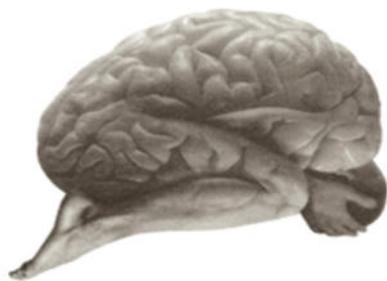




# Dalla Doppia Diagnosi alla Comorbidità *Cosa è cambiato in 30 anni*

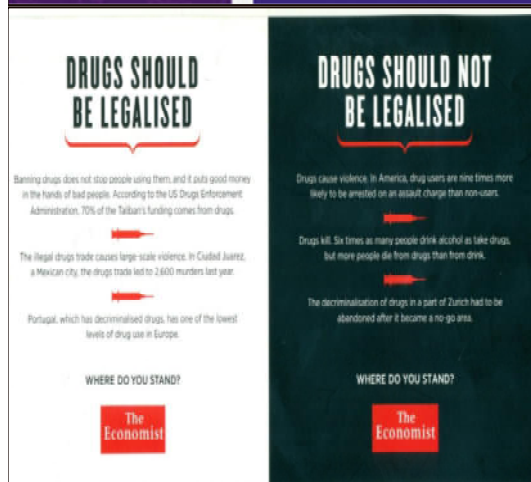
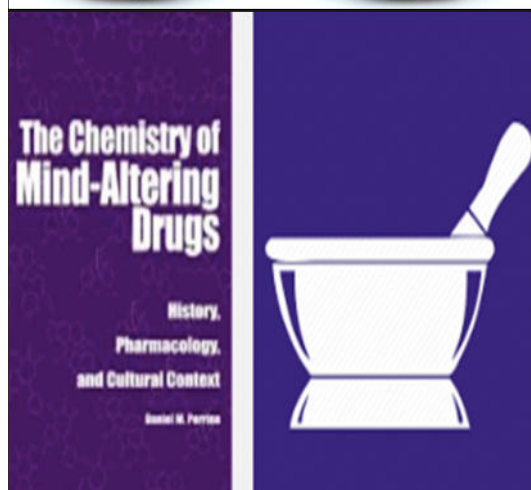
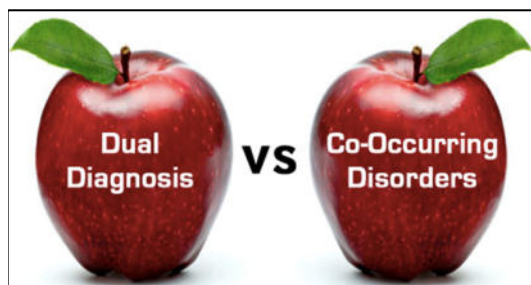
**Massimo Clerici**

*Dipartimento di Medicina e Chirurgia  
Università degli studi di Milano Bicocca  
[massimo.clerici@unimib.it](mailto:massimo.clerici@unimib.it)*



**SIP. Dip.**  
**Società Italiana**  
**Psichiatria delle Dipendenze**  
Sezione speciale S.I.P.





- ❓ Introduzione storica alla “doppia diagnosi”
- ❓ La comorbidità e l’insostenibile leggerezza diagnostica del DSM 5
- ❓ Problemi clinici dei pazienti “complessi e gli attuali bisogni della Salute Mentale
- ❓ Note sulla questione degli esordi tra cannabis e schizofrenia
- ❓ Un’agenda per la riorganizzazione dei Servizi







# ...le suggestioni dei maestri...

Rivista di psicoanalisi, XXVI/3, 1980, 359-67

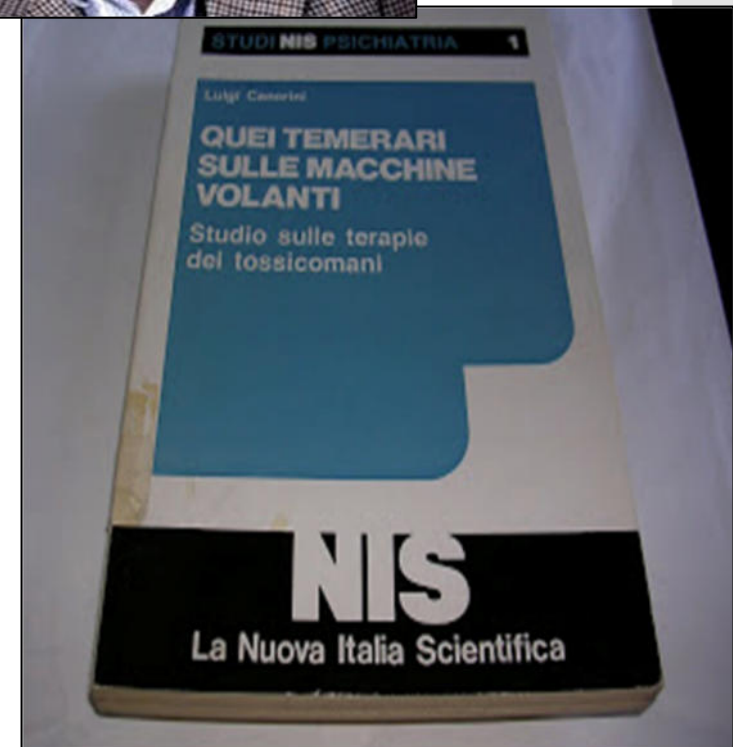
La Nuova Italia Scientifica, Roma 1982



## I lotofagi

ROMOLO ROSSI  
(Genova)

Cercherò di esporre un modo di vedere il tossicomane che consiste nella traduzione dell'aspetto clinico e del suo corrispondente metapsicologico (secondo lo schema consueto dell'oralità, del narcisismo, dell'arresto ad uno stadio arcaico di sviluppo) nella categoria emotiva della nostalgia. Rovesciamo dunque il detto « bere per dimenticare », e lo sostituiamo col « bere per ricordare », per ricordare un passato che non può rivivere in altro modo. Da anni, l'esperienza clinica di tutti noi, è quella di una sensazione di frustrazione, di inutilità, di quasi impossibilità di approccio nella terapia di queste persone: i risultati apprezzabili passano solo attraverso le istituzioni totali, che tendono a sostituire una dipendenza all'altra, a scambiare, con un vissuto di globalità, un mondo interiore poggiato su una idealizzazione autodistruttiva, con un altro mondo interiore in cui gioca un'altra idealizzazione più socialmente e personalmente innocua. Come si vede, si parte da un punto di vista particolare, e cioè dalla frustrazione di chi tenta di operare in quest'ambito. Il senso di inutilità, e quindi l'incomprensione, esprime il nostro impatto con un mondo conchiuso ed autosufficiente, un mondo narcisistico, di chi segue un sogno lontano fuori dalla realtà, fuori dal nostro mondo. Ciò crea una tendenza insanabile all'emarginazione, non di genesi sociale o economica, ma direttamente generata dal mondo interno, e dunque in termini sociali o strutturali, irreparabile. La regola è anzi che quanto più intensa è la difesa dell'emarginato ed il discorso retorico sull'emarginazione,







# la nascita della “Doppia Diagnosi”...

(Edward Khantzian, 1985)

Arch Gen Psychiatry. 1985 Nov;42(11):1067-71.

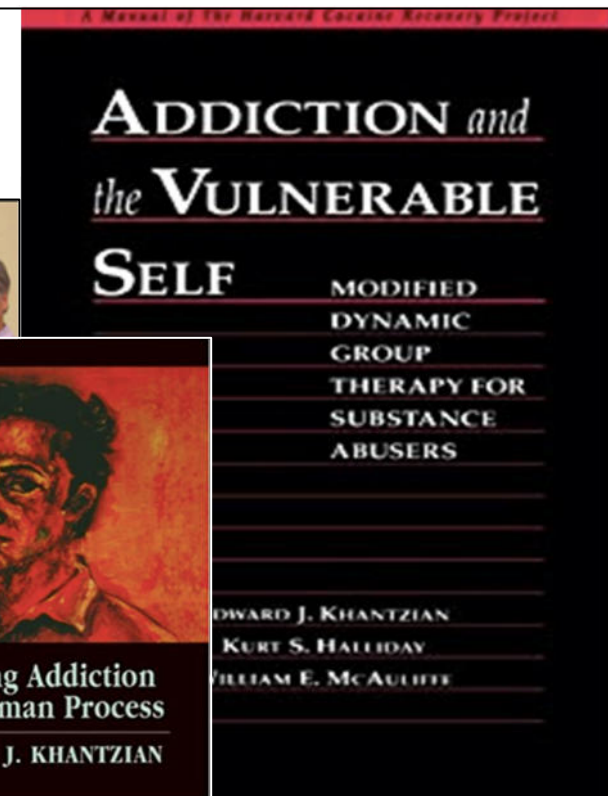
## DSM-III psychiatric diagnosis of narcotic addicts. Recent findings.

Khantzian EJ, Treece C.

### Abstract

We diagnosed and classified a diverse sample of 133 narcotic addicts using DSM-III criteria. Seventy-seven percent of the sample met criteria for one or more diagnoses on axis I, and 65% met criteria for a personality disorder on axis II. In total, 93% met the criteria for one or more psychiatric disorders other than substance abuse. Although heterogeneity of diagnosis is noted, depressions and personality disorders, often in combination, were most prominent. Several factors related to specific diagnostic groupings are analyzed and their significance for the psychopathology of narcotic addiction is discussed.

PMID: 4051684 [PubMed - indexed for MEDLINE]





Massimo Clerici

## TOSSICODIPENDENZA E PSICOPATOLOGIA

Implicazioni diagnostiche  
e valutazione  
degli interventi terapeutici

Soc Psychiatry Psychiatr Epidemiol (1989) 24: 219-226

© Springer-Verlag 1989

Social Psychiatry and

Psychiatric Epidemiology

### Substance abuse and psychopathology

#### A diagnostic screening of Italian narcotic addicts

Massimo Clerici, Italo Carta, and Carlo Lorenzo Cazzullo

Department of Psychiatry, Milan Medical School, University of Milan, Italy

**Summary.** This report evaluates, using DSM III, the psychopathological profile of 226 heroin users taken in at the clinical centre of "Cascina Verde" Therapeutic Community (Milan, Italy) and admitted to a psychotherapeutic, retraining, integrated, both out-and-in-patient treatment. The outcome shows that 30% of subjects are to be diagnosed according to Axis I while 61% are to be considered among Axis II personality disorders. A portion of 16% is to be referred to the "schizophrenic spectrum", 25% has histrionic, narcissistic, antisocial and borderline personality disorders and the remaining are to be referred to an extremely heterogeneous category. The report shows also data concerning Axes IV and V, always according DSM III.

the behavioural side, the risks of the "overflowing of the imaginary element" ("drug addiction with psychotic structure"), (Charles-Nicolas 1975; Kaufman 1974; Khantzian 1982; Vetter 1985; Wurmser 1982).

To these two categories a third one must be added, perhaps the biggest and the least typified; it is characterised by personalities with depressive or cyclothymic organization (Gossop 1976; Mirin et al. 1976; Rounsaville et al. 1982b; Shaw et al. 1979; Weissman et al. 1976; Woody and Blaine 1979).

However a comparison among the results of this kind of research is still difficult both because of the lack of standardized criteria for the diagnosis and for the uncertain methods of survey and, finally, because of terminological and interpretative ambiguities (Rounsaville et al. 1981; Jainchill et al. 1986).

In order to look better into these aspects, we de-

# la nascita della "Doppia Diagnosi" in Italia ... (Clerici et al, 1988; 1989; 1993, 1996)

Special Topic Section

**Diagnostic Instruments and Assessment of Addiction**

Guest Editors: H.J. Freyberger, Bonn; R.-D. Stieglitz, Freiburg

Eur Addict Res 1996;2:147-155

European  
Addiction  
Research

Massimo Clerici<sup>a</sup>  
Italo Carta<sup>b</sup>

Department of Psychiatry, S. Paolo  
Institute for Biomedical Sciences,  
University of Milan, and  
Department of Psychiatry, L. Sacco  
Institute, University of Milan, Italy

### Personality Disorders among Psychoactive Substance Users: Diagnostic and Psychodynamic Issues

#### Key Words

Drug addiction  
Comorbidity  
Psychotherapy  
Residential treatment  
Follow-up  
Personality disorders

#### Abstract

The treatment programmes for drug addiction operate on a constantly growing population of subjects who have received unsuccessful treatment with various negative consequences, mainly in terms of cost/benefit (due, e.g., to low therapeutic compliance and high rates of early drop-outs). The study we present is the first long-term Italian research project on psychiatric comorbidity carried out using standardised instruments. The sample consisted of 606 opioid addicts divided into two subgroups according to the type of treatment unit they were referred to (36.8% started residential programmes and 63.2% received outpatient treatment). Diagnostic evaluation consisted of a semi-structured interview that outlined the psychopathological profile according to DSM III. Only 323 subjects were recruited and included in the follow-up study (18-36 months after the end of treatment, either completed or interrupted). Our preliminary results tend to confirm international data, both in terms of rates and disorders. An analysis of the correlation between the clusters of per-

*Drug and Alcohol Dependence*, 21 (1988) 213-216  
Elsevier Scientific Publishers Ireland Ltd.

213

### Involvement of families in group therapy of heroin addicts

M. Clerici<sup>a</sup>, R. Garini<sup>b</sup>, C. Capitanio<sup>a</sup>, L. Zardi<sup>b</sup>, I. Carta<sup>a</sup> and E. Gori<sup>c</sup>

<sup>a</sup>Psychiatric Department, University of Milan, Via F. Sforza 35, 20100 Milano, <sup>b</sup>Therapeutic Community "Cascina Verde", Milano and <sup>c</sup>Institute of Pharmacology, University of Milan (Italy)

(Received January 12th, 1988)

In a follow-up study of 98 heroin addicts staying in a therapeutic community for different periods of time the effectiveness of involving family members in the group therapy was investigated. In subjects who terminated the treatment programme prematurely on their own the length of abstinence was linked to the frequency of parental attendance at group therapy.

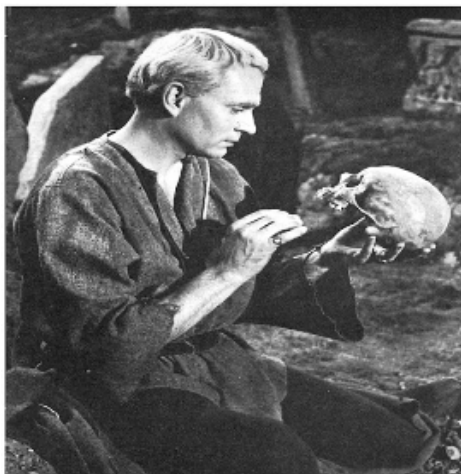
**Key words:** heroin dependence; therapeutic community; group therapy; families





# la Doppia Diagnosi, atto I...





*Associazione Cura Dipendenze Patologiche - **A.Cu.Di.Pa.**,  
Associazione per lo Studio del Gioco d'Azzardo e dei  
Comportamenti a rischio - **ALEA**, Associazione Nazionale  
Comunità Terapeutiche Pubbliche per le Dipendenze Patologiche  
- **ASCOPUBBLI**, Coordinamento Nazionale degli Operatori per la  
Salute nelle Carceri Italiane - **Co.N.O.S.C.I.**, Federazione Italiana  
degli Operatori dei Dipartimenti e dei Servizi delle Dipendenze -  
**FederSerD**, Associazione Europea degli Operatori Professionali  
dell'Intervento sulle Tossicodipendenze - Delegazione Territoriale  
Italiana - **ITACA Italia**, Società Italiana di Psichiatria delle  
Dipendenze, Sezione speciale della Società Italiana di Psichiatria  
- **SIP Dip**, Società Italiana Tossicodipendenze - **SITD***



sostanze e comorbidità,  
esordi, complessità terapeutica e gestionale ...?  
no... grazie!





