Psychiatric Disorders: Substance Abuse

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- About 90 percent of person with opioid dependence have an additional psychiatric disorder

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- Most common diagnosis :

- Mood disorders
- Personality disorders
- Anxiety disorders
- Substance and alcohol related disorders

- In axis I (non-SRD) : 24%
- In axis II : 35%
- Total diagnosis : 47%
- Alcohol dependence : 50%
- The severity of psychological disturbances tends to predict the overall outcome of treatment for opioid dependence

Mood disorders :

- MDD :
- 20%

- Dysthymia :
- 3.5%

- BMD :
- 0.5%

Anxiety disorders :

- Simple phobia : 3.5%
- Social phobia : 2.5%
- Panic disorder : 2%
- OCD : 0.3%
- GAD : 0.1%

Substance related disorders :

- Cocaine : 65%
- Cannabis : 50%
- Alcohol : 50%
- Sedative : 46%
- Stimulant : 20%

Personality disorders :

- Men:
- 1- Antisocial/borderline : 34%-73%
- 2- paranoid : 4.5%
- 3-Passive-aggressive : 3.7%

- Women:
- 1- Antisocial : 15%
- 2- Borderline : 10%
- 3- Avoidant : 7%

- High novelty seeking :

- Exploratory((جستجوگر
- Impulsive((تکانشگر
- Extravagant((افراطی
- Irritable((تحریک پذیر

Mood disorder

- Affective dysregulation is the most common Axis I psychiatric disorders

- Lithium and Valproate for addicts with BMD I; II
- Lithium has been used in combination with methadone without adverse interaction
- Carbamazepine induces methadone metabolism; may lead to relapse in illicit opioid use

- Opioid addicts tend to experience a decrease in depression symptoms after entering treatment

- In methadone-maintained patients whose depression antedated substance use or persisted for more than one month after admission to treatment .

Anxiety disorders

- When treatment seems indicated ,

  antidepressant medications would appear to

  be the drugs of choice

- Benzodiazepines?????

Thought disorders

Although life time rates for schizotypal features are 6 to 8 percent of patients in drug-abuse clinics , schizophrenia is uncommon

For those patients , dopamine receptor antagonists are probably useful and can be combined with methadone

Alcohol abuse

- Alcoholism is common among opioid addicts in treatment (up to50%)
- There is an inverse relation between alcohol use and heroin use
- Disulfiram (antabuse) can be combined with methadone without adverse effects

- The opioid antagonist naltrexone is approved for the treatment of opioid and alcohol abuse
- Naltrexone in methadone-maintained patients , it is contraindicated
- Naltrexone should be an ideal medication for use in a patient with opioid and alcohol dependence

Nicotine dependence

- A study of methadone-maintained patients found that more than 90 percent had a current diagnosis of nicotine dependence
- Many patients in treatment for opioid dependence are interested in stopping smoking

- Non nicotine medications :
- Bupropion
- Nortriptyline
- Clonidine （second-line）
- SSRIs and MAOIs do not appear to be effective

Sexual Dysfunctions in Opiate Users

- Among a range of potential side effects of heroin misuse and opiate-substitute treatment, sexual dysfunction is common and clinically significant.

This is an area, yet highly clinically relevant, as it could lead to non adherence to treatment.

- Sexual dysfunctions noted in chronic opiate-addicts include reduced libido an sexual performance in males and females.
- Erectile dysfunction and delayed ejaculation times in males.
- Amenorrhea and reduced fertility in females.

- 85% of male heroin users recruited to methadone maintenance treatment had sexual difficulties including lack of sexual desire, difficulty in achieving orgasm, and reduced satisfaction with sexual relations.

- Etiology:

- Coexisting psychiatric disorders are the primary cause of sexual dysfunction rather than opiates themselves.

- Plasma testosterone levels have been shown to be consistently lower in opiate addicts as compared with controls.

- Patients on lower doses of heroin and methadone has higher testosterone levels.
- A negative correlation between high dose methadone and low plasma testosterone levels were reported.
- α-adrenergic blocking activity of opiates which may directly influence the functioning of sex organs.

- Psychologic factors such as sedation, euphoria and a chaotic life style in addicts impairing sexual desire and performance.
- These patients preferring drug-procuring behaviors to sexual encounter opportunities.
- SSRIs, other treatments, Trauma, …
- Buprenorphine is a relatively recent addition to the therapeutic armamentarium and its sexual side effect profile has not yet been fully evaluated.

Sexual Dysfunction secondary to Opioids addiction

- Epidemiology
- SD in heroin addicts is about 40- 50%
- 20-33% of MMT has sexual dysfunction {SD}
- It is most in first month of treatment
- About 7% of them had not previous problem in heroin addiction [new case on MMT] and is near to normal people
- 75% who have SD on heroin have also in MMT
- Impotence ,decreased libido , premature ejaculation and general sexual dysfunction is reported up to lower percentage

Risk factors

- Methadone [in compare with buprenorphin] ,methadone =>decrease testosterone release
- High dosage of methadone [upper 100]
- Old age [upper 40]
- depression and other co morbidity
- Dosage of heroin or canabis had a minor effect ?

Erectile [arousal] disorder

- Primary or secondary impotence
- Premorbid function level
- GP 10-20% , addicts 20-30% [secondary]
- 80% over 40 years has impotence fear
- Available sex partner ,consistent sexual activity , absence or presence of vascular disease or other organic DIS
- Organic or psychological or mix ,
- In younger male psychological problems are usually cause
- Punitive superego , inadequacy ,low self confidence ,anxiety , anger and conditioning are some psychological factor

Orgasmic disorders

- Women
- Under 30 years 30% has difficulty in achieving orgasm
- Fear , rejection , negative experience , fear for pregnancy , social and cultural attitudes , guilt feeling ….
- After 35 years old orgasm increase [sexual competence . Decrease inhibition]
- SSRI ,MAOI,TCA

Orgasmic disorders

- Men
- Premature Ejaculation
- There is no exact time period for it
- When ejaculate before or immediate after entering and man could not control it at least in 50 %of coituses
- Age , novelty of sex partner , frequency, inexperience , medical conditions , opioid
- Negative Conditioning is very important, stressful situation , stressful marital relationship

IMPOTNCE due to GMC

- 20-50% has a GMC [in addicts is more]
- Medication that cause impotency
- After surgery or a major disease
- Chronic condition that decrease energy
- Depression sec to this diseases