Approach to a Patient

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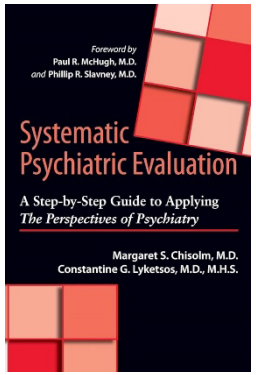
Approach to a patient – Wip's Version

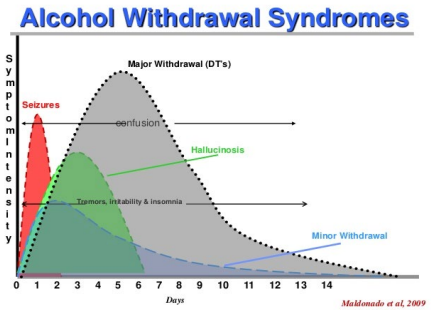
Case

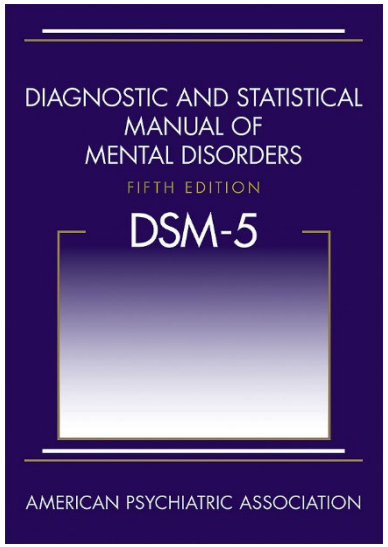
- William Munny is a 58 year old male with a history of hopelessness, anhedonia, and alcohol use.
- He presents to your drop in addiction medicine clinic with a tremulous and reveals he has consumed 13oz of vodka daily for the past couple of year. His last drink was today morning. He is barely able to leave the home due to the panic and anxiety he has every morning. Then later in the day, just stays in bed.
- He states he just wants to feel better.
- What do you do?

Approach to a patient - Outline

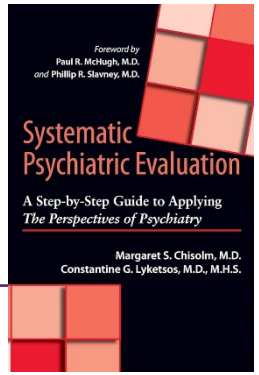


- Understand the Patient
- Addiction Medicine Clinic
- Assessment - Alcohol
- Assessment – Mental Health
- Treatment



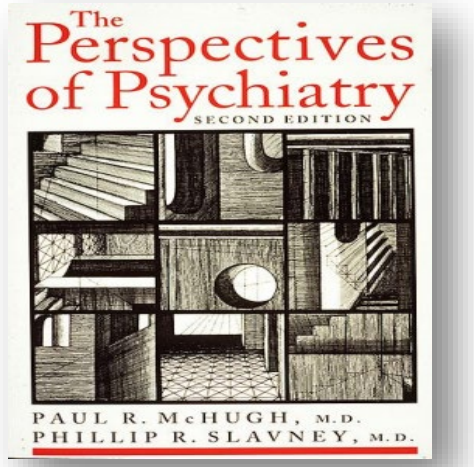


PERSPECTIVES OF PSYCHIATRY



"We have allowed the bio-psycho-social model to become the bio-bio-bio model."

Steven Sharfstein – President of the APA



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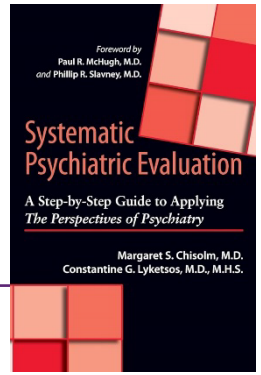


Disease

What a patient **HAS**

e.g., bipolar, schizophrenia, delirium

Dimensions

What a patient **IS**

e.g., IQ, personality inventory (NEO)

