The Interface Between Substance Use and Mental Health

(How to Not Get Tangled Up)

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Dual Diagnosis Evaluation

Underlying condition or substance induced?
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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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

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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

✧ Chronology of Symptoms

WHICH CAME FIRST??

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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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WHY?

• GENETIC VULNERABILITY

• STRESSOR

Almost always underlying substance use...

• Anxiety
• Trauma
• Depression
• Insomnia

Conditions Leading to Substance Abuse

• Depression
  --Still underdiagnosed
  --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
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: Alcohol

- Depression + Alcohol Abuse = extremely common presentation in mental health setting

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Dual Diagnosis: Alcohol

- Alcohol is a CNS depressant that causes and worsens depression
- “Medicates” depression

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Dual Diagnosis: Alcohol

✦ Depressed drinkers often cannot maintain sobriety if depression is not treated

✦ Alcohol may "neutralize" medications for depression

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Dual Diagnosis: Alcohol

✦ Alcohol abusing depressed individuals often have their alcohol 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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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)
- Brain wiring/old patterns/path of least resistance
  - Can we take a pill for this?
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: Marijuana

- Cannabinoid Receptor
  
  - Pain control
  
  - Physical dependency + Psychological

- Binds to mu receptor (opiate receptor)

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Dual Diagnosis: Marijuana

- Mimics some symptoms of depression
  
  - “Amotivational syndrome”

- Impairs ability to learn

- Diminishes concentration

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Dual Diagnosis: Marijuana

+ 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: Marijuana

+ Decreasing perception of harm
+ Increasing belief it should be legalized among US population
+ 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
+ ‘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: Marijuana

+ 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

- Vasoconstrictors
- Increase BP, arrhythmias, MI
- Lung complications: sx's of pneumonia
- Lowers seizure threshold
- Lowers appetite
- Delay need to empty bladder/bowel

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Dual Diagnosis: Cocaine & Stimulants

- Neurotransmitter Effects, long-term
  - Depletion of Serotonin, Norepinephrine
  - Low mood
  - Anxiety, panic
  - Insomnia
  - Impulsivity

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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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Dual Diagnosis: Cocaine & Stimulants

+ May be used to self-medicate in depressed individuals

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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

✦ Can precipitate psychosis in those predisposed (likely genetically vulnerable)

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Dual Diagnosis: Ecstasy

✦ Combination hallucogen 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: Bath Salts (Neither a salt nor bath aid)

+ Contain the stimulants methadrone or MDPV
+ Most similar to methamphetamine
+ May cause lasting psychotic symptoms
+ Some users report becoming addicted quickly (after first use)

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Dual Diagnosis: Opiates

+ Too easy to acquire
+ Mistaken belief that prescribed opiates are safe
+ Creates a challenge in medicating depression (e.g. methadone)

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Dual Diagnosis: Opiates

+ CNS depressant similar to effects of alcohol
+ Greatest risk is of respiratory depression
+ Opiate + Benzodiazepine = recipe for an overdose

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Dual Diagnosis: Opiates

+ All animals have opiate receptors throughout their brains
+ Related to ‘survival of the species’
+ Opiates do not eliminate pain, but decrease the arousal that accompanies pain
+ Cause an increase in norepinephrine

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Opiates and Anxiety

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

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Opiates and Anxiety

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

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Opiates and Anxiety

- Opiates 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.

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Opiate Withdrawal

- Increased BP
- Increased HR
- Sweating/Chills/Hot flashes
- Bone Pain
- Dilated Pupils
- Muscle Aches
- GI Cramps/Diarrhea
- Nausea/Vomiting
- Fear you will die/Panic
- Tremor, Restlessness
- Yawning
- ‘Gooseflesh’
- Runny nose/Watery eyes
- 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/Numbness
- Sweating/Chills/Hot flashes
- Restlessness
- GI Cramps/Diarrhea/Vomiting
- Shaking/Tremor
- Inability to Concentrate
- Dizzy/Lightheaded/Tingling

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Anxiety Vs. Opiate Withdrawal

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

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Anxiety Vs. Opiate 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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Trauma and Substance Abuse

- Use Alcohol or drugs to cope
- Drink/use not to feel anything
  - 29-59% of women in AODA treatment have trauma. Likely much higher.
  - Women with PTSD have a 1.4-3.6x higher likelihood of substance abuse.


