

Mental Health and Addiction: Clinical Pearls



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Mental Health and Addiction: Clinical Pearls

✦ I have no conflict of interest to disclose.

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Learning Objectives

- ✦ Describe the prevalence of mental health conditions commonly co-occurring with substance use disorders
- ✦ Evaluate current gaps in the treatment of co-occurring mental health and substance use disorders
- ✦ Describe therapeutic interventions helpful for the treatment of mental health conditions in individuals with substance use disorders

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Dual Diagnosis Evaluation

- ✦ How many patients get turned away from mental health services when they admit they have an addiction?
- ✦ How many patients are kept out of substance abuse treatment for 'too many mental health problems?'

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Dual Diagnosis Evaluation

- ✦ Underlying condition or substance induced?

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Dual Diagnosis Evaluation

- ✦ To Treat or Not to Treat
 - ✦ Is 3-6 months substance free necessary?
 - ✦ Issue for sobriety, ability to 'work program'
 - ✦ Issue of 'magic bullet' among substance abusers

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Dual Diagnosis Evaluation

- ✦ Relation of Symptoms to Substance Use
 - ✦ TYPE OF SUBSTANCE
 - ✦ RESULT OF USE
 - ✦ Escape/Numb out
 - ✦ Mood up or down
 - ✦ Improved focus

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Dual Diagnosis: Specific Symptoms

- Sleep: falling asleep; staying asleep; early AM awakening
- Appetite: fluctuation; change
- Concentration: school vs. movie
- Anhedonia: inability to have fun
- Anxiety: most vague of symptoms

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Dual Diagnosis Evaluation

✦ Chronology of Symptoms

WHICH CAME FIRST??

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Dual Diagnosis Evaluation

✦ Chronology of Symptoms

WHICH CAME FIRST??

It doesn't matter as much as you may think

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Dual Diagnosis Evaluation

✦ Chronology of Symptoms

WHICH CAME FIRST??

It doesn't matter as much as you may think

Ask the patient

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Substance-Induced Disorders

- ✦ Can last past acute withdrawal
- ✦ Individual differences vary widely
- ✦ Noted by improvement with cessation of use

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Substance-Induced Disorders

- ✦ Higher risk of suicide and self injury in Substance Induced Depression vs. Major Depression
- ✦ Higher likelihood of panic attacks with Substance Induced Anxiety

✦ Davis, L; Frazier, E, et.al; American Journal on Addictions: July-Aug 2006 (15) 4 278-285

✦ Smith JP, Book SW. Anxiety and Substance Use Disorders: A Review. *The Psychiatric times*. 2008;25(10):19-23

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TO TREAT OR NOT TO TREAT?

✦ TREAT!

- ✦ Medication lowers morbidity
- ✦ Most (non-addictive) medication not harmful even with substance use

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Almost always underlying substance use....THE BIG 4

- ✦ Depression
- ✦ Anxiety
- ✦ Trauma
- ✦ Insomnia

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WHY?

✦ GENETIC VULNERABILITY

+

✦ STRESSOR

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Conditions Leading to Substance Abuse

- Depression
 - Still under-diagnosed
 - May present as behavior problems in teens
 - Alcohol acts as short-term numbing agent
 - Marijuana mimics some symptoms
 - Cocaine may mask as well as cause

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Dual Diagnosis Issues in Adolescents/Young Adults

- ✦ Depression is frequently overlooked in teenagers
 - ✦ Poor historians: often out of touch with feelings
 - ✦ In treatment under duress
 - ✦ Behavioral problems may be the primary manifestation

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Dual Diagnosis

- ✦ Depression + Alcohol Abuse = extremely common presentation in mental health setting
- ✦ Very easy not to ask
- ✦ >7 drinks/week can affect mood

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Dual Diagnosis: Depression

Alcohol (and opioids) are CNS depressants that cause and worsen depression

“Medicates” depression

- ✦ Numbing
- ✦ Increase in norepinephrine

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Dual Diagnosis: Alcohol

- ✦ Depressed drinkers often can not maintain sobriety if depression is not treated
- ✦ Alcohol may “neutralize” medications for depression

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Dual Diagnosis: Depression

- ✦ Alcohol (and opioid) abusing depressed individuals often have their use brought to attention before their depression

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Dual Diagnosis: Alcohol

- ✦ BEST TREATMENT IS A COMBINATION OF THERAPY AND MEDICATION MANAGEMENT

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55 year old female on Buprenorphine

“I’m feeling more stressed. This past month, I’ve gotten in more trouble with the IRS and I don’t know if I’ll be able to pay my mortgage. Can I get an increase so I can feel more comfortable?”