# No More Letting Go

The Spirituality of Taking Action Against Alcoholism and Drug Addiction

DEBRA JAY  
co-author of Love First

## LOVE FIRST

A FAMILY'S GUIDE TO INTERVENTION

Updated Tools and Techniques to Help Loved Ones Heal from Addiction

SECOND EDITION

JEFF JAY  
DEBRA JAY

with a foreword by George M. Brown

DIAGNOSTIC AND STATISTICAL  
MANUAL OF  
MENTAL DISORDERS  
FIFTH EDITION  
DSM-5

AMERICAN PSYCHIATRIC ASSOCIATION

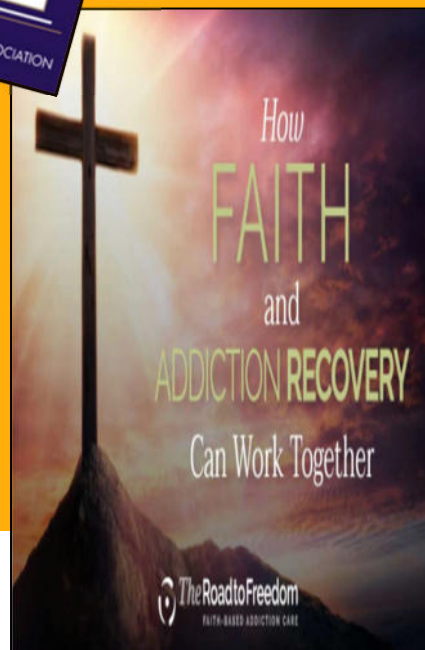
-MARRIAGE & ADDICTION:-  
**CAN IT WORK?**



FREE E-BOOK

## ART THERAPY

FOR ADDICTION RECOVERY

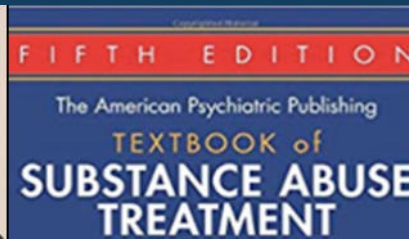
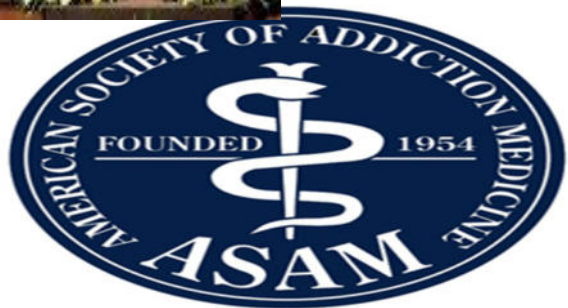


**Traveling for Rehab**  
Leaving town for **recovery** eliminates  
distractions and **reduces stress**





## la Doppia Diagnosi, atto II...



**Addiction  
Psychiatry  
EPA  
Special  
Section**

**ADDICTION  
MEDICINE**



**WORLD PSYCHIATRIC ASSOCIATION**

ADVANCING PSYCHIATRY AND MENTAL HEALTH ACROSS THE WORLD

**Addiction Psychiatry, WPA Special  
Section**

**la “doppia diagnosi” in Italia e il  
contesto *evidence based*  
internazionale...**

*The American Journal on Addictions*, 15: 1–6, 2006  
Copyright © American Academy of Addiction Psychiatry  
ISSN: 1055-0496 print / 1521-0391 online  
DOI: 10.1080/10550490500528340

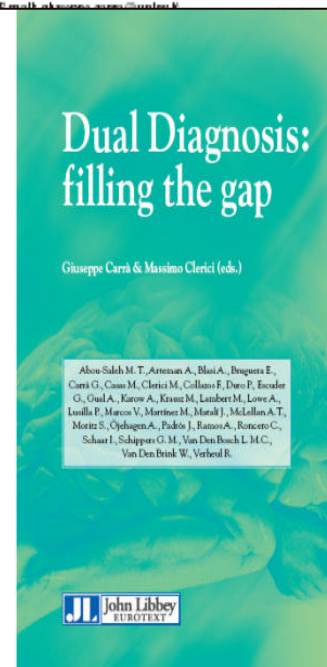
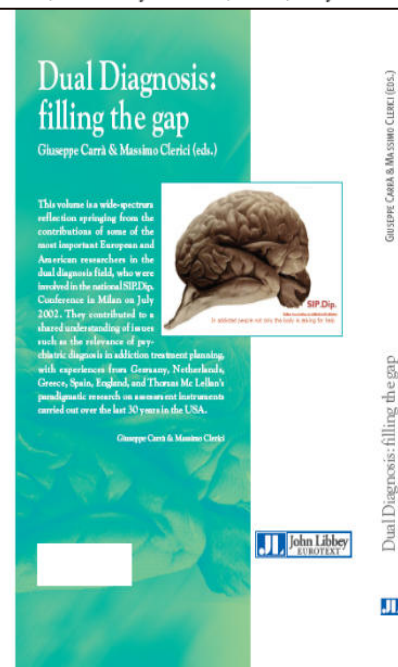
## INTERNATIONAL PERSPECTIVE

## Dual Diagnosis—Policy and Practice in Italy

Giuseppe Carrà, MD, PhD,<sup>1</sup> Massimo Clerici MD, PhD<sup>2</sup>

<sup>1</sup>Department of Mental Health Sciences, Royal Free and University College Medical School, London, UK

<sup>2</sup>Department of Psychiatry, San Paolo's Hospital Medical School, University of Milan, Milan, Italy



**The Italian Association on Addiction Psychiatry (SIPDip), formerly The Italian Association on Abuse and Addictive Behaviours**

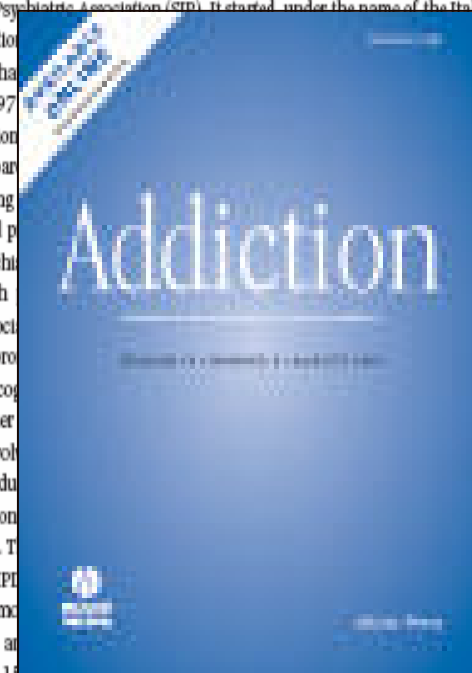
Giuseppe Carrà<sup>1</sup> & Massimo Clerici<sup>2</sup>

Department of Applied Health and Behavioural Sciences, Section of Psychiatry, University of Pavia<sup>2</sup> and Department of Psychiatry San Paolo's Hospital Medical School, University of Milan, Italy<sup>2</sup>

## ABSTRACT

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Fax: + 39 0382526723  
E-mail: [carra.giuseppe@unipv.it](mailto:carra.giuseppe@unipv.it)

The Italian Association on Addiction Psychiatry (SIPDip) is a special section of the Italian Psychiatric Association (SIP). It started, under the name of the Italian Association



03, a motion to modify the Association's byelaws and to rename the  
 tion 'The Italian Association of Addiction Psychiatry'.

DRDS Italian drug policy, psychiatry, substance use-related





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Comprehensive Psychiatry 58 (2015) 152–159

COMPREHENSIVE  
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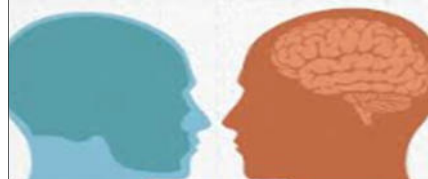
# Correlates of dependence and treatment for substance use among people with comorbid severe mental and substance use disorders Findings from the “Psychiatric and Addictive Dual Disorder in Italy (PADDI)” Study

Giuseppe Carrà<sup>a</sup>, Cristina Crocamo<sup>b,c,\*</sup>, Paola Borrelli<sup>b</sup>, Ioana Popa<sup>b</sup>, Alessandra Ornaghi<sup>c</sup>,  
Cristina Montomoli<sup>b</sup>, Massimo Clerici<sup>c</sup>

<sup>a</sup>Division of Psychiatry, Faculty of Brain Sciences, University College London, Charles Bell House 67–73 Riding House Street, London W1W 7EJ, UK  
<sup>b</sup>Department of Public Health, Experimental and Forensic Medicine, Unit of Biostatistics and Clinical Epidemiology, University of Pavia, Via Forlanini, 2–27100 Pavia, Italy

<sup>c</sup>Department of Surgery and Translational Medicine, University of Milano Bicocca, Via Cadore, 48–20900 Monza, Italy

What is  
**DUAL DIAGNOSIS?**



SUBSTANCE USE & MISUSE  
<http://dx.doi.org/10.1080/10826084.2016.1240696>



Taylor & Francis  
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ORIGINAL ARTICLE

## Area-Level Deprivation and Adverse Consequences in People With Substance Use Disorders: Findings From the Psychiatric and Addictive Dual Disorder in Italy (PADDI) Study

Giuseppe Carrà<sup>a,b</sup>, Cristina Crocamo<sup>b,c</sup>, Paola Borrelli<sup>c</sup>, Tommaso Tabacchi<sup>b</sup>, Francesco Bartoli<sup>b</sup>, Ioana Popa<sup>c</sup>,  
Cristina Montomoli<sup>c</sup>, and Massimo Clerici<sup>b</sup>

<sup>a</sup>Division of Psychiatry, University College London, London, United Kingdom; <sup>b</sup>Department of Medicine and Surgery, University of Milano Bicocca, Monza, Italy; <sup>c</sup>Department of Public Health, Experimental and Forensic Medicine, University of Pavia, Pavia, Italy

### ABSTRACT

**Background:** Environmental factors may operate with individual ones to influence the risk of substance use. Research has focused on severe adverse consequences influenced by contextual variables. However, the literature on community level factors influencing substance use behaviors is relatively limited across Europe so far. **Objective:** We capitalized on data from a National survey, exploring individual and contextual characteristics, to study adverse consequences among people with substance use disorders. **Methods:** The impact of area-level deprivation on nonfatal overdose, hepatitis C or B infections, and major involvement with the criminal justice system, was explored. Logistic regression models with cluster-robust errors, modeling subject-level and area-level effects, were used. **Results:** Living in deprived and intermediate areas, as compared with affluent ones, was associated with greater likelihood of both nonfatal overdose and jail sentences longer than 6 months, though not of active viral hepatitis. **Conclusions:** Area-level deprivation may play an important role in determining adverse consequences in people with substance use disorders, also after controlling for individual-level characteristics. More research is needed to understand the aspects of social and physical environments that matter for drug outcomes before effective policy and research interventions can be developed.

### KEYWORDS

Substance use disorder;  
socioeconomic status;  
overdose; prison; hepatitis

Substance Use & Misuse



SUBSTANCE USE & MISUSE  
An International Interdisciplinary Journal

ISSN: 1082-6084 (Print) 1532-2491 (Online) Journal



# Dependence and treatment for substance use by SMI diagnoses

## The PADDI (Psychiatric and Addictive Dual Diagnosis in Italy) Study

	1. Schizophrenia and other psychotic disorders (N = 681)		2. Bipolar disorders (N = 395)		3. Depressive disorders (N = 230)		4. Cluster A/B personality disorders (N = 929)		P	Post hoc <sup>a</sup>
	N	%	N	%	N	%	N	%		
Alcohol Dependence	150	22	121	31	65	28	252	27	0.036	1-2*
Other substances Dependence	122	18	79	20	38	17	221	24	0.033	1-4*
12 months substance use specialist treatment	265	38	203	51	112	49	547	59	<0.001	1-2***, 1-3*, 1-4***, 3-4*
Specialist counseling	162	24	121	31	75	33	313	34	<0.001	
Outpatient maintenance <sup>‡</sup>	41	6	43	11	20	9	103	11	0.016	
Residential treatment	40	6	32	8	15	7	110	12	<0.001	
Inpatient detoxification	23	3	13	3	4	2	39	4	ns	

All tests are Pearson's  $\chi^2$  test with 3 d.f.

<sup>†</sup> AUS/DUS assessment.

<sup>‡</sup> Methadone/buprenorphine. Each participant may have been using more than one substance and having received more than one specialist program in the past 12 months.

\* Bonferroni multiple testing correction:

\*  $p < 0.05$ .

\*\*  $p < 0.01$ .

\*\*\*  $p < 0.001$ .

Correlates of dependence and treatment for substance use among people with comorbid severe mental and substance use disorders  
Findings from the "Psychiatric and Addictive Dual Disorder in Italy (PADDI)" Study

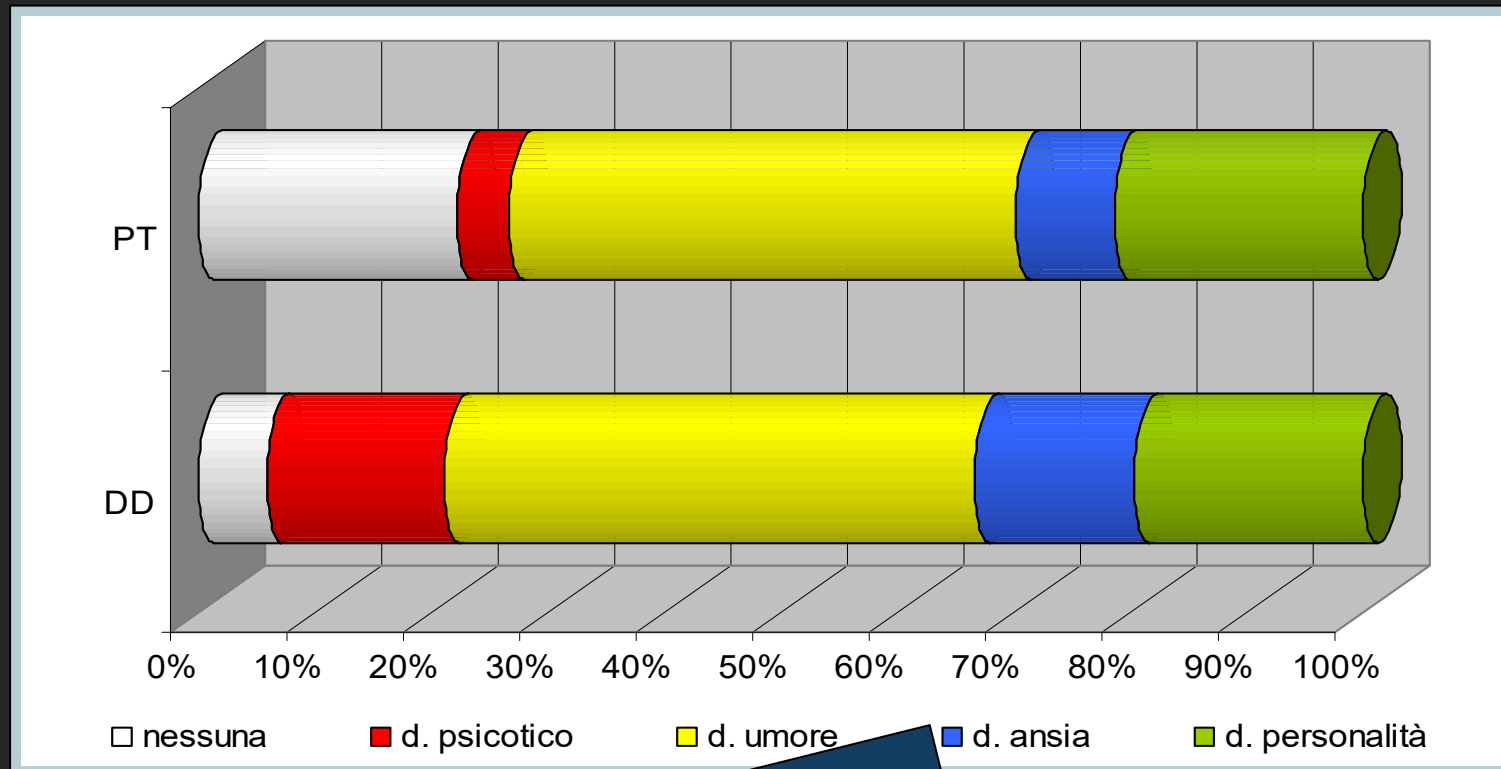
Giuseppe Carrà<sup>a</sup>, Cristina Crocamo<sup>b,c,\*</sup>, Paola Borrelli<sup>b</sup>, Ioana Popa<sup>b</sup>, Alessandra Ornaghi<sup>c</sup>, Cristina Montomoli<sup>b</sup>, Massimo Clerici<sup>c</sup>

<sup>a</sup>Division of Psychiatry, Faculty of Brain Sciences, University College London, Charles Bell House 67-73 Riding House Street, London W1W 7EJ, UK  
<sup>b</sup>Department of Public Health, Experimental and Forensic Medicine, Unit of Biostatistics and Clinical Epidemiology, University of Pavia, Via Forlanini, 2-27100 Pavia, Italy

<sup>c</sup>Department of Surgery and Translational Medicine, University of Milano Bicocca, Via Cadore, 48-20900 Monza, Italy



# The PADDI (Psychiatric and Addictive Dual Diagnosis in Italy) Study



**Comorbidità per disturbi correlati  
all'uso di sostanze e disturbi mentali in  
Comunità Terapeutica**  
**CT DD: 94% vs CT PT: 78%**

Correlates of dependence and treatment for substance use among people with comorbid severe mental and substance use disorders  
Findings from the "Psychiatric and Addictive Dual Disorder in Italy (PADDI)" Study

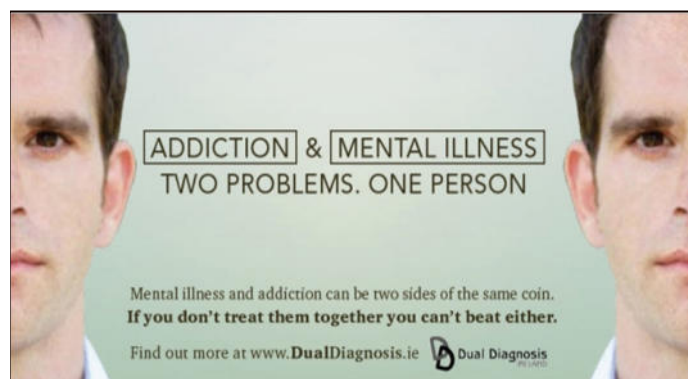
Giuseppe Carrà<sup>a</sup>, Cristina Crocamo<sup>b,c,\*</sup>, Paola Borrelli<sup>b</sup>, Ioana Popa<sup>b</sup>, Alessandra Ornaghi<sup>c</sup>, Cristina Montomoli<sup>b</sup>, Massimo Clerici<sup>c</sup>

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<sup>b</sup>Department of Public Health, Experimental and Forensic Medicine, Unit of Biostatistics and Clinical Epidemiology, University of Pavia, Via Forlanini, 2-27100 Pavia, Italy

<sup>c</sup>Department of Surgery and Translational Medicine, University of Milano Bicocca, Via Cadore, 48-20900 Monza, Italy

$p < 0.0001$



## COMUNICATO STAMPA

### "CARTA DEI SERVIZI DEI PAZIENTI CON DISTURBI PSICHIATRICI E DISTURBI DA USO DI SOSTANZE E ADDICTION"

*Le principali Società Scientifiche dell'area della salute psichica dei cittadini: la Federazione Italiana degli operatori dei dipartimenti e dei servizi delle dipendenze – FeDerSerD -, la Società italiana di Psichiatria – SIP -, e la Società italiana di Neuropsichiatria dell'infanzia e dell'adolescenza – SINPIA -, hanno proposto una Carta dei Servizi per valorizzare la rete specialistica e integrata dei servizi a tutela dei malati e in applicazione dei LEA.*

**Centralità della persona, lotta allo stigma, specificità ed appropriatezza degli interventi,**

**sono i cardini della Carta.**

In una società che ci richiama tutti ad un maggiore impegno a tutela dei nostri giovani e dei malati per disturbi psichiatrici, da uso di sostanze e comportamenti di addiction, il mondo scientifico si propone con percorsi chiari, applicabili, unitari, a favore dei nostri cittadini.

