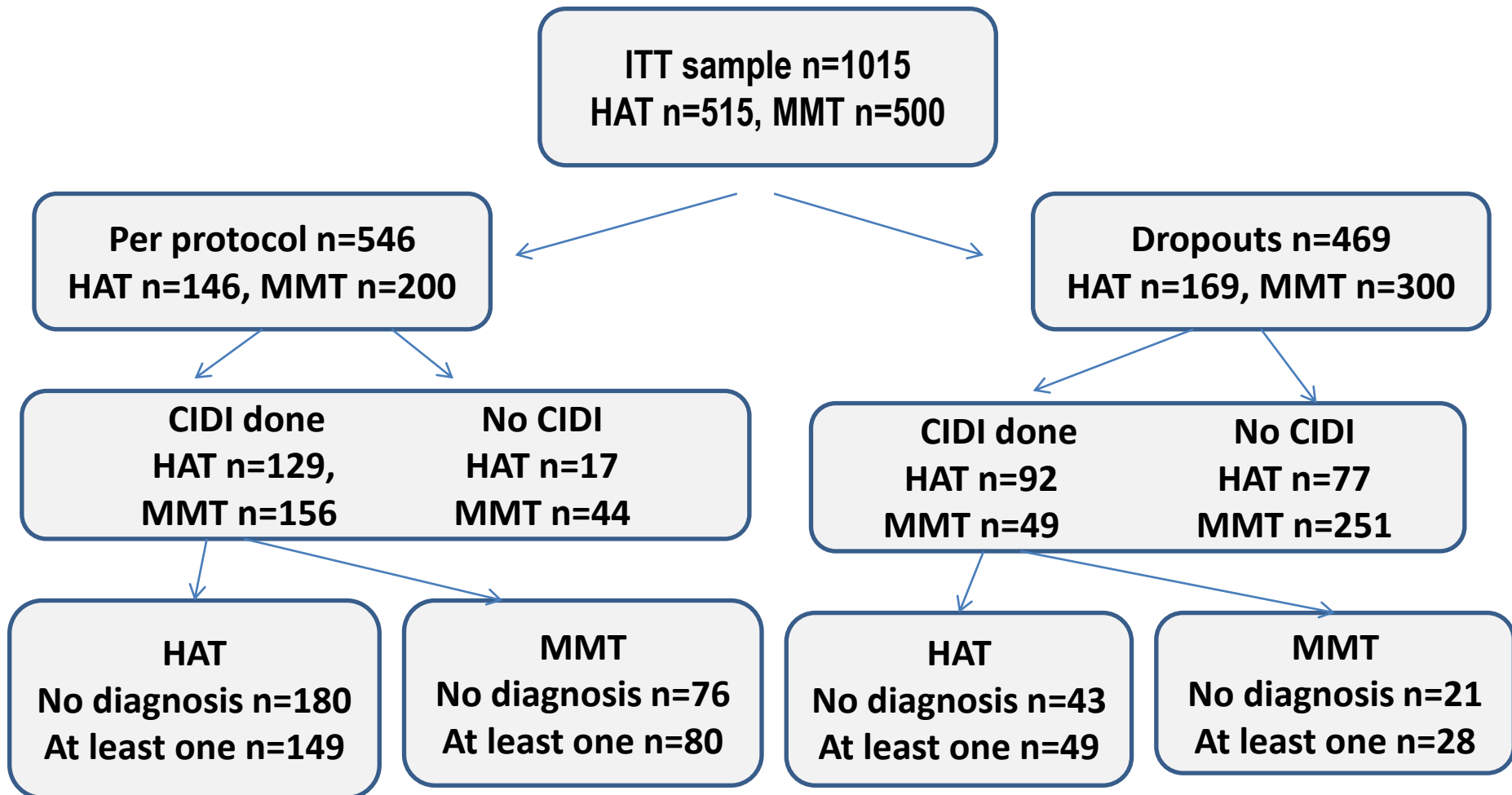
Patient characteristic predicting treatment response

(Blanken et al, 2005, *Addiction* 100:89-95)