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The Connection between AODA 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
✦ “Trauma-informed care”

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Medication management: anxiety

Use an alternative to benzodiazepines, please

ANTI-ANXIETY

BENZODIAZEPINES

- Immediate relief
- Tolerance, mental dependence can result if used long-term in a susceptible individual
- Binds in the same area of brain as alcohol
- Numerous studies have stated contraindicated in PTSD as can be disinhibiting

ANTI-ANXIETY: non-addicting (prn vs sched)

- Gabapentin (prn vs scheduled)
- Clonidine
- Propranolol (situational)
- Quetiapine
- Tiagabine
- Trazodone
- Hydroxyzine
- Buspirone
How to Minimize Abuse of Medication in a Substance Abusing Population

- Avoid meds with potential for abuse whenever possible
- Education
- Limited Use of benzos if at all: e.g. small quantities (5 pills per month) for panic attacks

PDMP (Pt Drug Monitoring Program for controlled substances)
- Shorter time frames filled
- Other opiates when on replacement
- Surprises ('I forgot to tell you…')

Medication management: insomnia

*****Use an alternative to benzodiazepines/zolpidem
Insomnia: non-addicting

- Trazodone
- Clonidine
- Quetiapine
- Hydroxyzine
- Diphenhydramine
- Doxepin
- Mirtazepine

Almost always underlying the use....

- Anxiety
- Trauma
- Depression
- Insomnia

Dual Diagnosis

- In summary....
Dual Diagnosis

- Avoid addictive medications
- Focus on treatment of symptoms:
  - Sleep, Anxiety, GI upset
- 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 cannot 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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Interface Between Substance Use and Mental Health

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Hope Consortium Conference
Lac du Flambeau, WI
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DUAL DIAGNOSIS: ALCOHOL

Depression + alcohol abuse = extremely common presentation in mental health setting

Alcohol is a CNS depressant that causes and worsens depression

“Medicates” depression …. (NOT really)

Depressed drinkers often can not maintain sobriety if depression is not treated

Alcohol-abusing depressed individuals often have their alcohol use brought to attention before their depression

BEST TREATMENT IS A COMBINATION OF THERAPY AND MEDICATION MANAGEMENT

Unfortunately, alcohol may “neutralize” medications for depression

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DUAL DIAGNOSIS: COCAINE/STIMULANTS

Can cause anxiety, depression, psychosis
- Hallucinations (tactile)
- Paranoia
- Delusions
- May resemble bipolar, manic phase
- May be used to self-medicate in depressed individuals
- Popular study agents in the college population

Will have a paradoxical effect on ADHD
- Therefore not a drug of choice for this population

Neurotransmitter Effects
- Increases Dopamine reuptake (causes depletion)
- Depletion of Serotonin, Norepinephrine
  - Low mood
  - Anxiety, panic
  - Insomnia
  - Impulsivity

Medical Effects
- Vasoconstrictors
- Increase BP, arrythmias, MI
- Lung complications; sxs of pneumonia
- Lowers seizure threshold
- Lowers appetite
- Delay need to empty bladder/bowel

Withdrawal
- Tremor
- Cogwheeling
- Akathesia (restlessness)
DUAL DIAGNOSIS: MARIJUANA

Cannabinoid Receptor
- Pain control
- Physical dependency + Psychological

Also binds to mu receptor (opiate receptor)

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

Common for teens/young adults to medicate depression with pot

Common for teens and adults to medicate anxiety disorders

Can cause paranoia while under the influence, especially in those with anxiety conditions

K2/Spice: synthetic cannaboid. Binds to same receptor as marijuana. Activates the same receptors as THC, but are not THC

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DUAL DIAGNOSIS: OPIATES

CNS depressant similar to effects of alcohol

All animals have opiate receptors throughout their brains
– Related to ‘survival of the species’

Opiates do not eliminate pain, but decrease the arousal that accompanies pain

Cause an increase in norepinephrine (users may perceive a feeling of increased energy)

Use is showing no signs of slowing
– Still too easy to acquire (e.g. buying Rxs, medicine cabinets, MDs)
– Mistaken belief that prescribed meds are safe
– Numbs out pain and emotions (esp. anxiety and past trauma)

Prescribed use creates a challenge in medicating depression
– Methadone
– Oxycontin

Much of the heroin is mixed with fentanyl
-- Higher risk of overdose
-- Longer acting so more prolonged/intense withdrawal

Opiate Receptor Subtypes
– Mu: euphoria, causes withdrawal
– Kappa: pain control, no euphoria
– Delta: feeling good
– Lambda

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DUAL DIAGNOSIS: OTHER DRUGS

LSD, Other Hallucinogens
Can precipitate psychosis in those predisposed (likely genetically vulnerable)
Research in process on treating PTSD, other trauma conditions

PCP
Can cause psychosis, agitation, aggression
In crisis 12-15 hours after ingestion
Stored in fat
Dysphoria may occur long after use

Ecstasy
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?

“Bath Salts”
Neither a salt nor a bath aid
Contain the stimulants methadrone or MDPV
Most similar to methamphetamine
May cause lasting psychotic symptoms
Many users report becoming addicted quickly (after first use)