**Criteri diagnostici rigorosi e scientifici, superamento del concetto di doppia diagnosi, presa in carico integrata da parte dei servizi, privilegio alle azioni di approccio e diagnosi precoci, valorizzazione degli interventi di recovery, superamento di una visione frammentata e segmentata per competenze, formazione qualificata e comune: questi alcuni punti di azione comune ed integrata.**

Un primo fondamentale atto che vedrà impegnati gli operatori e i professionisti nei territori e potrà avere sviluppo se le istituzioni centrali e regionali garantiranno assetti organizzativi e risorse adeguate.

Roma, 24 ottobre 2017



# Breaking Down Silos:

Innovation in  
Dual Diagnosis Systems

Brandi Braud Kelly, PhD, MCP

## DUAL DIAGNOSIS WORKBOOK

by Dennis C. Daley, Ph.D.



Revised Edition

Recovery Strategies for Substance Use  
and Mental Health Disorders

Foreword by Terence J. Gonski

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An Integrated Approach to Treatment

Ted R. Watkins • Ara Lewellen • Marjie C. Barrett

## Dual Diagnosis

How  
To Overcome  
The Challenges  
Of Dual Diagnosis



By Patricia A. Carlisle

## Dual Diagnosis An information guide

Rene Lennox, PhD, C. Psych  
Jonathan Miles, PhD, C. Psych

camh

## Integrated Treatment for Dual Disorders

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EFFECTIVE  
PRACTICE

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KEY READINGS IN ADDICTION PSYCHIATRY

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Edited by RICHARD W. ROSENTHAL  
AMERICAN SOCIETY OF ADDICTION PSYCHIATRY

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WITH A FOREWORD BY ROBERT DRUGAL, MD, PhD

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Sharon C. Egleberry

## Comorbidity of Addictive and Psychiatric Disorders



Norman S. Miller, MD  
Guest Editor

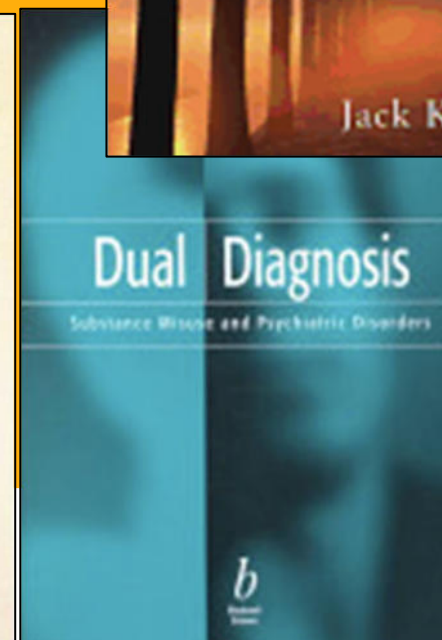
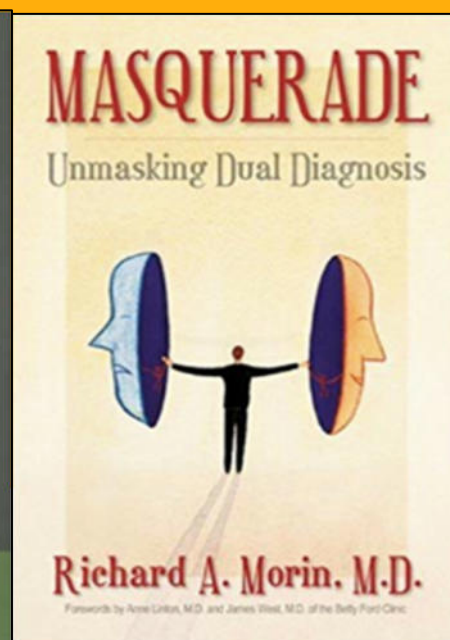
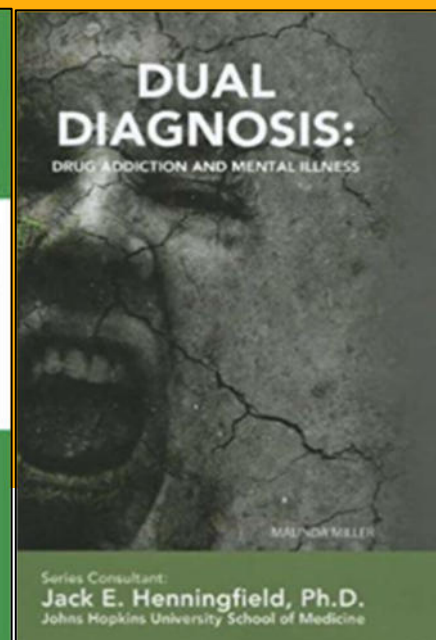
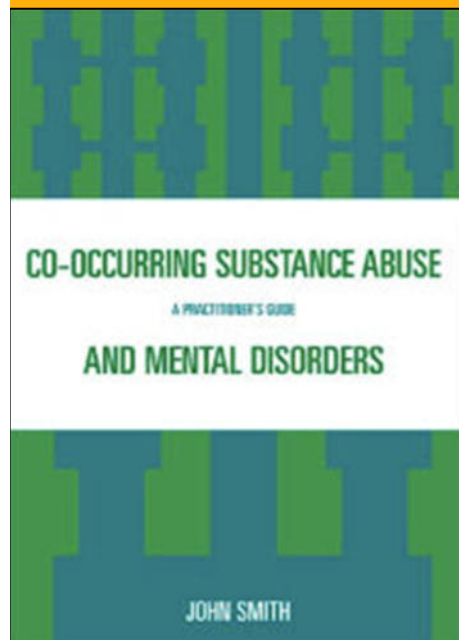
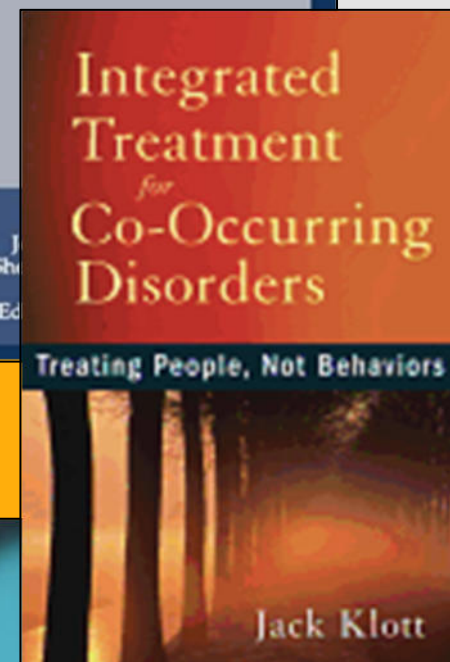
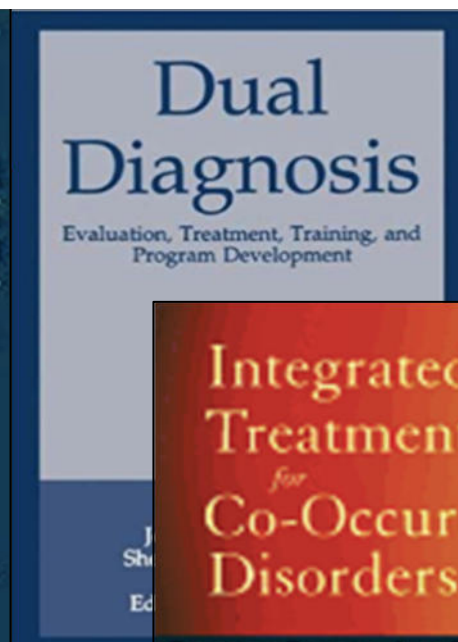
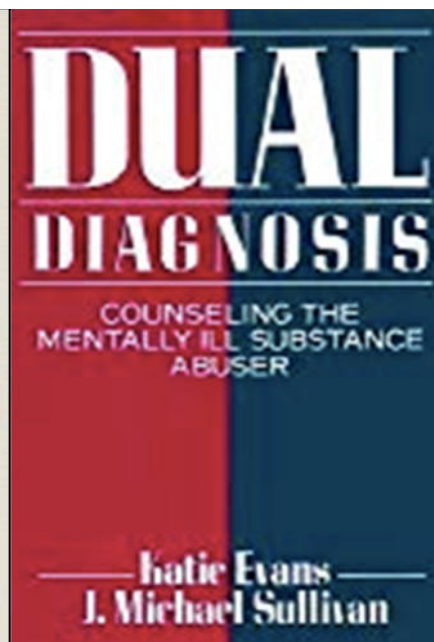
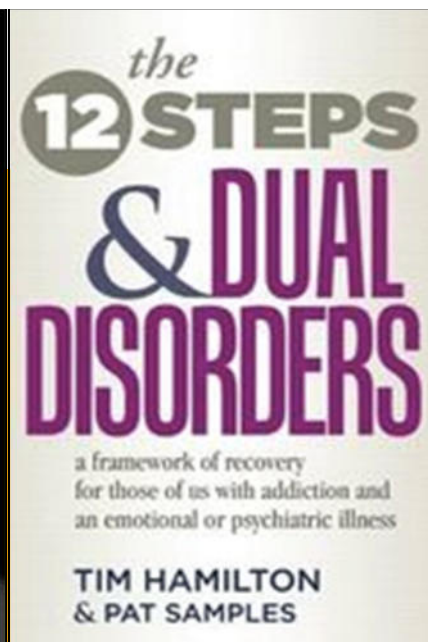
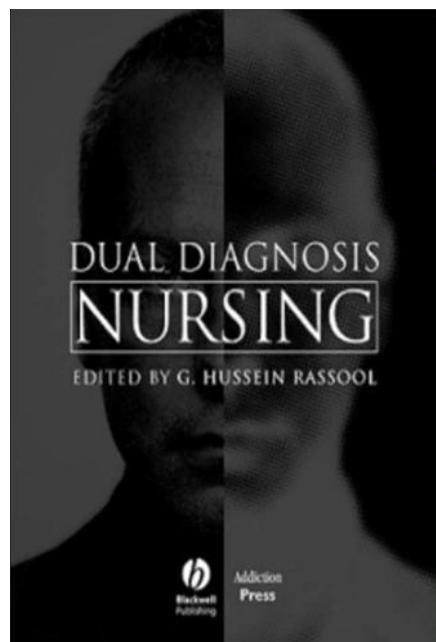
Barry Stimmel, MD  
Editor

THE COMPLETE COLLECTION

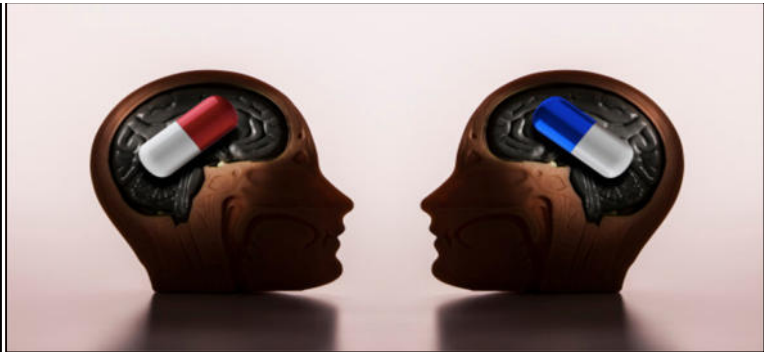
Now  
Includes  
ANXIETY  
DISORDERS

ADOLESCENT

Co-occurring Disorders  
SERIES





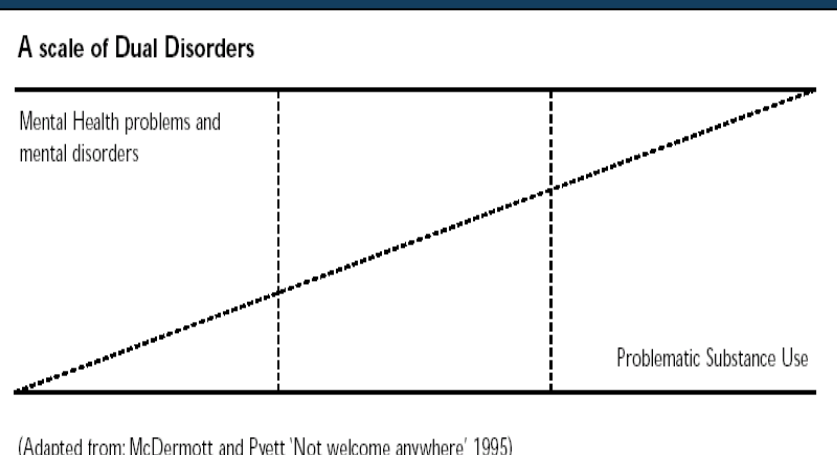
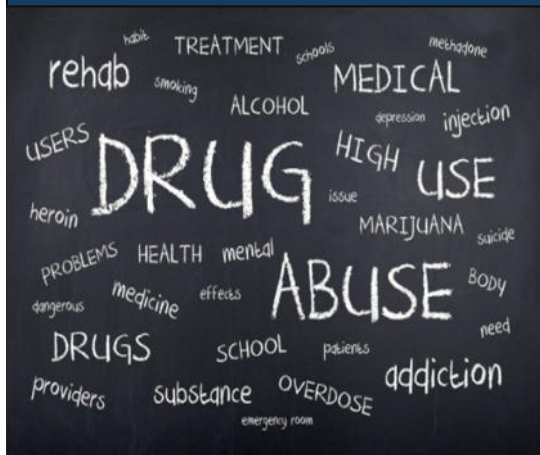


...allora non é affatto vero che il concetto di “doppia diagnosi”/comorbidità é superato?

...SUD and psychiatric conditions are complicated and, at this point, are probably best in the realm of future research rather than nosology...

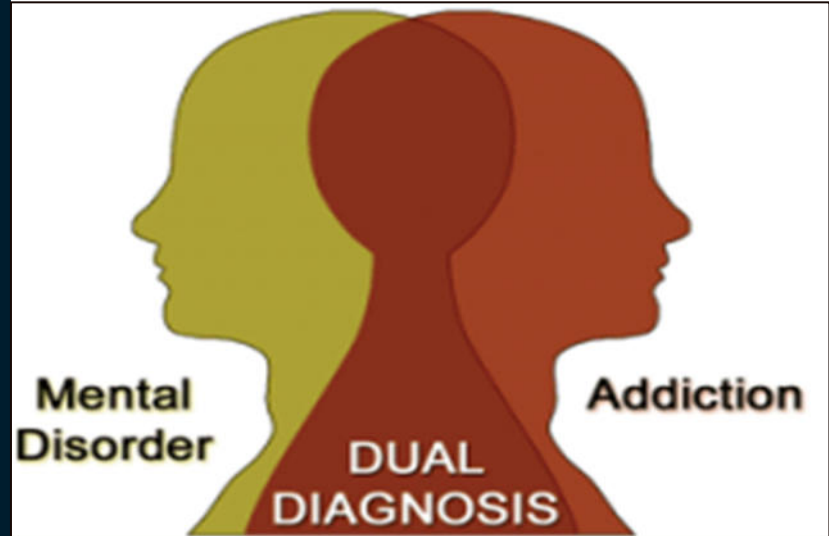
...the current nosological systems, indeed, have been challenged by comorbidity between disorders...