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Dual Diagnosis: Cravings

✦ What exactly is driving a craving?

Neurotransmitters or more?

✦ Anti-Craving medications do not address the underlying MH ‘driver’

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Dual Diagnosis: Cravings



- ✦ Environment (people, places, things)

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Dual Diagnosis: Cravings



- ✦ Environment (people, places, things)
- ✦ Mood state (angry, sad, tired, lonely)

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Dual Diagnosis: Cravings

- ✦ Environment (people, places, things)
- ✦ Mood state (angry, sad, tired, lonely)
- ✦ Psychological state (anxiety, bad memories, nightmares)

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Dual Diagnosis: Cravings

- ✦ Environment (people, places, things)
- ✦ Mood state (angry, sad, tired, lonely)
- ✦ Psychological state (anxiety, bad memories, nightmares)
- ✦ Brain wiring/old patterns/path of least resistance

✦ Can we take a pill for this?

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Dual Diagnosis: Cravings

- ✦ Although most studies show naltrexone for alcohol use helps cravings in combination with treatment, one study showed it worked better without treatment.
- ✦ Why?

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Dual Diagnosis: Cannabis

- ✦ Cannabinoid Receptor
 - ✦ Pain control
 - ✦ Physical dependency + Psychological
- ✦ Binds to mu receptor (opioid receptor)

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Dual Diagnosis: Cannabis

- ✦ Mimics some symptoms of depression
 - ✦ “Amotivational syndrome”
- ✦ Impairs ability to learn
- ✦ Diminishes concentration

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Dual Diagnosis: Cannabis

- ✦ Very common to medicate anxiety and depression with pot
- ✦ ‘Paranoid when I smoke’ = Anxiety Disorder
- ✦ Alleviates true psychotic symptoms while worsening outcomes

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Dual Diagnosis: Cannabis

- ✦ Decreasing perception of harm
- ✦ Increasing belief it should be legalized among US population
- ✦ 'Medical marijuana' being used primarily for MH conditions (anxiety, sleep) with no evidence to back up claims and potential for dependency

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Dual Diagnosis: Cannabis

- ✦ CBD oil does show potential for treating pain, seizures, neurological conditions but more research needed
- ✦ CBD oil is made from cannabis plant but is not psychoactive

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Dual Diagnosis: Cannabinoids

- ✦ K2/Spice: synthetic cannabinoids
 - Binds to same receptor as marijuana. Activates the same receptors as THC, but are not THC.
 - Have caused serious reactions

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Dual Diagnosis: Cocaine & Stimulants

- ✦ Neurotransmitter Effects, long-term
 - ✦ Depletion of Serotonin, Norepinephrine
 - ✦ Low mood
 - ✦ Anxiety, panic
 - ✦ Insomnia
 - ✦ Impulsivity
- ✦ May be used to self-medicate in depressed individuals

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Dual Diagnosis: Cocaine & Stimulants

- ✦ Can cause anxiety, depression, psychosis
 - ✦ Hallucinations (tactile)
 - ✦ Paranoia
 - ✦ Delusions
 - ✦ May resemble bipolar, manic phase
- ✦ Will have a paradoxical effect on ADHD
 - ✦ Therefore not a drug of choice for this population

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ADHD

- ✦ Differential diagnosis for poor concentration:
 - ✦ Not enough sleep
 - ✦ Trying to do too much at once
 - ✦ Distraction of social media
 - ✦ Anxiety
 - ✦ Depression

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ADHD

- ✦ Differential diagnosis (con't)
 - ✦ Not interested in the subject or task
 - ✦ Stress
 - ✦ Past trauma
 - ✦ Alcohol or other drug use
 - ✦ Other learning disorders that are not ADHD
 - ✦ Actually having ADHD, inattentive type

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Treatment of ADHD

- ✦ Checklists are limited
- ✦ Take a good history (include family/teachers)
- ✦ Assess prior abuse of stimulants
- ✦ Comprehensive Psychological testing is gold standard

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Dual Diagnosis: LSD, Other Hallucinogens, DMT

- ✦ Can precipitate psychosis in those predisposed (likely genetically vulnerable)
- ✦ Research being conducted to treat PTSD, anxiety, depression, end-of-life angst

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Dual Diagnosis: Ecstasy (MDMA)

- ✦ Combination hallucinogen and stimulant
- ✦ Creates euphoria by causing brain to release stored serotonin
- ✦ Over time, can lead to serotonin depletion and depression in vulnerable individuals
- ✦ Do those who are already depressed tend not to like this drug?

