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**Symposium:**  
**Addressing problematic substance use among patients seeking help for psychiatric problems**

Anne H Berman (SWE), Leanne Hides (AU),  
 Fred Blow (US), Steven Ondersma (US)  
 Derek Satre (US), Dag Rekke (WHO)

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**Prevalence of SUDs among persons with psychiatric disorders (ECA)**

**Overall prevalence**

- 29% lifetime prev for alcohol (22%)/drug (15%) disorders
- OR 2.7 in relation to no psychiatric history (Cf 13% (11+4%))

**SUD prev with specific psychiatric disorders**


- 23.7% with anxiety disorders
- 32.0% with affective (mood) disorders
- 47.0% with schizophrenia
- 60.7% with bipolar disorders
- 83.6% with antisocial personality disorder


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**Why do SUDs co-occur with psychiatric disorders?\***

- Due to similar pre-disposing factors (e.g., genetic, environmental)
- Psychiatric condition (e.g., mania) leads to substance use
- Substance use induces psychiatric condition, e.g., heavy use of alcohol, cannabis or hallucinogens, temporarily (withdrawal) or more permanently
- Self-medication

\*Gordh, C. N. (2012). Alcohol Use and Secondary Prevention in Psychiatric Care. (PhD), Uppsala University, Uppsala.


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**Young research field\***

**What we know:**

**Associations**


- Harmful substance use more risky with bipolar disorder.
- Self-medication for anxiety increases risk of developing anxiety disorders, particularly social anxiety disorder.
- Antisocial personality disorders linked with chronic SUDs

**Treatment**

- Gender differences in dual disorder Tx effects
- Integrated dual diagnosis Tx for youth shows promise.
- Online Tx viable for adult patients with dual diagnosis.

**My conclusion:**  
**Important findings but...  
 Research map poorly illuminated in most areas**

\*Baigent, M. (2012). Managing patients with dual diagnosis in psychiatric practice. *Curr Opin Psychiatry*, 25, 201-205.

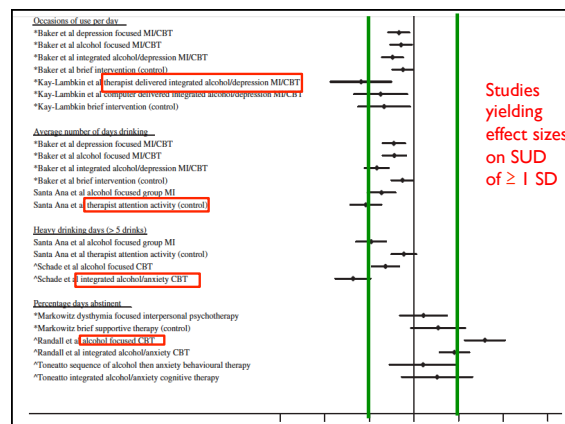

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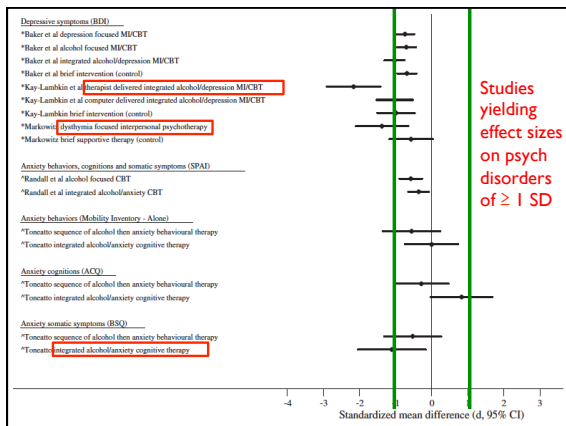
**What treatments are effective?\***

**Systematic review 2012 of 8 RCTs chosen for quality & stringency**  
 Focus: Treatment for co-occurring SUD & psychiatric disorders

	<b>Inpatients</b>	<b>Outpatients</b>
<b>Mood</b>	2 studies	3 studies
<b>Anxiety</b>	1 study	2 studies

\*Baker, A. L., Thornton, L. K., Hiles, S., Hides, L., & Lubman, D. I. (2012). Psychological interventions for alcohol misuse among people with co-occurring depression or anxiety disorders: a systematic review. *J Affect Disord*, 139(3), 217-229. doi: 10.1016/j.jad.2011.08.004





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**Further research suggested by Baker et al 2012**

**For alcohol & depression**

- Implementation of MI/CBT
- Comparing integrated MI/CBT with online treatment
- Stepped care

**For alcohol & anxiety**

- More on integrated focused interventions: anxiety & alcohol
- Comparing effects for social phobia to effects for other anxiety disorders
- Online interventions
- Stepped care

**General SUD in psychiatry**

- Therapist characteristics for MI in psychiatric settings
- Qualitative & quantitative studies on treatment retention and completion
- Stepped care

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**Presentation 1: 15 min**  
*Quantitative study on treatment effects, retention and completion*  
 Leanne Hides, PhD, School of Psychology & Counselling, Queensland University of Technology, Australia  
 Brief intervention for problematic substance use among adolescents seeking mental health assistance: Predictors of response and session module completion

**Presentation 2: 15 min**  
*Exploratory study on digital intervention in new psychiatric setting*  
 Frederic Blow, PhD, Department of Psychiatry, University of Michigan Medical School, USA  
 How digital interventions on screening and BI might be applied to psychiatric ED settings.

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**Presentation 3: 15 min**  
*Exploratory qualitative study on implementation of digital stepped care*  
 Anne H Berman, PhD, Center for Psychiatry Research, Karolinska Institutet, Sweden  
 Implementing digital interventions in psychiatric outpatient units: A qualitative analysis of staff attitudes

**Presentation 4: 15 min**  
*Case study on implementation of digital intervention*  
 Steven Ondersma, PhD, Department of Psychiatry & Behavioral Neurosciences, Wayne State University, USA  
 Adapting SBIRT to the psychiatric context: A case study in early implementation using technology