(Kessler et al, 1997)



“doppia/doppie” diagnosi,  
“non o nuove” diagnosi,  
... nella stragrande  
maggioranza dei casi, una  
“clinica della confusione” ...

- Quadri sovrapposti, quadri misti
- Stati misti, cicli rapidi, depressione agitata, mania disforica
- Decorsi rallentati
- Associazioni spurie o composite
- Patomorfosi eterogenea
- Effetti acuti di intossicazione o di astinenza e/o di cronicizzazione
- Influenza dei trattamenti



**La doppia diagnosi si configura oggi come un potente “disorganizzatore nosografico”**

con alterazioni della processualità temporale dei disturbi mentali classicamente descritti (acuzie, cronicità, ciclicità, remissione, scompenso, ricaduta, recidiva)



...oltre ai fattori di confondimento diagnostici, a cosa può servire l'impiego del concetto di comorbidità?

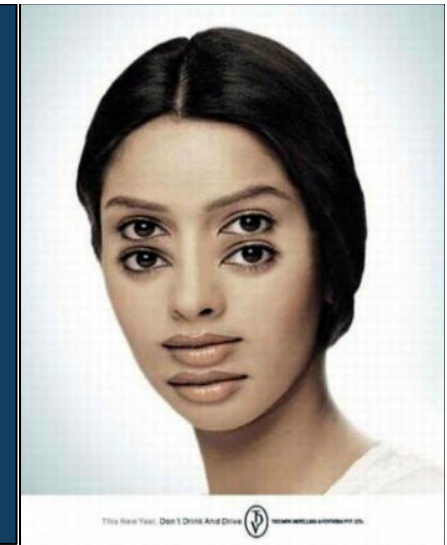




Originally manufactured as a dissociative anesthetic for adults, still used in veterinary practices

(McDowell, 2008)

**Causes a dose dependent intoxication characterized by decreased levels of thinking, frequently induced psychotic disorders and a “zombie like” affect**



This New Year, Don't Drive And Drive.  VOLKSWAGEN AMERICA INC.



#### JCP EAlert: Will This Slow Response to Ketamine?

18 aprile 2017 17:07



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Announcement

PSYCHIATRIST.COM



JCP ELERT/04.18.17

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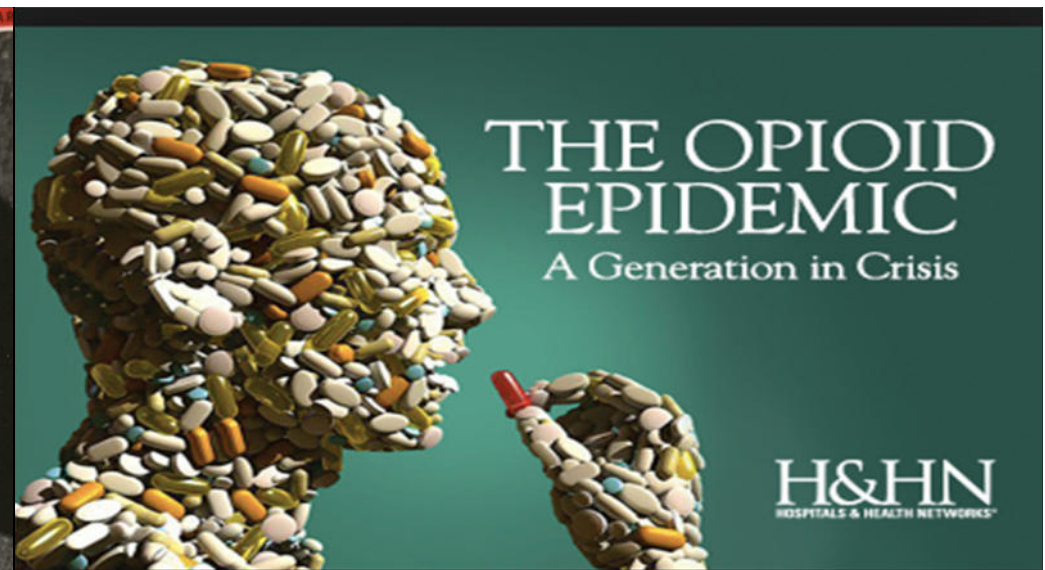


#### The Antidepressant Effect of Repeat Dose Intravenous Ketamine Is Delayed by Concurrent Benzodiazepine Use [\[Letter to the Editor\]](#)

C. Sophia Albott, MD; Paulo R. Shiroma, MD; Kathryn R. Cullen, MD; Brian Johns, MD; Paul Thuras, PhD; Joseph Wels, MD; and Kelvin O. Lim, MD

Read about a post hoc analysis of a study of intravenous ketamine treatment in 13 patients with treatment-resistant depression. Find out if outcomes differed between those who were and weren't receiving concurrent benzodiazepine treatment, and get a glimpse into ketamine's mechanism of action.









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Advanced Journal list

Journal List > Psychiatry (Edgmont) > v.4(9); > PMC2880934

# Psychiatry

A peer-reviewed journal providing evidence-based information to practicing

[Psychiatry \(Edgmont\)](#). 2007 Sep; 4(9): 15–16.  
Published online 2007 Sep.

## A Call for Standardized Definition of Dual Diagnosis

[Kathryn Hryb](#), MSW, [Rob Kirkhart](#), PhD, PA-C, [Rebecca Talbert](#), PharmD

[Author information](#) ▶ [Copyright and License information](#) ▶ [Disclaimer](#)

This article has been [cited by](#) other articles in PMC.

Dear Editor:

Dual diagnosis was first identified in the 1980s among individuals with coexisting severe mental illness and substance abuse disorders.<sup>1,2</sup> Today, the Substance Abuse and Mental Health Services Administration (SAMSHA) uses the term *co-occurring disorders* (COD) to refer to the aforementioned concurrent disorders. COD is defined as co-occurring substance related and mental disorders. Patients said to have co-occurring disorders have one or more substance-related disorders as well as one or more mental disorders.<sup>3</sup>

### References

Go to: ▾

1. Buckley P. Prevalence and consequences of the dual diagnosis of substance abuse and severe mental illness. *J Clin Psychiatry*. 2006;67:5–10. [\[PubMed\]](#)
2. Drake R, Mercer-McFadden C, Mueser K, et al. Review of integrated mental health and substance abuse treatment for patients with dual diagnosis. *Integrated Mental Health and Substance Abuse*. 1998;24(4):589–605. [\[PubMed\]](#)
3. Center for Substance Abuse Treatment. Definitions and Terms Relating to Co-Occurring Disorders. Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services; 2006. COCE Overview Paper 1. DHHS Publication No. (SMA) 06-4163.
4. NSDUH. Co-occurring major depressive episode (MDE) and alcohol use disorder among adults. Feb 16, 2007. The NSDUH Report. Office of Applied Studies, Substance Abuse and Mental Health Services Administration.

HEALTH

## WHAT COUNTS AS CRAZY?

This is the book doctors use to define mental illness—and it's all about to change

BY JOHN CLOUD



# Diagnosis of Comorbid Psychiatric Disorders in Substance Users Assessed With the Psychiatric Research Interview for Substance and Mental Disorders for DSM-IV

Deborah Hasin, Ph.D.  
Sharon Samet, M.S.W.  
Edward Nunes, M.D.  
Jakob Meydan, Psy.D.  
Karen Matseoane, B.A.  
Rachel Waxman, B.A.

Psychol Med. 2011 Sep;41(9):2008-10. doi: 10.1017/S0033291711000717. Epub 2011 May 6.

The proposed 2/11 symptom algorithm for DSM-5 substance-use disorders is too lenient.

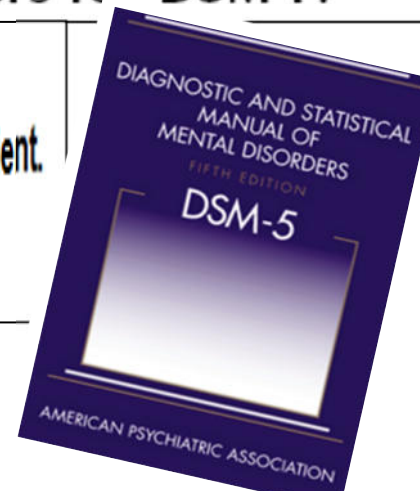
Martin CS, Steinley DL, Vergés A, Sher KJ.

## Reviews and Overviews

THE AMERICAN JOURNAL OF  
PSYCHIATRY

*Mechanisms of Psychiatric Illness*

## DSM-5 Criteria for Substance Use Disorders: Recommendations and Rationale



Diagnostic Issues in  
**SUBSTANCE USE  
DISORDERS**  
Refining the Research Agenda for DSM-V  
Edited by  
John B. Saunders, M.D., F.R.C.P.  
Marc A. Schuckit, M.D.  
Paul J. Sirovatka, M.S.  
Darrel A. Regier, M.D., M.P.H.

TABLE 1. DSM-5 Substance-Related Disorders Work Group<sup>a</sup>

Name	Degree(s)	Specialization	Country
Charles O'Brien (chair) <sup>b</sup>	M.D., Ph.D.	Addiction psychiatry	USA
Marc Auriacombe	M.D.	Addiction psychiatry	France
Guilherme Borges	Sc.D.	Epidemiology	Mexico
Kathleen Bucholz	Ph.D.	Epidemiology	USA
Alan Budney	Ph.D.	Substance use disorder treatment, marijuana	USA
Wilson Compton <sup>b</sup>	M.D., M.P.E	Epidemiology, addiction psychiatry	USA
Thomas Crowley <sup>c</sup>	M.D.	Psychiatry	USA
Bridget F. Grant <sup>b</sup>	Ph.D., Ph.D.	Epidemiology, biostatistics, survey research	USA
Deborah S. Hasin	Ph.D.	Epidemiology of substance use and psychiatric disorders	USA
Walter Ling	M.D.	Addiction psychiatry	USA
Nancy M. Petry	Ph.D.	Substance use and gambling treatment	USA
Marc Schuckit	M.D.	Genetics and comorbidity	USA

<sup>a</sup> In addition to the scientists listed here who were members during the entire duration of the process, a list of consultants and advisers who served on various subcommittees and contributed substantially to the discussion is contained in the official publication of DSM-5.


<sup>b</sup> Also a DSM-5 Task Force member.

<sup>c</sup> Co-chair, 2007–2011.



Short communication

## Diagnostic orphans for alcohol use disorders in a treatment-seeking psychiatric sample

Lara A. Ray<sup>a</sup>, , , Robert Miranda Jr.<sup>a</sup>, Iwona Chelminski<sup>b</sup>, Diane Young<sup>b</sup>, Mark Zimmerman<sup>b</sup>

<sup>a</sup> Center for Alcohol and Addiction Studies, Brown University, Providence, RI, USA

<sup>b</sup> Department of Psychiatry and Human Behavior, Brown Medical School, Providence, RI, USA

### Abstract

**Introduction.** The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has made several changes to criteria for alcohol use disorder (AUD). The objective of this systematic review is to assess if new DSM-5 diagnostic criteria will increase the prevalence rates of AUD in clinical and non-clinical samples as compared with DSM-IV criteria.

Addictive Behaviors 41 (2015) 46–50



Contents lists available at ScienceDirect

## Addictive Behaviors



## From DSM-IV to DSM-5 alcohol use disorder: An overview of epidemiological data

Francesco Bartoli<sup>a</sup>, Giuseppe Carrà<sup>b,\*</sup>, Cristina Crocamo<sup>a</sup>, Massimo Clerici<sup>a</sup>

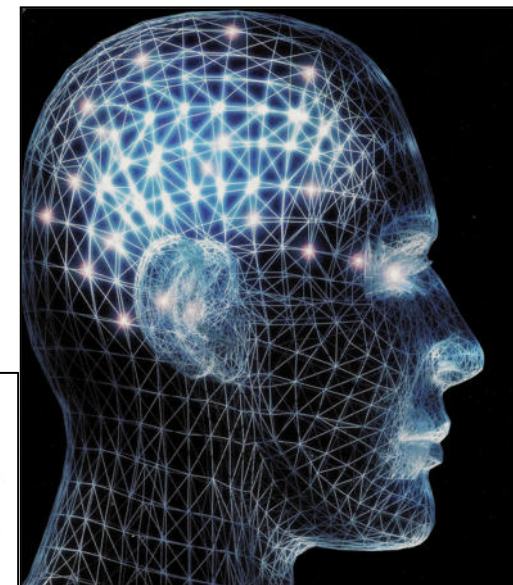
<sup>a</sup> Department of Surgery and Translational Medicine, University of Milano Bicocca, Via Cadore 48, 20900 Monza, MB, Italy

<sup>b</sup> Division of Psychiatry, Faculty of Brain Sciences, University College London, Charles Bell House, 67–73 Riding House Street, London W1W7EJ, UK



### HIGHLIGHTS

- We assessed the epidemiological impact of DSM-5 criteria for AUD.
- We reviewed available studies with data on both DSM-IV and DSM-5 AUD.
- DSM-5 may imply an increase in prevalence rates of AUD.



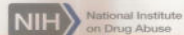


## Advancing Psychiatric Practice Through the Science of Addiction

A Research Track From the  
NATIONAL INSTITUTE ON DRUG ABUSE



AMERICAN PSYCHIATRIC ASSOCIATION  
166th Annual Meeting  
San Francisco, CA • May 18-22, 2013



The American Journal of Drug and Alcohol Abuse  
Encompassing All Addictive Disorders  
Volume 44, 2018 - Issue 3

Listen  
Review

## Neuropsychological comparisons of cocaine versus methamphetamine users: A research synthesis and meta-analysis

Matthew G. Hall , PhD, **Alexander O. Hauson** ✉, PhD , Scott C. Wollman , PhD,  
Kenneth E. Allen , PhD, Eric J. Connors , MA, Mark J. Stern , MA, ...show all

Pages 277-293 | Received 30 Oct 2016, Accepted 12 Jul 2017, Published online: 21 Aug 2017

### Abstract

**BACKGROUND:** Previous meta-analytical research examining cocaine and methamphetamine separately suggests potentially different neuropsychological profiles associated with each drug. In addition, neuroimaging studies point to distinct structural changes that might underlie differences in neuropsychological functioning.

**OBJECTIVES:** This meta-analysis compared the effect sizes identified in cocaine versus methamphetamine studies across 15 neuropsychological domains.

**METHOD:** Investigators searched and coded the literature examining the neuropsychological deficits associated with a history of either cocaine or methamphetamine use. A total of 54 cocaine and 41 methamphetamine studies were selected, yielding sample sizes of 1,718 and 1,297, respectively. Moderator analyses were conducted to compare the two drugs across each cognitive domain.

**RESULTS:** Data revealed significant differences between the two drugs. Specifically, studies of cocaine showed significantly larger effect-size estimates (i.e., poorer performance) in verbal working memory when compared to methamphetamine. Further, when compared to cocaine, methamphetamine studies demonstrated significantly larger effect sizes in delayed contextual verbal memory and delayed visual memory.

**CONCLUSION:** Overall, cocaine and methamphetamine users share similar neuropsychological profiles. However, cocaine appears to be more associated with working memory impairments, which are typically frontally mediated, while methamphetamine appears to be more associated with memory impairments that are linked with temporal and parietal lobe dysfunction.

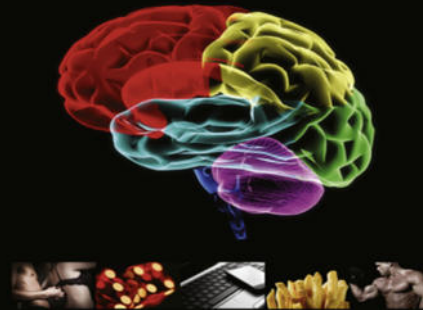
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- Internet Addiction
- Online Gaming
- Social Networking Addiction
- Food Addiction
- Sex Addiction
- Love Addiction
- Compulsive Buying Disorder
- Exercise Addiction
- Meditation and Spirituality Addiction

## Behavioral Addictions

CRITERIA, EVIDENCE, AND TREATMENT



Edited by  
Kenneth Paul Rosenberg  
and Laura Curtiss Feder



### THE NEW ABNORMAL?



#### BINGE EATING

Binge-eating disorder (BED) appears in the current DSM's appendix, but that means clinicians can't bill insurers for it. DSM 5 would include BED as a formal diagnosis, but critics question vague criteria like "eating until feeling uncomfortably full."



#### INTERNET ADDICTION

Despite a push by clinicians who say patients spend so much time playing online games and tweeting that they risk getting lower grades or losing jobs and relationships, DSM editors have said not enough research supports adding this diagnosis



#### SEX ADDICTION

A highly disputed proposal for DSM 5, "hypersexual disorder" would mean engaging in sexual behaviors even when they interfere with, say, your marriage (infidelity) or job (looking at porn at work). But should we pathologize what some see as simply poor judgment?



# Changing perspectives on Addiction

2001

Aided by brain imaging advances, scientists are looking for evidence that compulsive nondrug behaviors lead to long-term changes in reward circuitry

## 'Behavioral' Addictions: Do They Exist?

### ADDICTION

The concept of addiction is changing, as this special news package describes: There's more emphasis on how drugs and even behaviors may wreak long-term damage to the brain.