	Heroin group	Treatment response	Methadone group	Treatment response
Prescribed psychiatric medication	n	%	n	%
No	128	55.5	156	28.2
Yes	64	43.8	81	29.6

Sample distribution by treatment completion and CIDI diagnosis

German data ,Schaefer et al 2010, Psychopathology 43:88-95



Treatment retention by comorbidity group and treatment group

German data, n=626 , Schaefer et al 2010, Psychopathology 43:88-95

	Completers	Dropouts	Significance treatment	Significance comorbidity
No comorbid disorder	HAT 80.72 %	HAT 19.28 %	No comorbid disorder	HAT
	MMT 78.35 %	MMT 21.65 %	OR = 1.16 95%CI = 0.64-2.08	OR = 1.38 95% CI 0.87-2.19
At least one disorder	HAT 75.25 %	HAT 24.75 %	At least one disorder	MMT
	MMT 74.07 %	MMT 25.93 %	OR = 1.27 95% CI 0.66-2,42	OR = 1.27 95% CI 0.66-1.42

Better retention in HAT and for non-comorbid patients are not significant

CIDI diagnosis last 12 mths by treatment group among completers

German data, n=626 ,Schaefer et al 2010, Psychopathology 43:88-95

Diagnostic category	HAT n=329	MMT n=156	Total n=485	Significance
F20-29 Schizophrenia	0.3 %	0.6 %	0.4%	p=0.588
F 30-39 Affective disorder	28.0 %	25.6%	27.2 %	P=0.591
F 40-48 Neurotic, stress related % somatoform disorders	26.7 %	41.0 %	31.3 %	P=0.002
F 50-59 Behavioral syndromes....	1.5 %	3.8 %	2.3 %	P=0.108
<i>No diagnosis F 20-59</i>	54.7 %	48.7 %	52.8 %	P=0.217

Mental health status in HAT at follow-up

Spanish data, n=62 , March et al 2006, J Subst Abuse Treatm 31:203-211

Domain	HAT at entry	HAT at 9 mths	Sign. p	MMT at entry	MMT at 9 mths	Sign. p
Psychological status and adjustment	0.5	0.3	<0.009	0.5	0.4	<0.017

No significant difference between HAT and MMT groups

Mental health status in HAT at follow-up (12 mths)

Canadian data, n=251 , Oviedo-Jokes et al 2008, J Urban Health 85:812-825

Domain	HAT EuropASI score	MMT EuropASI score	Sign.
Mental health status	0.16	0.20	P<0.01
Social integration	0.09	0.08	P<0.05

Results of follow-up studies for psychiatric comorbidity in HAT vs MMT

Country	Selected papers	Outcome HAT	Outcome MMT	Signif.
CH	Perneger et al 1998 Brit Med J 317:13-18	54.4 on SF health survey	49.3 on SF health survey	HAT>MMT P<0.025
NL	Blanken et al 2005 <i>Addiction</i> 100:89-95 Blanken et al 2010 <i>Eur Neuropharm</i> 20 supp 20	Treat response 43.8 % Responders SCL-90 : 38.8	Treat response 29.6 % Responders SCL-90: 40.3	HAT>MMT n.s. n.s.
BRD	Schaefer et al 2010 <i>Psychopathology</i> 43:88-95	CIDI F 40-48 26.7 %	CIDI F 40-48 41.0	HAT>MMT P<0.002
E	March et al 2006 J Subst Abuse Treatm 31:203-211	ASI score 0.5 to 0.3 P<0.009	ASI score 0.5 to 0.4 P<0.017	HAT>MMT n.s.
CA	Oviedo-Jokes et al 2008 J Urban Health 85:812-825	ASI score Psych. status 0.16	ASI score Psych.status 0.20	HAT>MMT P<0.01

Summary

- **Psychiatric comorbidity is high in opiate dependence**
- **Psychiatric comorbidity has a risk for high drop-out rates in addiction treatments**
- **Psychiatric comorbidity has a potential for improvements in HAT (in some studies superior to MMT)**
- **Psychiatric comorbidity is no contra-indication for HAT**