Behaviours

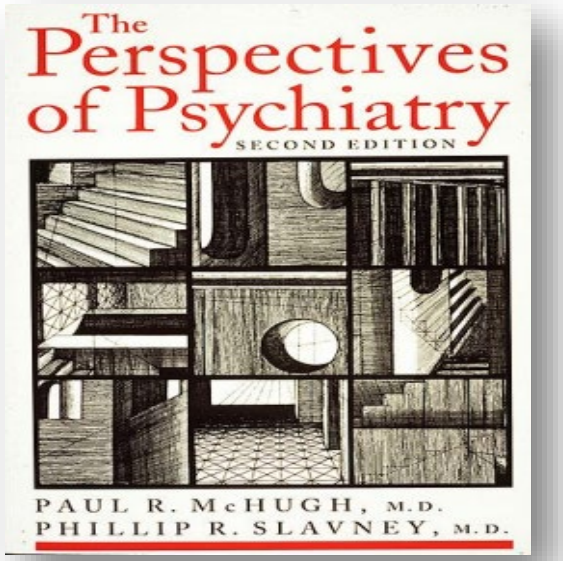
What a patient **DOES**

e.g., Substance use, behaivoural disorders

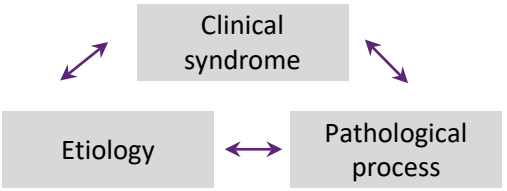
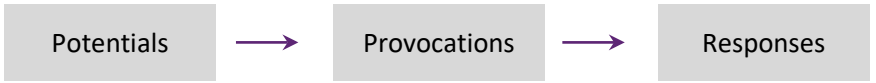
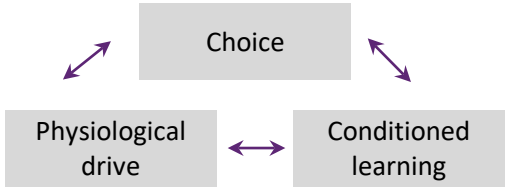
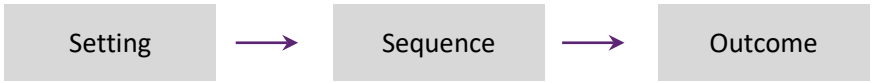
Stories

What a patient **ENCOUNTERED**

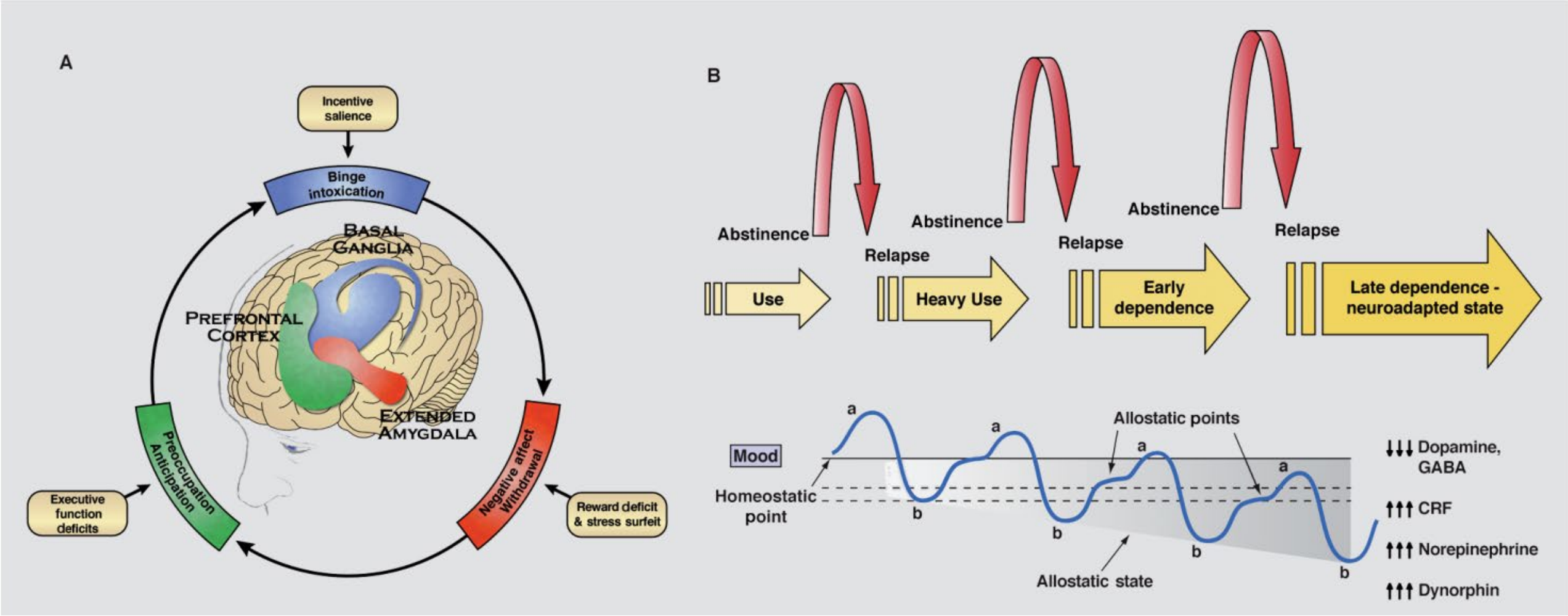
e.g., grief, PTSD



PERSPECTIVES OF PSYCHIATRY

Perspective	Triad	What a patient…
Disease		Has
Dimensions		Is
Behaviours		Does
Stories		Encounters