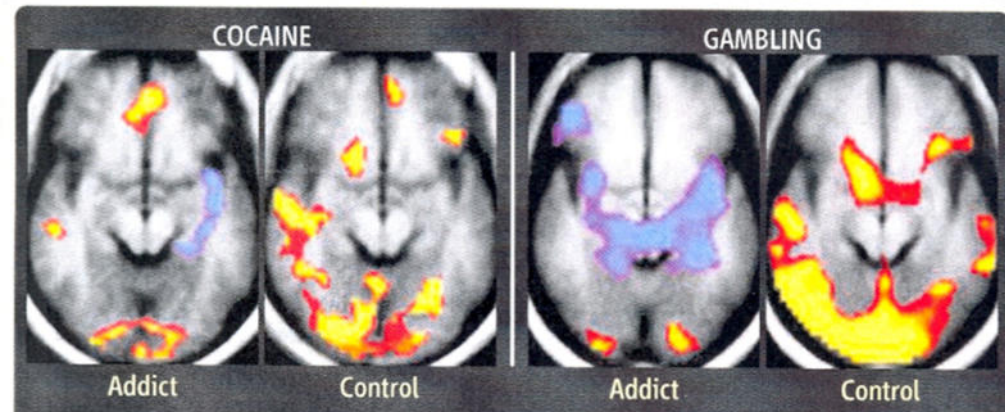
COMPULSIVE  
BEHAVIORS  
LONG-TERM  
CHANGES

2010

## Shared brain vulnerabilities open the way for nonsubstance addictions: Carving addiction at a new joint?

Joseph Frascella,<sup>1</sup> Marc N. Potenza,<sup>2</sup> Lucy L. Brown,<sup>3</sup> and Anna Rose Childress<sup>4,5</sup>

## Behavioral Addictions Debut in Proposed *DSM-V*

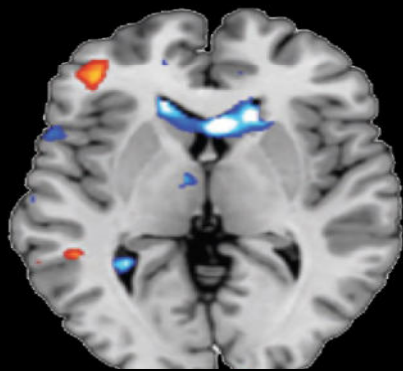


**Hooked.** Brains of pathological gamblers watching a gambling video resemble those of cocaine addicts watching a cocaine video, with relatively less activation in regions implicated in judgment and motivation. Differences may reflect the toxic effects of cocaine exposure.

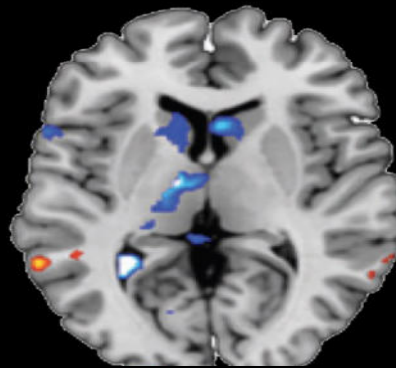
*Holden, Science, 2001, 2010; Potenza, 2008; Frascella et al, 2010*

Direct comparisons of  
Substance (SA) and Behavioral Addictions (BA)  
in the last years  
*reconsideration of different BA in DSM-5 evolutionary process*

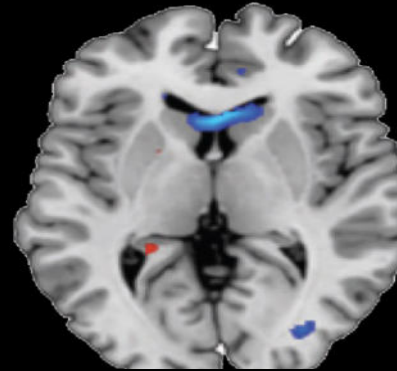
## **Less Striatal Activation to Rewards in People with Addictive Disorders Versus Those Without**



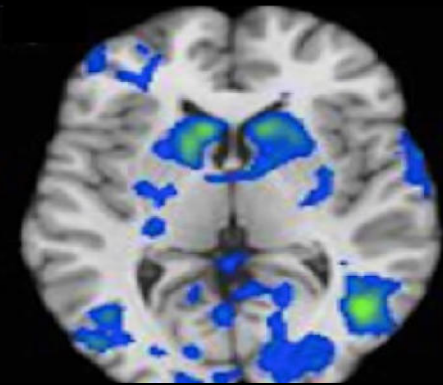
**All Addictive Disorders**



**Substance Use Disorders**



**Gambling Disorder**




**Internet Gaming Disorder**

Luijten et al, 2017; Dong et al, 2017

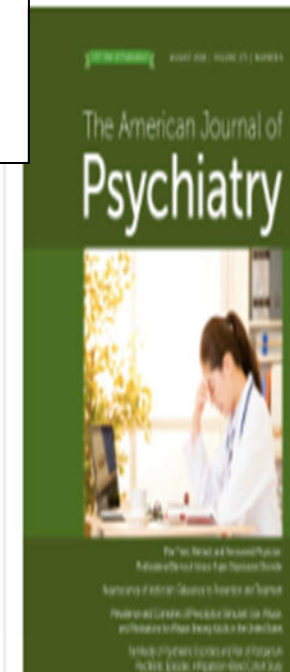


## Neuroscience of Addiction: Relevance to Prevention and Treatment

Nora D. Volkow , M.D., Maureen Boyle, Ph.D.

to society. Our understanding of substance use disorder has advanced significantly over the last 3 decades in part due to major progress in genetics and neuroscience research and to the development of new technologies, including tools to interrogate molecular changes in specific neuronal populations in animal models of substance use disorder, as well as brain imaging devices to assess brain function and neurochemistry in humans. These

addiction. The delineation of the neurocircuitry disrupted in addiction, which includes circuits that mediate reward and motivation, executive control, and emotional processing, has given us an understanding of the aberrant behaviors displayed by addicted individuals and has provided new targets for treatment. Most prominent are the disruptions of an individual's ability to prioritize behaviors that result in long-term benefit over those that provide short-term rewards and the increasing difficulty exerting control over these behaviors even when associated with catastrophic consequences. These advances in our understanding of brain development and of the role of genes and environment on brain structure and function have built a foundation on which to develop more effective tools to prevent and treat substance use disorder.



Volume 175

Issue 8

August 01, 2018

Pages 729-740



The epidemiology of violent behavior in patients with a psychotic disorder: A systematic review of studies since 1980

A. L. E. N. J. L. G. a b \* , P. J. M. J. a b , J. L. J. L. J. a b , J. L. J. L. J. a b

E. Esbec<sup>1</sup>  
E. Echeburúa<sup>2</sup>

## Violence and personality disorders: clinical and forensic implications

Actas Esp Psiquiatr 2010;38(5):249-261

MEDICINE

iew  
hD

weden



## Depression and violence: a Swedish population study

Seena Fazel, Achim Wolf, Zheng Chang, Henrik Larsson, Guy M Goodwin, Paul Lichtenstein

### Summary

**Background** Depression increases the risk of a range of adverse outcomes including suicide, premature mortality, and self-harm, but associations with violent crime remain uncertain. We aimed to determine the risks of violent crime in patients with depression and to investigate the association between depressive symptoms and violent crime in a cohort of twins.

Lancet Psychiatry 2015;  
2: 224–32

See [Comment](#) page 193

Department of Psychiatry,  
University of Oxford, Oxford,

Online  
current



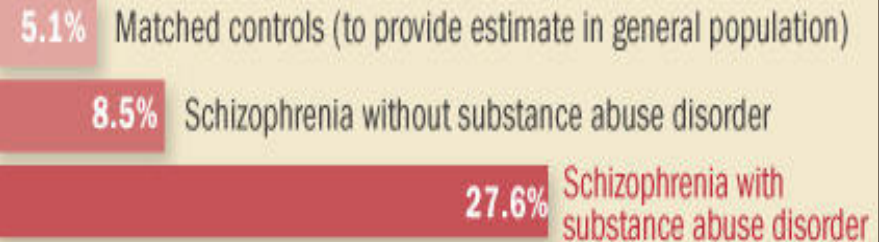


World Health  
Organization

## INTERPERSONAL VIOLENCE AND ILLICIT DRUGS (WORLD REPORT WHO, 2009)

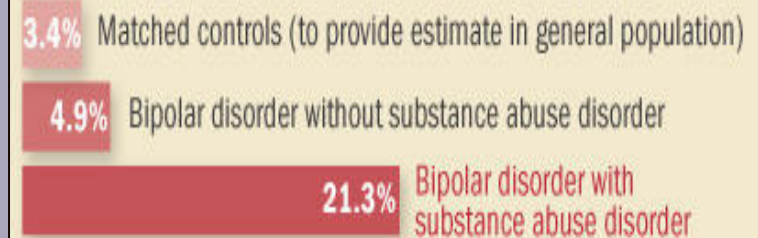
### Reiterazione di reato in soggetti coinvolti almeno una volta in un crimine violento

#### ➤ Schizofrenia



*Fazel et al, JAMA, 2009*

#### ➤ Disturbo bipolare



*Fazel et al,  
Arch Gen Psychiatry, 2010*

***Illicit drug use and interpersonal violence are major public health challenges that are strongly linked***

Involvement in drug use can increase  
the risks of being both a victim and/or perpetrator of violence  
while experiencing violence can increase the  
risks of initiating illicit drug use



**Methods:** The current study used a case-crossover design, comparing substance use within the 24 hours prior to a suicide attempt (case day) to the control day, the matched 24 hours the day prior to the case day. Participants were 363 recent suicide attempters presenting to a Level 1 trauma hospital between October 2008 and April 2014. A timeline follow-back methodology was used to assess acute exposures within the 48 hours before the suicide attempt. Conditional logistic regression was used to report odds ratios (ORs) and 95% confidence intervals (CIs).

**Results:** Results indicated that patients were at increased odds of attempting suicide after drinking alcohol within a 24-hour period (OR = 4.40; 95% CI, 2.31–8.40) and using a drug from another class of substances with central nervous system (CNS) depressant characteristics (sedatives/anxiolytics and opioids; OR = 2.82; 95% CI, 1.13–7.01), after adjustment for other acute substance use. The acute use of cannabis and CNS stimulants (stimulants/amphetamines and cocaine) was not uniquely associated with suicide attempt.

Co-use of alcohol synergized effects of other CNS depressants (OR = 8.76; 95% CI, 1.02–75.44).

**Conclusions:** Findings suggest the importance of considering acute alcohol use and use of CNS depressants, and the concurrent use of both substances, when evaluating short-term risk for suicide attempts in clinical settings.

## THE JOURNAL OF CLINICAL PSYCHIATRY

Cognitive Tests  
Vs  
Patient History

Doctors Who Perform  
Cognitive Tests

33%

Doctors Who  
Perform  
Patient History

60%

Should they do both?

CME FEATURE

The article you read

### Acute Substance Use as a Warning Sign for Suicide Attempts: A Case-Crossover Examination of the 48 Hours Prior to a Recent Suicide Attempt

Courtney L. Bagge, PhD, and Guilherme Borges, DSc





## Underestimation of substance abuse in psychiatric patients by conventional hospital screening

Lisa J. Reidy <sup>a</sup>✉, Patricia Junquera <sup>b</sup>, Karolien Van Dijck <sup>a</sup>, Bernard W. Steele <sup>a</sup>, Charles B. Nemeroff <sup>b</sup>

the SAR group had a higher rate of hair samples positive for the primary drug of abuse (265 of 280 [95%]) than did participants in the MSO group (253 of 287 [88%]) or the BI-B group (244 of 275 [89%]). Hair analysis differences between groups at other time points were not significant.

**Conclusions and Relevance** In this sample of drug users seeking emergency medical treatment, a relatively robust brief intervention did not improve substance use outcomes. More work is needed to determine how drug use disorders may be addressed effectively in the ED.

Psychiatric diagnosis mainly relies on behavioral signs and symptoms. Substance abuse can mimic the clinical presentation of primary psychiatric disorders and can also complicate the management of psychiatric patients. The reliability and accuracy of urine toxicology is a vital tool in the optimal treatment of these patients. Current demographics of substance abuse suggest that in

addition to the most conventional drugs of abuse (e.g. cocaine, cannabis) that are of concern to treating physicians, prescription medications and new designer drugs also should be when evaluating patients who present with symptoms of psychosis/drug addiction or altered mental status.

## Brief Intervention for Patients With Problematic Drug Use Presenting in Emergency Departments

### A Randomized Clinical Trial

Michael P. Bogenschutz, MD<sup>1,2</sup>; Dennis M. Donovan, PhD<sup>3,4</sup>; Raul N. Mandler, MD<sup>5</sup>; et al

[» Author Affiliations](#) | [Article Information](#)

JAMA Intern Med. 2014;174(11):1736-1745. doi:10.1001/jamainternmed.2014.4052

Format: Abstract ▾

Schizophr Bull. 2014 Jan;40(1):18-20.**Psychosocial interventions for people with both severe mental illness and substance misuse**Cochrane Systematic Review - Intervention | Version published: 12 December 2019 [see what's new](#)<https://doi.org/10.1002/14651858.CD001088.pub4>

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## + Author information

**Abstract**

Over 50% of people with a severe mental illness also use illicit drugs and/or alcohol at hazardous levels. This review is based on the findings of 32 randomized controlled trials which assessed the effectiveness of psychosocial interventions, offered either as one-off treatments or as an integrated or nonintegrated program, to reduce substance use by people with a severe mental illness. The findings showed that there was no consistent evidence to support any one psychosocial treatment over another. Differences across trials with regard to outcome measures, sample characteristics, type of mental illness and substance used, settings, levels of adherence to treatment guidelines, and standard care all made pooling results difficult. More quality trials are required that adhere to proper randomization methods; use clinically valuable, reliable, and validated measurement scales; and clearly report data, including retention in treatment, relapse, and abstinence rates. Future trials of this quality will allow a more thorough assessment of the efficacy of psychosocial interventions for reducing substance use in this challenging population.

**AUTHORS' CONCLUSIONS:** We included 32 RCTs and found no compelling evidence to support any one psychosocial treatment over another for people to remain in treatment or to reduce substance use or improve mental state in people with serious mental illnesses. Furthermore, methodological difficulties exist which hinder pooling and interpreting results. Further high quality trials are required which address these concerns and improve the evidence in this important area.



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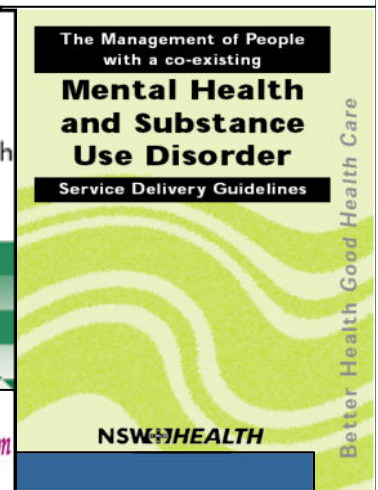
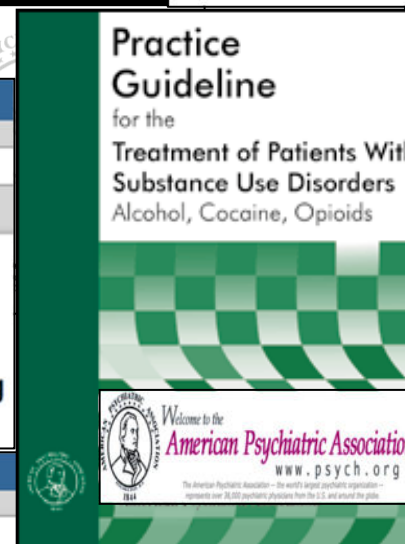
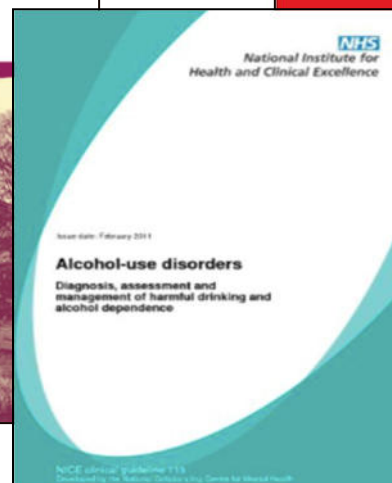
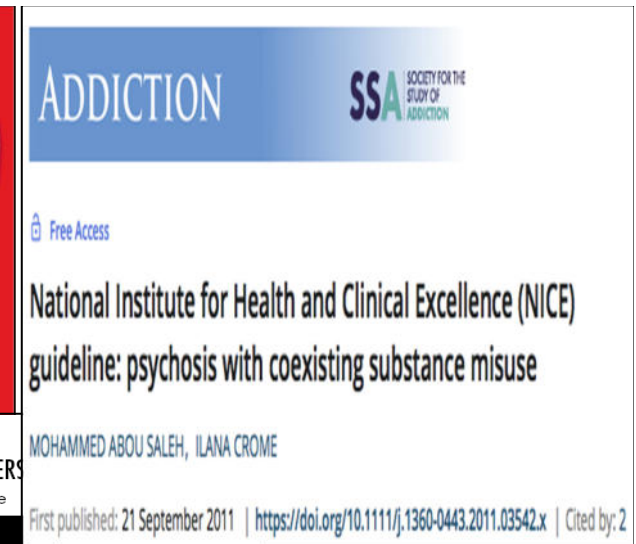
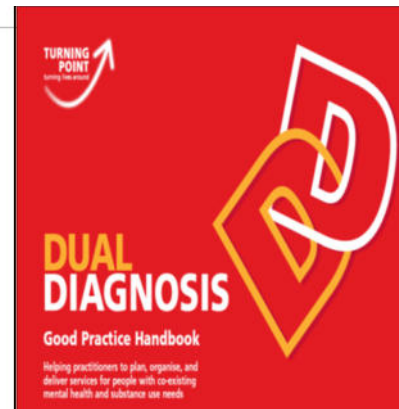
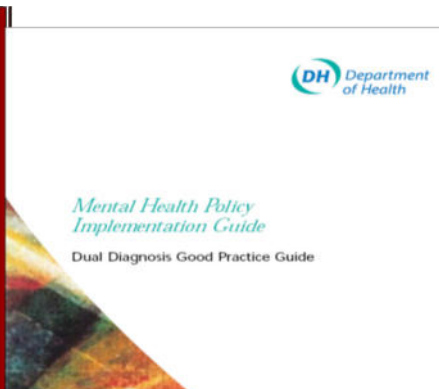
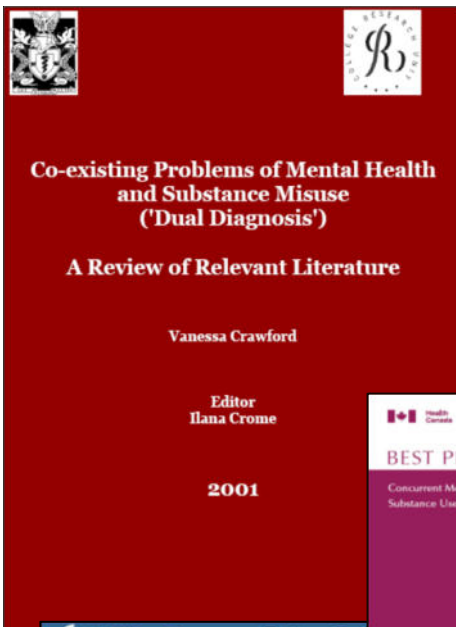
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J Subst Abuse Treat. 1995 Mar-Apr;12(2):63-73.**Practice guidelines in the addictions. Recent developments.**Walker RD<sup>1</sup>, Howard MO, Walker PS, Lambert MD, Suchinsky R.