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Dual Diagnosis: Opioids

- ✦ CNS depressant similar to effects of alcohol
- ✦ Greatest risk is of respiratory depression
- ✦ Opioid + Benzodiazepine = recipe for an overdose
- ✦ ENERGY from an opioid = brain wiring for addiction

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Dual Diagnosis: Opioids

- ✦ All animals have opioid receptors throughout their brains
 - ✦ Related to 'survival of the species'
- ✦ Opioids do not eliminate pain, but decrease the arousal that accompanies pain
- ✦ Cause an increase in norepinephrine

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Opioids and Anxiety

- ✦ Extremely common presentation
- ✦ High degree of overlap between withdrawal and anxiety sx
- ✦ While anxiety isn't responsible for the opioid epidemic, it is a major barrier for individuals to stop using

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Opioids and Anxiety

- Anxiety
 - Can present as panic attacks, social withdrawal, phobias, obsessions and compulsions
 - Common for teens and adults to 'discover' treating anxiety with opioids

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Opioids and Anxiety

- ✦ Opioids are wonderful numbing agents and individuals with anxiety (and PTSD) want to be numbed
- ✦ We as treaters need to be more mindful around our messages about anxiety being different from withdrawal

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Opioid Withdrawal

Increased BP	Nausea/Vomiting
Increased HR	Fear you will die/ Panic
Sweating/Chills/Hot flashes	Tremor, Restlessness
Bone Pain	Yawning
Dilated Pupils	'Gooseflesh'
Muscle Aches	Runny nose/Watery eyes
GI Cramps/Diarrhea	Restlessness

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Anxiety

- Increased BP
- Increased HR
- 'Heart attack' feeling/Chest pain
- Shortness of Breath/Smothering/Choking
- 'Room closing in'
- Fear of going crazy/dying
- Out of Body
- Depersonalization/Numness
- Sweating/Chills/Hot flashes
- Restlessness
- GI Cramps/Diarrhea/Vomiting
- Shaking/Tremor
- Inability to Concentrate
- Dizzy/Lightheaded/Tingling

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Anxiety Vs. Opioid Withdrawal

Inc. BP
Inc. HR
Sweating/Chills
Restlessness
GI cramps/diarrhea
Shaking/Tremor
Feeling of Dying

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Anxiety Vs. Opioid Withdrawal

- ✦ Take a good history
- ✦ Corroborate with family and friends
- ✦ Symptoms when abstinent
- ✦ Symptoms prior to use
- ✦ Look for physical evidence (e.g. gooseflesh, runny eyes/nose)

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The Connection between Substance Abuse and Trauma

- ✦ Never learned to manage feelings in a healthy way (bad modeling)
- ✦ Drugs are the 'perfect' solution to getting rid of memories and unpleasant feelings

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Trauma and Substance Use: How to Help

- ✦ Notice the connections between use and feelings
- ✦ Recognize that as use lowers, uncomfortable feelings will increase
- ✦ As coping increases, feelings will be more manageable (hang in there)
- ✦ Decrease use if unable to fully stop
- ✦ Work on both trauma and use together

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Trauma Treatment

- ✦ DBT
- ✦ Seeking Safety
- ✦ EMDR
- ✦ Brainspotting
- ✦ Bio-feedback/Neurofeedback
- ✦ “Trauma-informed care”

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Dual Diagnosis

✦ In summary....

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Almost always underlying
the use....The Big 4

- ✦ Anxiety
- ✦ Trauma
- ✦ Depression
- ✦ Insomnia

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Dual Diagnosis

- ✦ Avoid addictive medications
- ✦ Focus on treatment of sx's:
 - ✦ Sleep, Anxiety, GI upset
- ✦ Even if a pt is getting support for their recovery (MD, AA/NA) please treat their mental health

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Dual Diagnosis

- ✦ Relapse is a part of recovery
- ✦ Shame is a part of relapse
- ✦ We can not make anybody ready for treatment
- ✦ We can offer compassion along with good boundaries

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Dual Diagnosis

- ✦ We can offer our best advice and expertise
- ✦ Each patient has to walk his/her path
- ✦ Their success or failure is not our responsibility

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THANK YOU



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