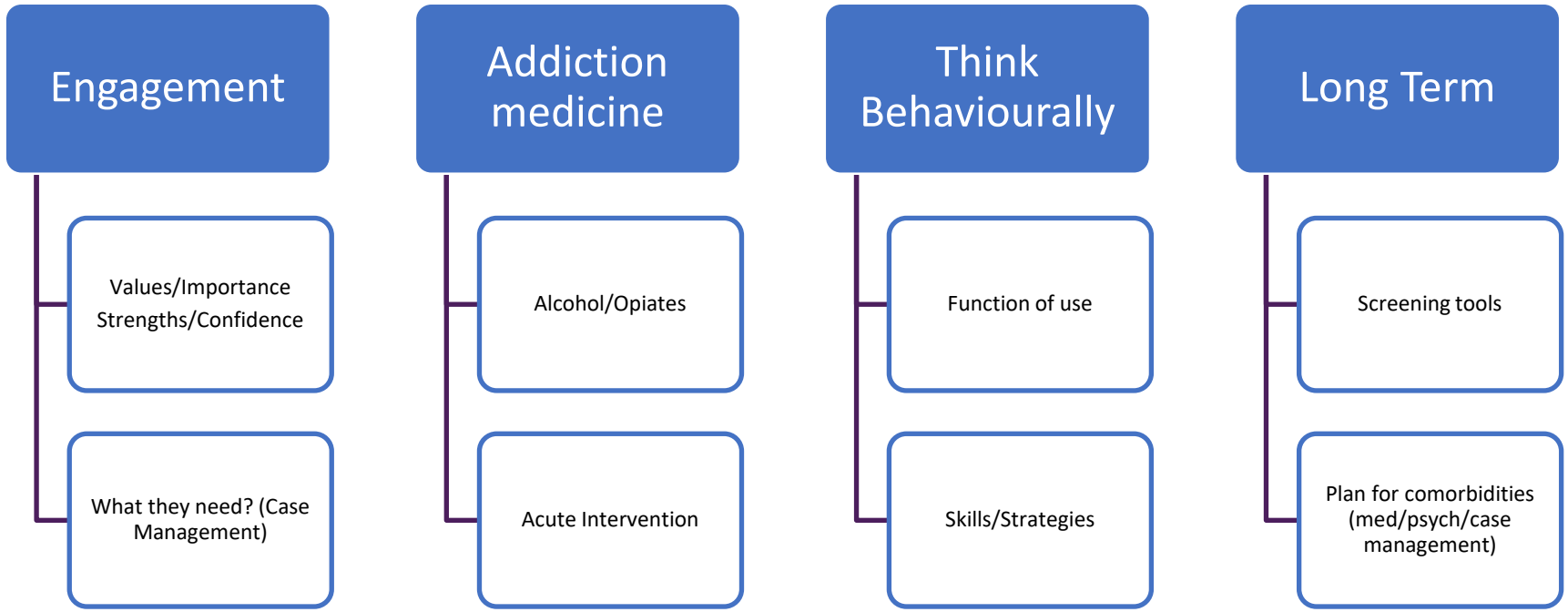
Neurobiology of addiction



George and Koob. 2017. Individual differences in the neuropsychopathology of addiction.Journal Dialogues in clini neuroscience, 19(3) Permalink https://escholarship.org/uc/item/0h66173b DOI 10.31887/dcns.2017.19.3/gkoob