## ⊕ Author information

**Abstract**

Consensually established principles of clinical conduct, known variously as practice guidelines, standards, protocols, or algorithms, have proliferated throughout medicine over the past decade. Institutional and disciplinary efforts to develop and promulgate guidelines for the treatment of addictive disorders have recently been initiated. We review guideline development activities of the American Psychiatric Association, American Psychological Association, American Society of Addiction Medicine, American Nurses Association, National Association of Social Workers, and Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration. Medical care performance and outcome assessments are discussed with attention to the role they can play in evaluating and refining guidelines. Potential effects of guidelines, salutary and deleterious, on clinical practice in the addictions are delineated.



Format: Abstract ▾

[Psychiatr Serv](#). 2005 Mar;56(3):371.

**SAMHSA releases revised and updated treatment improvement protocol on co-occurring disorders.**



PubMed ▾

Advanced

Format: Abstract ▾

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[Am J Psychiatry](#). 2018 Jan 1;175(1):86-90. doi: 10.1176/appi.ajp.2017.1750101.

**The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder.**

Reus VI<sup>1</sup>, Fochtmann LJ<sup>1</sup>, Bukstein O<sup>1</sup>, Eyler AE<sup>1</sup>, Hilty DM<sup>1</sup>, Horvitz-Lennon M<sup>1</sup>, Mahoney J<sup>1</sup>, Pasic J<sup>1</sup>, Weaver M<sup>1</sup>, Wills CD<sup>1</sup>, McIntyre J<sup>1</sup>, Kidd J<sup>1</sup>, Yager J<sup>1</sup>, Hong SH<sup>1</sup>.



Format: Abstract ▾

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Patient Prefer Adherence. 2016 Sep 19;10:1855-1868. eCollection 2016.

**Professionals' perception on the management of patients with dual disorders.**Roncero C<sup>1</sup>, Szerman N<sup>2</sup>, Terán A<sup>3</sup>, Pino C<sup>4</sup>, Vázquez JM<sup>5</sup>, Velasco E<sup>6</sup>, García-Dorado M<sup>6</sup>, Casas M<sup>1</sup>.

## ⊕ Author information

**Abstract**

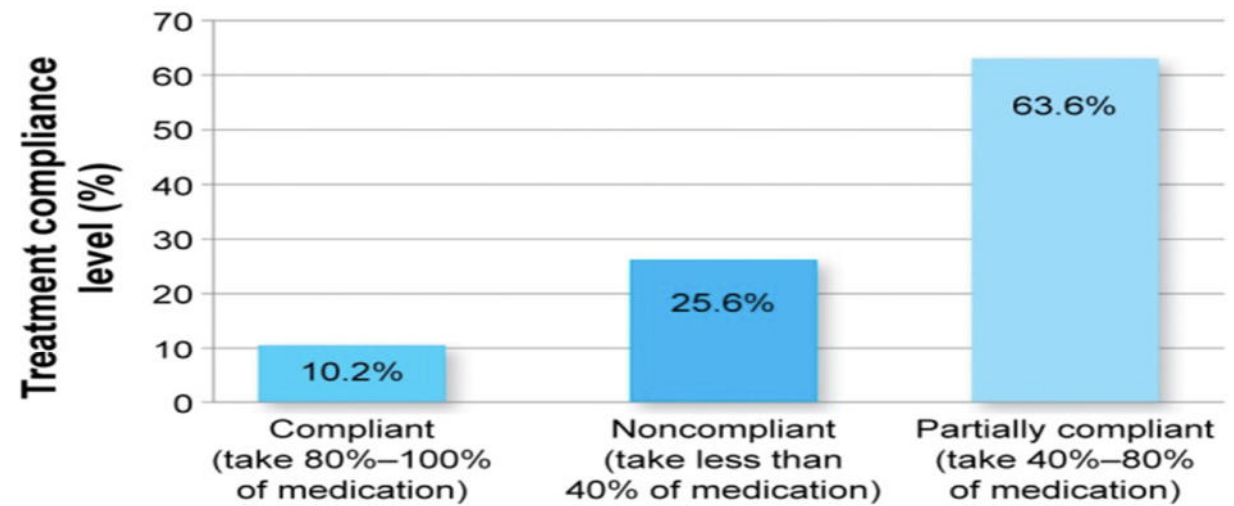
**BACKGROUND:** There is a need to evaluate the professionals' perception about the consequences of the lack of therapeutic adherence in the evolution of patients with co-occurring disorders.

**METHODS:** An online survey, released on the Socidrogalcohol [Spanish Scientific Society for Research on Alcohol, Alcoholism and other Drug Addictions] and Sociedad Española de Patología Dual [the Spanish Society of Dual Pathology] web pages, was answered by 250 professionals who work in different types of Spanish health centers where dual diagnosis patients are assisted.

**RESULTS:** Most professionals perceived the existence of noncompliance among dual diagnosis patients. Almost all of these professionals (99%) perceived that noncompliance leads to a worsening of the progression of the patient's disorder, in both the exacerbation of mental disorders and the consumption of addictive substances. Most of the professionals (69.2%) considered therapeutic alliance as the main aspect to take into account to improve the prognosis in this population. The primary purpose of treatment must be the improvement of psychotic-phase positive symptoms, followed by the control of behavior disorders, reduction of craving, improvement of social and personal performances, and reduction of psychotic-phase negative symptoms.

**CONCLUSION:** Most professionals perceived low adherence among dual diagnosis patients. This lack of adherence is associated with a worsening of their disease evolution, which is reflected in exacerbations of the psychopathology and relapse in substance use. Therefore, we propose to identify strategies to improve adherence.

**Figure 1**



Level of treatment compliance.

**Dovepress**

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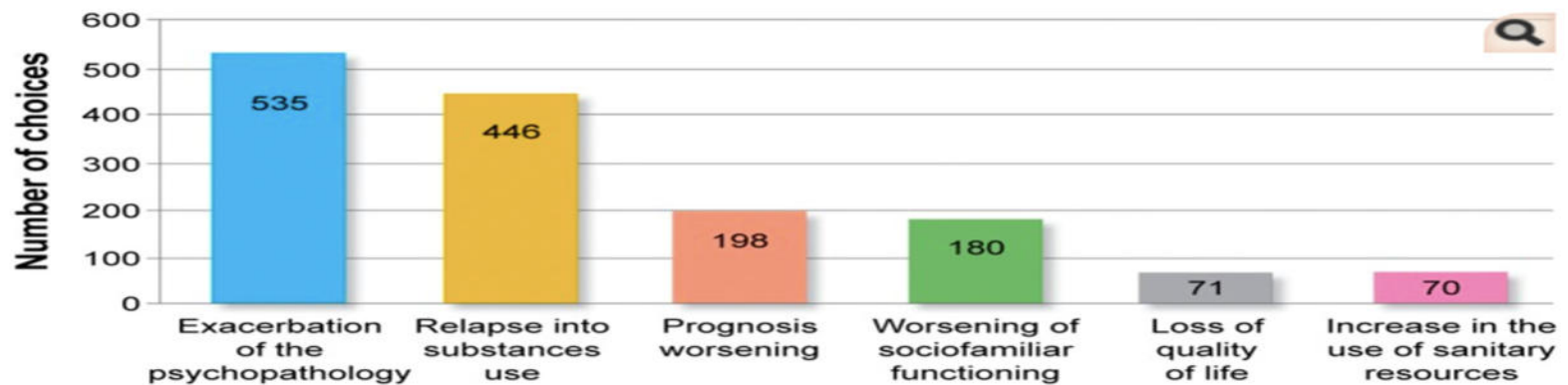
**Patient Preference and Adherence**

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PMC full text: [Patient Prefer Adherence. 2016; 10: 1855–1868.](#)  
Published online 2016 Sep 19. doi: [10.2147/PPA.S108678](#)  
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[<< Prev](#) **Figure 2**

**Figure 2**



Common consequences of therapeutic noncompliance.





OPEN ACCESS

Edited by:

# Patterns of Management of Patients With Dual Disorder (Psychosis) in Italy: A Survey of Psychiatrists and Other Physicians Focusing on Clinical Practice

**Massimo Clerici<sup>1,2</sup>, Andrea de Bartolomeis<sup>3</sup>, Sergio De Filippis<sup>4</sup>, Giuseppe Ducci<sup>5</sup>, Icro Maremmani<sup>6</sup>, Giovanni Martinotti<sup>7\*</sup> and Fabrizio Schifano<sup>8</sup>**

<sup>1</sup> School of Medicine and Surgery-University of Milano Bicocca, Milan, Italy, <sup>2</sup> Psychiatric Department, Azienda Socio Sanitaria Territoriale (ASST) di Monza, Monza, Italy, <sup>3</sup> Section of Psychiatry, Department of Neuroscience, Reproductive Sciences and Odontostomatology, University of Naples Federico II, Naples, Italy, <sup>4</sup> Department of Neuropsychiatry, Villa von Siebenthal Neuropsychiatric Hospital and Clinic, Genzano di Roma, Rome, Italy, <sup>5</sup> Mental Health Department, Azienda Sanitaria Locale Roma 1, Rome, Italy, <sup>6</sup> Santa Chiara University Hospital, University of Pisa, Trento, Italy, <sup>7</sup> Department of Neuroscience, Imaging, and Clinical Sciences, University "G.d'Annunzio," Chieti-Pescara, Chieti, Italy, <sup>8</sup> Psychopharmacology, Drug Misuse and Novel Psychoactive Substances Research Unit, School of Life and Medical Sciences, University of Hertfordshire, Hatfield, United Kingdom



## Dati Survey

*Comorbidità: pazienti psichiatrici e uso di sostanze*



**edra**

## Il profilo dei rispondenti alla survey

Numero totale rispondenti **448**

<u>Profilo rispondenti</u>	
Sesso	
Maschi	56,47%
Femmine	43,53%
Età	
< 40	19,42%
41 - 50	18,75%
51 - 60	37,95%
> 60	23,88%
Specializzazione	
Psichiatria	88,84%
Neurologia	4,69%
Altro	6,47%

<u>Livello / Posizione nel reparto</u>	
Direttore di struttura complessa / dirigente di secondo livello	11,02%
Responsabile di struttura semplice	20,47%
Dirigente ad alta specializzazione	19,16%
Dirigente di primo livello	41,73%
Specializzando	7,61%
Sede principale in cui opera	
SPDC	20,54%
CSM	42,63%
Residenzialità	7,59%
SERD	14,73%
Privato	14,51%



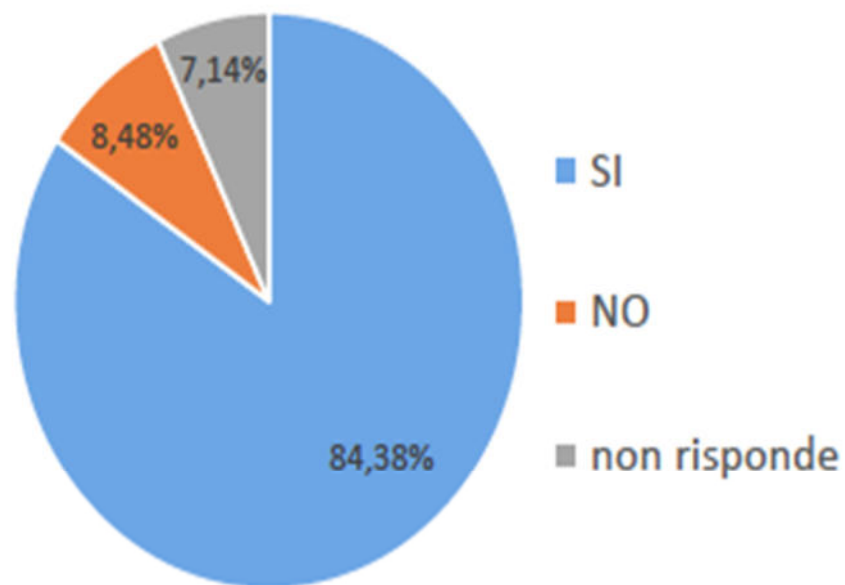


**2. Hai la sensazione che il tuo lavoro sia diventato più complesso a causa delle comorbidità negli ultimi 5 anni?**

☐ Sì

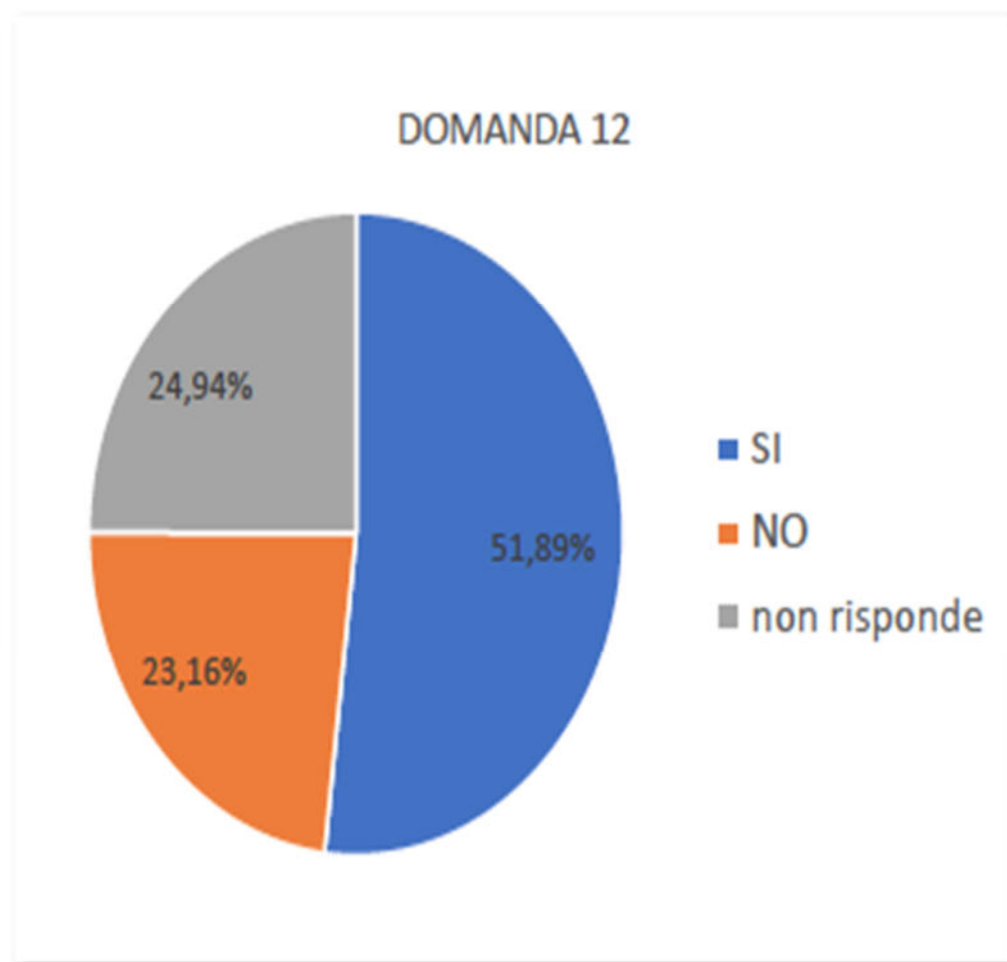
☐ No

DOMANDA 2



12. Nella tua pratica clinica tratti i pazienti con schizofrenia/disturbo schizoaffettivo con concomitante uso di sostanza diversamente dagli altri

- ☐ Sì
- ☐ No





**7. Quali sono le aree di maggiore compromissione  
nei pazienti in comorbidità con abuso di sostanze?**

Per favore esprimilo su una scala da 1 a 5 dove 1 = per nulla importante,  
2 = poco importante, 3 = abbastanza importante, 4 = molto importante,  
5 = estremamente importante

Benessere soggettivo

Funzionamento sociale (lavorativo /scolastico/...)

