Comorbidity General Lecture

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Some Explanations for Comorbidity

1. Substance induced temporary disorders
2. Substances intensify prior psychiatric conditions
3. A few psychiatric disorders increase the risk for substance use disorders
Rationale

- Drugs can cause psychiatric symptoms
- These last days to weeks
- They clear spontaneously
Hamilton Depression Score $\geq 20^*$

* Mood swings last longer

Anxiety In 171 Primary Alcoholics

**Symptom**

- Withdrawal palpitations and/or shortness of breath 80%
- Panic while drinking 4%
- Panic while sober 2%
- Generalized anxiety while sober 4%

When 2+ Disorders Are Observed:

- Which one(s) should be treated?
- What is best therapy?
- Will disorders and/or treatments interact?
Comorbidity is Common in SUD

- 2 / 3 have 2nd diagnosis
  
  **BUT**
  
  - Most are ASPD and other SUD
  - Many others are organic
Studies of Children Of Alcoholics

Don't reveal increased psychiatric disorders
Diagnosis Can Indicate:

- When to intervene
- Treatment with best asset to risk ratio
DSM IV Major Depressive Episode

• A. 5/9 symptoms for two weeks with either (1) depressed mood or (2) loss of interest or pleasure

• B-E. Exclusion criteria

• MDD is diagnosed by symptoms and history
Alcoholism Course

• Fluctuating:
  – controlled use
  – problems
  – abstinence

• 20% spontaneous remission
Anxiety Disorders

- Panic Disorder with or without Agoraphobia
- Agoraphobia
- Social Phobia
- Specific Phobia
- Obsessive-Compulsive Disorder
- Posttraumatic Stress Disorder
- Generalized Anxiety Disorder
Depressive Symptoms in Alcoholics

• 80% Sadness
• 30% - 40% Depressive Episodes
• Question: What is the best treatment?