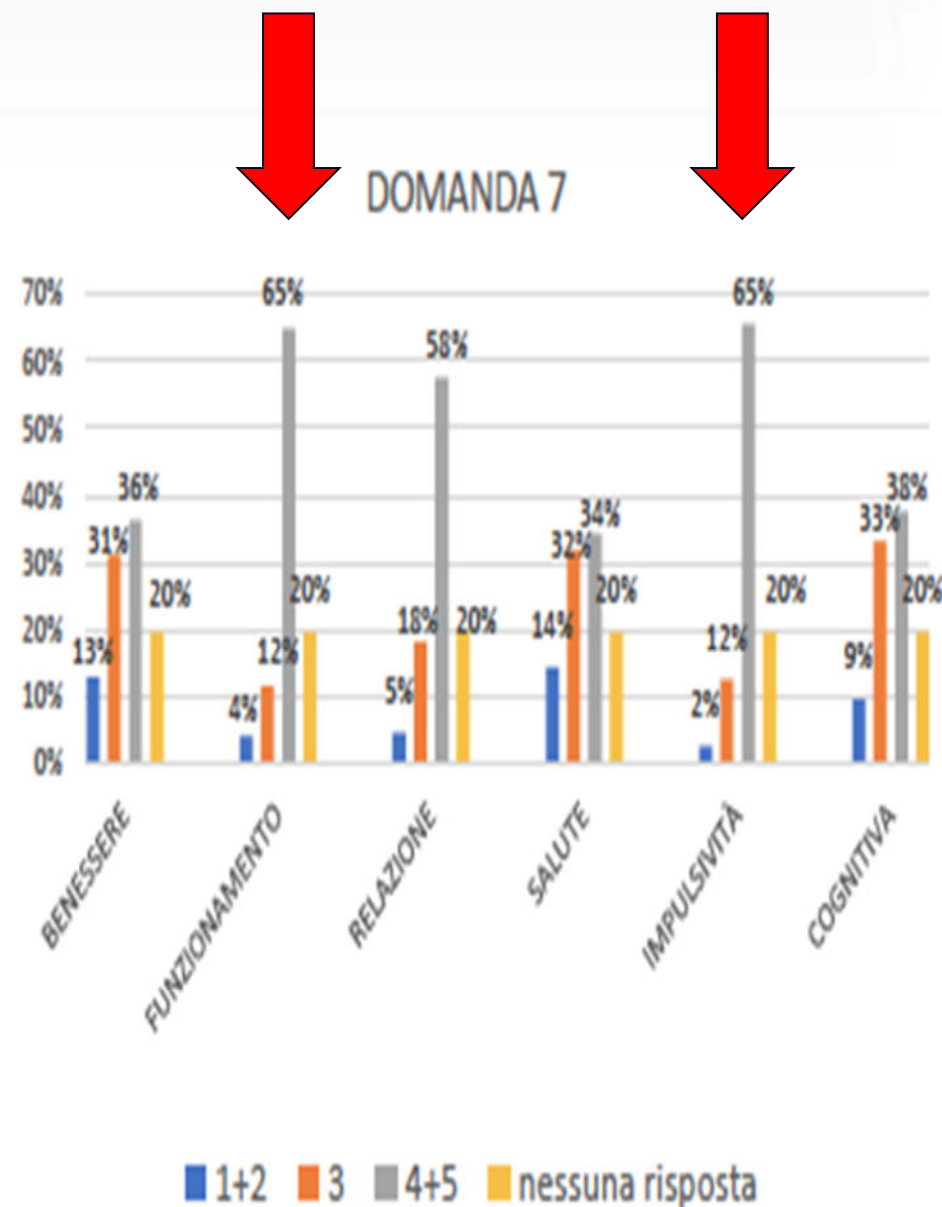
Relazioni interpersonali/affettive

Salute fisica

Impulsività

Cognitività

Altro



*J Neuroimmune Pharmacol.* 2018; 13(4): 438–452.

PMCID: PMC6223748

Published online 2018 Mar 19. doi: [10.1007/s11481-018-9782-9](https://doi.org/10.1007/s11481-018-9782-9)

PMID: [29556883](https://pubmed.ncbi.nlm.nih.gov/29556883/)

## Cannabis Addiction and the Brain: a Review

Amna Zehra,<sup>1</sup> Jamie Burns,<sup>1</sup> Christopher Kure Liu,<sup>1</sup> Peter Manza,<sup>1</sup> Corinde E. Wiers,<sup>1</sup> Nora D. Volkow,<sup>1,2</sup> and Gene-Jack Wang<sup>✉1</sup>



### Abstract

Cannabis is the most commonly used substance of abuse in the United States after alcohol and tobacco. With a recent increase in the rates of cannabis use disorder (CUD) and a decrease in the perceived risk of cannabis use, it is imperative to assess the addictive potential of cannabis. Here we evaluate cannabis use through the neurobiological model of addiction proposed by Koob and Volkow. The model proposes that repeated substance abuse drives neurobiological changes in the brain that can be separated into three distinct stages, each of which perpetuates the cycle of addiction. Here we review previous research on the acute and long-term effects of cannabis use on the brain and behavior, and find that the three-stage framework of addiction applies to CUD in a manner similar to other drugs of abuse, albeit with some slight differences. These findings highlight the urgent need to conduct research that elucidates specific neurobiological changes associated with CUD in humans.



## Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study

Marta Di Forti, Arianna Marconi, Elena Carra, Sara Fraietta, Antonella Trotta, Matteo Bonomo, Francesca Bianconi, Poonam Gardner-Sood, Jennifer O'Connor, Manuela Russo, Simona A Stilo, Tiago Reis Marques, Valeria Mondelli, Paola Dazzan, Carmine Pariante, Anthony S David, Fiona Gaughran, Zerrin Atakan, Conrad Iyegbe, John Powell, Craig Morgan, Michael Lynskey, Robin M Murray

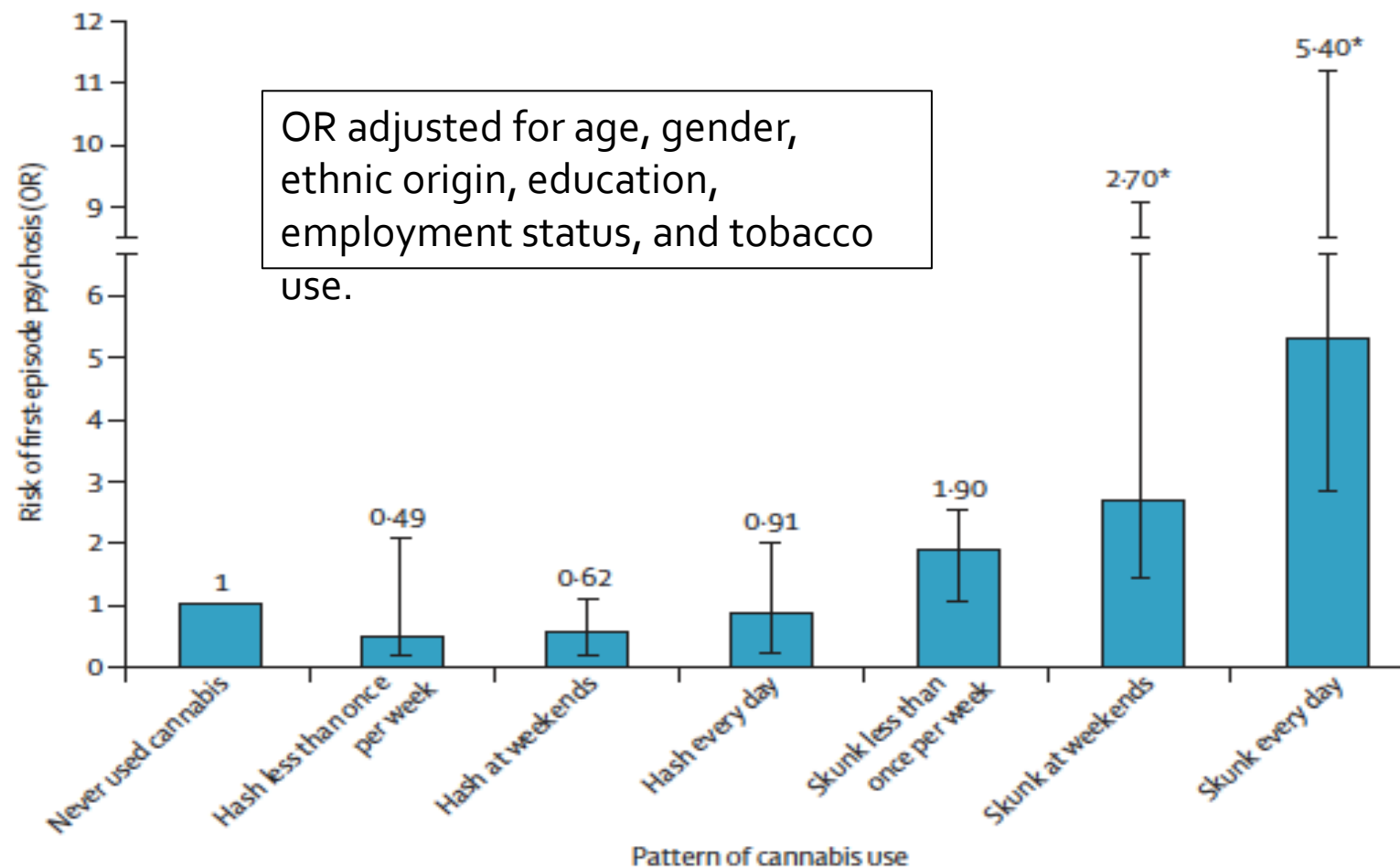
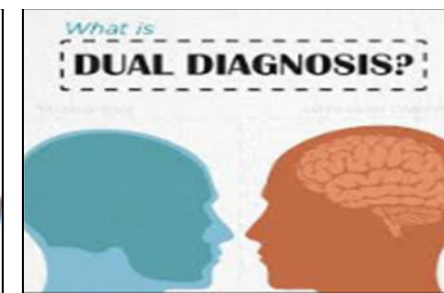
Lancet Psychiatry 2015

Published Online

February 18, 2015

[http://dx.doi.org/10.1016/](http://dx.doi.org/10.1016/S2215-0366(14)00117-5)

S2215-0366(14)00117-5





brain  
sciences



Brain Sci. 2018 Jul; 8(7): 133.

Published online 2018 Jul 14. doi: [10.3390/brainsci8070133](https://doi.org/10.3390/brainsci8070133)

PMCID: PMC6071094

PMID: [30011896](https://pubmed.ncbi.nlm.nih.gov/30011896/)

## Synthetic Cannabinoid use in a Case Series of Patients with Psychosis Presenting to Acute Psychiatric Settings: Clinical Presentation and Management Issues

Stefania Bonaccorso,<sup>1,2,\*</sup> Antonio Metastasio,<sup>1</sup> Angelo Ricciardi,<sup>1,3</sup> Neil Stewart,<sup>1</sup> Leila Jamal,<sup>1</sup> Naasir-Ud-Dinn Rujully,<sup>1</sup> Christos Theleritis,<sup>4,5</sup> Stefano Ferracuti,<sup>6</sup> Giuseppe Ducci,<sup>3</sup> and Fabrizio Schifano<sup>7</sup>

**Background:** Novel Psychoactive Substances (NPS) are a heterogeneous class of synthetic molecules including synthetic cannabinoid receptor agonists (SCRAs). Psychosis is associated with SCRAs use. There is limited knowledge regarding the structured assessment and psychometric evaluation of clinical presentations, analytical toxicology and clinical management plans of patients presenting with psychosis and SCRAs misuse. **Methods:** We gathered information regarding the clinical presentations, toxicology and care plans of patients with psychosis and SCRAs misuse admitted to inpatients services. Clinical presentations were assessed using the PANSS scale. Vital signs data were collected using the National Early Warning Signs tool. Analytic chemistry data were collected using urine drug screening tests for traditional psychoactive substances and NPS. **Results:** We described the clinical presentation and management plan of four patients with psychosis and misuse of SCRAs. **Conclusion:** The formulation of an informed clinical management plan requires a structured assessment, identification of the index NPS, pharmacological interventions, increases in nursing observations, changes to leave status and monitoring of the vital signs. The objective from using these interventions is to maintain stable physical health whilst rapidly improving the altered mental state.



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Psychol Med. 2017 Oct;47(14):2548-2555. doi: 10.1017/S0033291717001118. Epub 2017 May 3.

## Risk of transition to schizophrenia following first admission with substance-induced psychotic disorder: a population-based longitudinal cohort study.

Alderson HL<sup>1</sup>, Semple DM<sup>2</sup>, Blayney C<sup>3</sup>, Queirazza F<sup>4</sup>, Chekuri V<sup>2</sup>, Lawrie SM<sup>5</sup>.

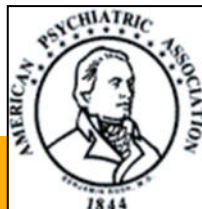
### ⊕ Author information

### Abstract

**BACKGROUND:** The potential for drugs of abuse to precipitate a transition from initial substance-induced psychotic disorder (SIPD) to schizophrenia is well understood. This study investigated the risk of transition to schizophrenia following a first admission with SIPD and other possible related factors.

**CONCLUSIONS:** SIPD episodes requiring hospital admission for more than 2 weeks are more likely to be associated with later diagnosis of schizophrenia. Follow-up periods of more than 2 years are needed to detect the majority of those individuals who will ultimately develop schizophrenia.

**RESULTS:** The 15.5-year cumulative hazard rate was 17.3% (s.e. = 0.007) for a diagnosis of schizophrenia. Cannabis, stimulant, opiate and multiple drug-induced psychotic disorder were all associated with similar hazard rates. The mean time to transition to a diagnosis of schizophrenia was around 13 years, although over 50% did so within 2 years and over 80% of cases presented within 5 years of SIPD diagnosis. Risk factors included male gender, younger age and longer first admission.



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Am J Psychiatry. 2018 Apr 1;175(4):343-350. doi: 10.1176/appi.ajp.2017.17020223. Epub 2017 Nov 28.

## **Rates and Predictors of Conversion to Schizophrenia or Bipolar Disorder Following Substance-Induced Psychosis.**

Starzer MSK<sup>1</sup>, Nordentoft M<sup>1</sup>, Hjorthøj C<sup>1</sup>.

### **Author information**

### **Abstract**

**OBJECTIVE:** The authors investigated the rates of conversion to schizophrenia and bipolar disorder after a substance-induced psychosis, as well as risk factors for conversion.

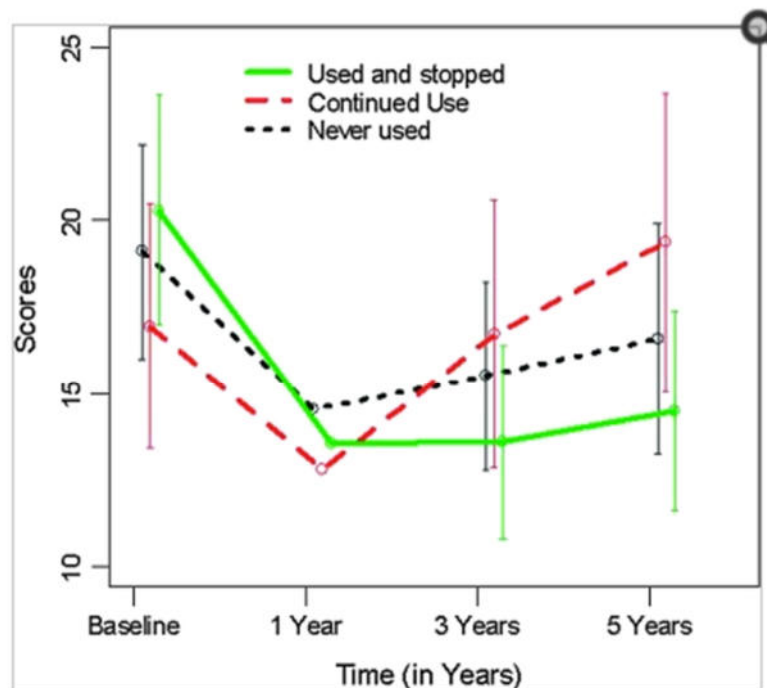
**METHOD:** All patient information was extracted from the Danish Civil Registration System and the Psychiatric Central Research Register. The study population included all persons who received a diagnosis of substance-induced psychosis between 1994 and 2014 (N=6,788); patients were followed until first occurrence of schizophrenia or bipolar disorder or until death, emigration, or August 2014. The Kaplan-Meier method was used to obtain cumulative probabilities for the conversion from a substance-induced psychosis to schizophrenia or bipolar disorder. Cox proportional hazards regression models were used to calculate hazard ratios for all covariates.

**RESULTS:** Overall, 32.2% (95% CI=29.7-34.9) of patients with a substance-induced psychosis converted to either bipolar or schizophrenia-spectrum disorders. The highest conversion rate was found for cannabis-induced psychosis, with 47.4% (95% CI=42.7-52.3) converting to either schizophrenia or bipolar disorder. Young age was associated with a higher risk of converting to schizophrenia. Self-harm after a substance-induced psychosis was significantly linked to a higher risk of converting to both schizophrenia and bipolar disorder. Half the cases of conversion to schizophrenia occurred within 3.1 years after a substance-induced psychosis, and half the cases of conversion to bipolar disorder occurred within 4.4 years.

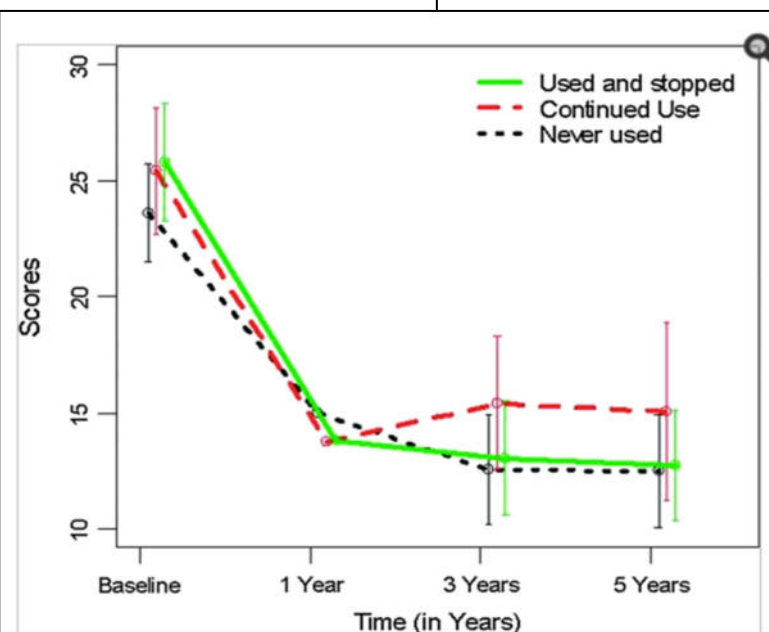
**CONCLUSIONS:** Substance-induced psychosis is strongly associated with the development of severe mental illness, and a long follow-up period is needed to identify the majority of cases.

**KEYWORDS:** Alcohol Abuse; Mood Disorders-Bipolar; Psychoactive Substance Use Disorder; Psychosis; Schizophrenia





Positive and Negative Symptoms Scale (PANSS) Negative Symptoms Outcome by Cannabis Use Group.



Positive and Negative Symptoms Scale (PANSS) Positive Symptoms Outcome by Cannabis Use Group.

## Schizophrenia Bulletin

Schizophr Bull. 2011 May; 37(3): 631–639.

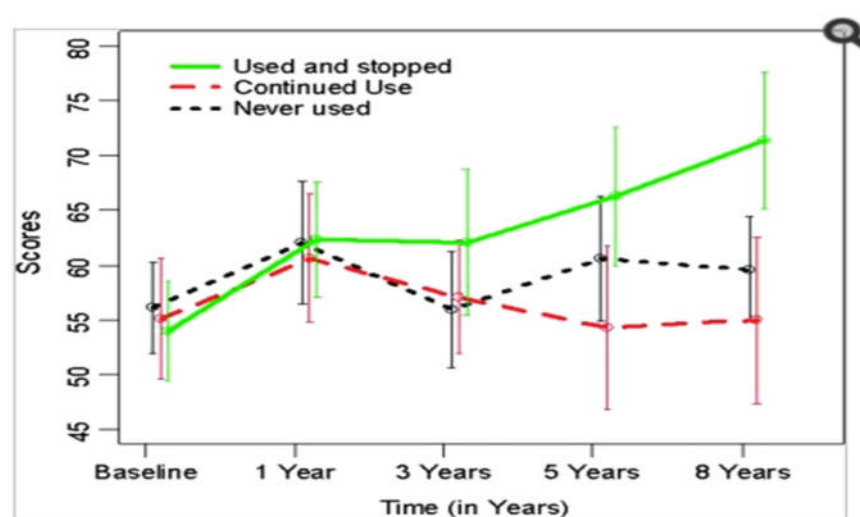
PMCID: PMC3080669

Published online 2009 Nov 13.

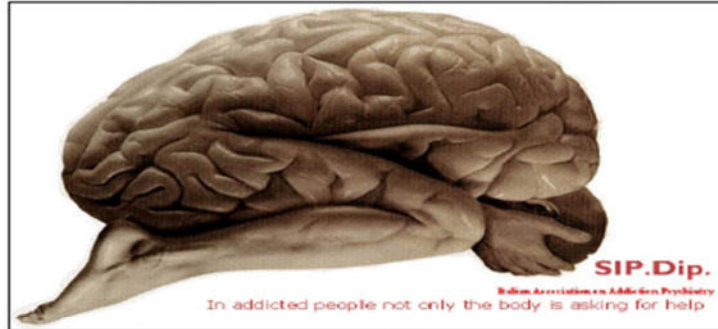
doi: [10.1093/schbul/sbp126](https://doi.org/10.1093/schbul/sbp126)

### Cannabis and First-Episode Psychosis: Different Long-term Outcomes Depending on Continued or Discontinued Use

Ana González-Pinto,<sup>1,2</sup> Susana Alberich,<sup>2</sup> Sara Barbeito,<sup>2</sup> Miguel Gutierrez,<sup>2</sup> Patricia Vega,<sup>2</sup> Berta Ibáñez,<sup>3</sup> Mahmoud Karim Haidar,<sup>2</sup> Eduard Vieta,<sup>4</sup> and Celso Arango<sup>5</sup>



Global Assessment of Functioning (GAF) Outcome by Cannabis Use Group.



**Percorsi di Integrazione tra Dipartimenti delle  
Dipendenze e Dipartimenti di Salute Mentale  
dai protocolli, alle progettualità comuni, all'unificazione dei Servizi**

Sedi: Bologna (22.05.2018), Roma (14.09.2018), Catania (08.10.2018)

Coordinamento Scientifico Nazionale

Michele Sanza, Massimo Clerici, Luigi Janiri, Giovanni Martinotti, Massimo Di Giannantonio,  
Eugenio Aguglia, Daniele La Barbera, Enrico Zanalda, Claudio Mencacci e Bernardo Carpinello



***I PROBLEMI DI SEMPRE ... ancora carenza di stime certe  
sull'uso di sostanze nella popolazione generale potenzialmente  
interessata e di survey cliniche specifiche sui pazienti dell'area  
DSM, SerT e CT***

***I PROBLEMI DI SEMPRE ... ancora difficoltà e polemiche, a  
livello regionale, sull'accorpamento o meno dei diversi Servizi***

***I PROBLEMI DI SEMPRE ... ancora una visione "generalista"  
dei Servizi che rincorre le novità senza riorganizzare il sistema***



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J Subst Abuse Treat. 2016 Feb;61:47-59. doi: 10.1016/j.jsat.2015.09.006. Epub 2015 Oct 31.

## Treatment Access Barriers and Disparities Among Individuals with Co-Occurring Mental Health and Substance Use Disorders: An Integrative Literature Review.

Priester MA<sup>1</sup>, Browne T<sup>2</sup>, Iachini A<sup>2</sup>, Clone S<sup>2</sup>, DeHart D<sup>2</sup>, Seay KD<sup>2</sup>.

⊕ Author information

### Abstract

The purpose of this integrative review is to examine and synthesize extant literature pertaining to barriers to substance abuse and mental health treatment for persons with co-occurring substance use and mental health disorders (COD). Electronic searches were conducted using ten scholarly databases. Thirty-six articles met inclusion criteria and were examined for this review. Narrative review of these articles resulted in the identification of two primary barriers to treatment access for individuals with COD: personal characteristics barriers and structural barriers. Clinical implications and directions for future research are discussed. In particular, additional studies on marginalized sub-populations are needed, specifically those that examine barriers to treatment access among older, non-White, non-heterosexual populations.

## DISPARITIES IN PSYCHIATRIC CARE

*Clinical and Cross-Cultural Perspectives*

EDITORS

Pedro Ruiz □ Annette Primm

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Williams & Wilkins

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J Dual Diagn. 2015;11(3-4):217-32. doi: 10.1080/15504263.2015.1104930.

## Continuity of Care in Dual Diagnosis Treatment: Definitions, Applications, and Implications.

McCallum S<sup>1</sup>, Mikocka-Walus A<sup>2</sup>, Turnbull D<sup>1</sup>, Andrews JM<sup>3</sup>.

### + Author information

#### Abstract

#### OBJECTIVE

In part

applic

#### METHODS

electro

"contin

**RESULTS:** A total of 18 non-randomized studies met the inclusion criteria. Analysis revealed six core types of continuity in this treatment context: continuity of relationship with provider(s), continuity across services, continuity through transfer, continuity as regularity and intensity of care, continuity as responsive to changing patient need, and successful linkage of the patient. Patient age, ethnicity, medical status, living status, and the type of mental health and/or substance use disorder influenced the continuity of care experienced in treatment. Some evidence suggested that achieving continuity of care was associated with positive patient and treatment-related outcomes.

**CONCLUSIONS:** This review summarizes how continuity of care has been understood, applied, and assessed in the literature to date. Findings provide a platform for future researchers and service providers to implement and evaluate continuity of care in a consistent manner and to determine its significance in the treatment of people with a dual diagnosis.



the Addiction for Triage and Evaluation. After implementation of IDDT we found a reduction in the number of days patients used alcohol or drugs, but no improvements on other secondary outcomes such as psychopathology, functioning, therapeutic alliance or motivation to change. Also, IDDT training did not seem to improve clinicians' knowledge, attitudes and motivational interviewing skills. outcomes may have been limited effect in our clinicians. Our study complexity of disseminating IDDT interviewing.

Integrating substance use disorder treatment with psychiatric treatment is considered more favourable than treating these disorders parallel or sequential, but the evidence base is inconclusive. We examined the effectiveness of Integrated Dual Diagnosis Treatment (IDDT) on substance use in severe mental illness outpatients with substance use disorders. IDDT is a

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## Effectiveness of Integrated Dual Diagnosis Treatment (IDDT) in severe mental illness outpatients with a co-occurring substance use disorder

Martijn Kikkert • Anneke Goudriaan • Marleen de Waal • Jaap Peen • Jack Dekker

Published: September 29, 2018 • DOI: <https://doi.org/10.1016/j.jsat.2018.09.005>



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N=351 (58%)



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J Dual Diagn. 2017 Oct-Dec;13(4):264-279. doi: 10.1080/15504263.2017.1349977. Epub 2017 Jul 12.

## The Concept of Recovery as Experienced by Persons with Dual Diagnosis: A Systematic Review of Qualitative Research From a First-Person Perspective.

De Ruyscher C<sup>1</sup>, Vandeveld S<sup>1</sup>, Vanderplasschen W<sup>1</sup>, De Maeyer J<sup>2</sup>, Vanheule S<sup>3</sup>.

Author information

### Abstract

**OBJECTIVES:** In recent years, the concept of recovery has gained ground in the treatment of persons with dual diagnosis. Recovery refers to living a meaningful life despite limitations caused by mental illness and substance use disorders. It also implies that support for persons with dual diagnosis should be organized according to the personal needs and wishes of its users. Therefore, it is important to gain insight into the aspects that persons with dual diagnosis deem important for their recovery process. This systematic review aims to summarize existing qualitative research on the meaning of recovery from the perspective of persons with dual diagnosis.

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Psych

**RESULTS:** Sixteen studies using a qualitative research design were retained in which four overarching themes could be identified. The first theme focused on feeling supported by family and peers and being able to participate in the community. The second theme focuses on the need for a holistic and individualized treatment approach, seeing the persons "behind the symptoms." The third theme that emerged was having personal beliefs, such as fostering feelings of hope, building a new sense of identity, gaining ownership over one's life, and finding support in spirituality. The last theme identified was the importance of meaningful activities that structure one's life and give one motivation to carry on.

**CONCLUSIONS:** In this review, the participants pleaded for "flexibility" in mental health care, i.e., an approach that allows for both successes and failures. However, in order to come to a more comprehensive theoretical model of recovery in persons with dual diagnosis, future research is necessary to gain insight into the underlying mechanisms of recovery processes.



RESEARCH ARTICLE

Open Access

# Dual diagnosis clients' treatment satisfaction - a systematic review

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- Integrated DD treatment yielded greater client satisfaction than standard treatment without explicit DD focus
- In standard treatment without DD focus, DD clients tended to be less satisfied than single diagnosis clients
- Whilst the evidence base on client and treatment variables related to satisfaction is small, it suggested client demographics and symptom severity to be unrelated to treatment satisfaction

## Even More Complex.... When Mental Disorder Meets Addiction in Youth: Dual Pathology.

Torales J<sup>1</sup>, Castaldelli-Maia JM<sup>2</sup>, da Silva AG<sup>3</sup>, Campos MW<sup>4</sup>, González-Urbieto I<sup>1</sup>, Barrios I<sup>1</sup>.

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### Abstract

**BACKGROUND:** The management of mental disorders in child and use disorders are associated with mental disorders. Substance-induced disorders should be considered as a form of dual pathology.

**CONCLUSION:** Healthcare systems should focus on creating policies that will allow early detection, preventive public health measures, and an integrated and coordinated care for these patients. Public health policies should create means to promote awareness and prevention of these pathologies since early initiation of treatment (pharmacological, psychotherapeutic, family therapy, education in schools, behavioral interventions and treatment of comorbidities) reduces the risks associated to substance use disorders and other negative consequences.

For this purpose, PubMed, PsycInfo and SciELO databases were searched to perform a narrative review.

Dual pathology is the term used to designate the co-occurrence of an addictive disorder and at least one other mental health disorder, independently. To distinguish dual pathology from substance-induced disorders, the temporal association between the disorders in a longitudinal assessment should be emphasized. If the symptoms of the mental disorder appear prior to the substance use or after a long period of abstinence, a diagnosis of dual pathology should be considered. Patients with dual pathology present greater psychosocial issues, more medical problems, and worse prognosis than those with substance-induced disorders. The proposed etiological models agree that biological, psychological and social factors are shared in the development of these conditions.



## Results

All three groups made small but significant improvements on global psychosocial functioning, distress and therapeutic alliance (effect sizes (ES) 0.11 to 0.16 per year). Patients who were discharged to a less restrictive setting showed small to moderate improvement in risk to self and others, psychiatric symptoms, and skills for daily living (ES 0.19–0.33 per year and 0.42–0.73 for their mean 2.2-year treatment period). Patients remaining at SuRe showed a small increase in risk to self (ES 0.20 per year; 0.80 for their treatment period of four years or more). Oppositional behaviour was consistently greater in referred patients than in the other groups (ES 0.74–0.75).

## Conclusion

Long-term compulsory treatment appeared to have helped improve clinical and functional outcomes in a substantial proportion (42%) of previously severely dysfunctional, treatment-resistant dual-diagnosis patients, who could then be discharged to a less restrictive and less supportive environment. However, risk-to-self increased in a similar proportion. A smaller number of patients (16%) showed marked oppositional behaviour and needed a higher level of care and protection in another facility.

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## Clinical effects and treatment outcomes of long-term compulsory in-patient treatment of treatment-resistant patients with severe mental illness and substance-use disorder

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## USEFUL CLINICAL POINTS TO TAKE HOME

- Prior research has not investigated the role of comorbidity for mental disorders in AUD/SUD
- Prior research has not investigated whether multiple co-occurring substance use disorders (SUDs) are more persistent than individual SUDs over time
- Clinical trials may not be representative of individuals with the target disorder
- Reweighting clinical trials to make them more representative provides a better estimate of treatment effects that are expected in clinical practice
- Health professionals should move beyond a binary drug-specific approach to diagnosing, studying and treating SUDs toward one that takes into account multiple SUDs and comorbidity with other psychiatric disorders
- If a patients presents with multiple SUDs, clinicians should always assess for other psychiatric disorders (i.e. anxiety, mood, personality, psychotic... disorders) and plan treatment accordingly