ASSESSMENT: ADDICTION MEDICINE

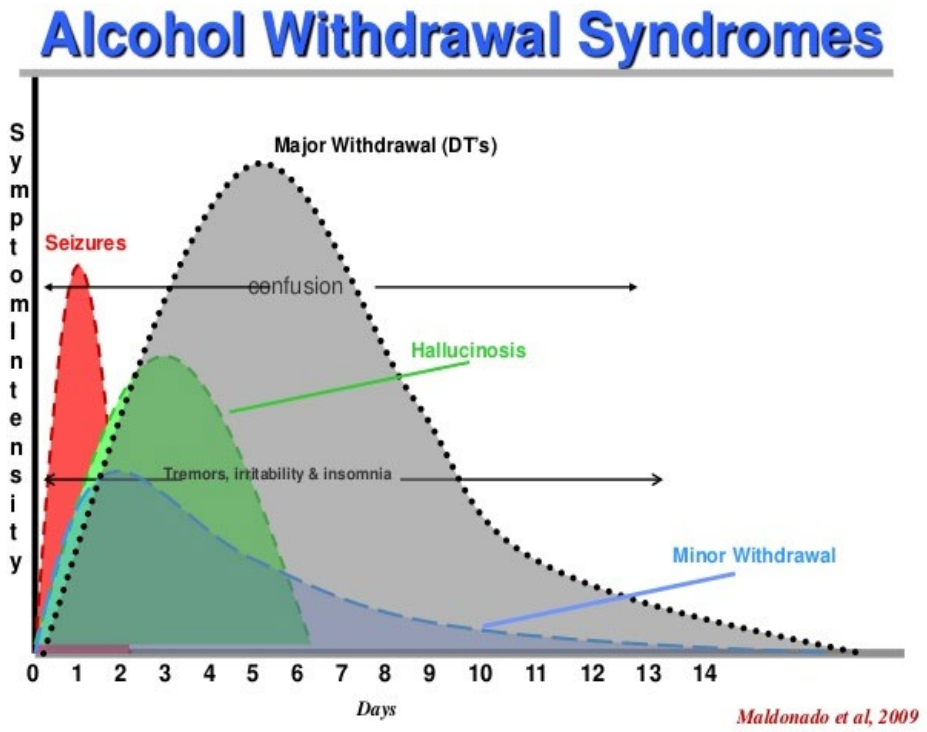
Main Goal: Engagement

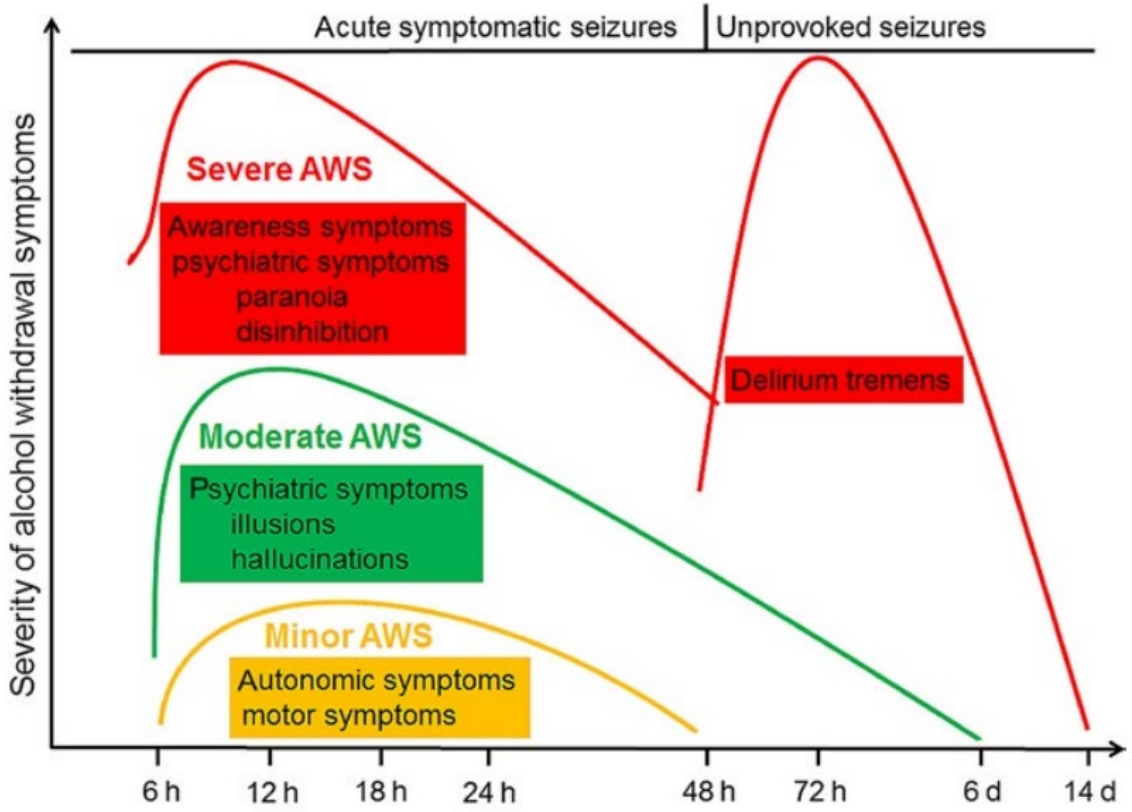


ASSESSMENT: ADDICTION MEDICINE

- First drink, weekly, daily
- Amount (SD), Duration, frequency and **pattern of use**
- Tolerance, withdrawal
- Cravings, consequences, quit attempts
- Periods of sobriety
  - How were they able to quit? What helped, previous programs? (assessing confidence and steps)
- **What is the function of his drug use? *** (important for CRA)**
- **What are the patient's values? What's important?**

Alcohol Withdrawal





Acta Neurol Scand 2017; 135: 4–16

Alcohol Detox/Maintenance

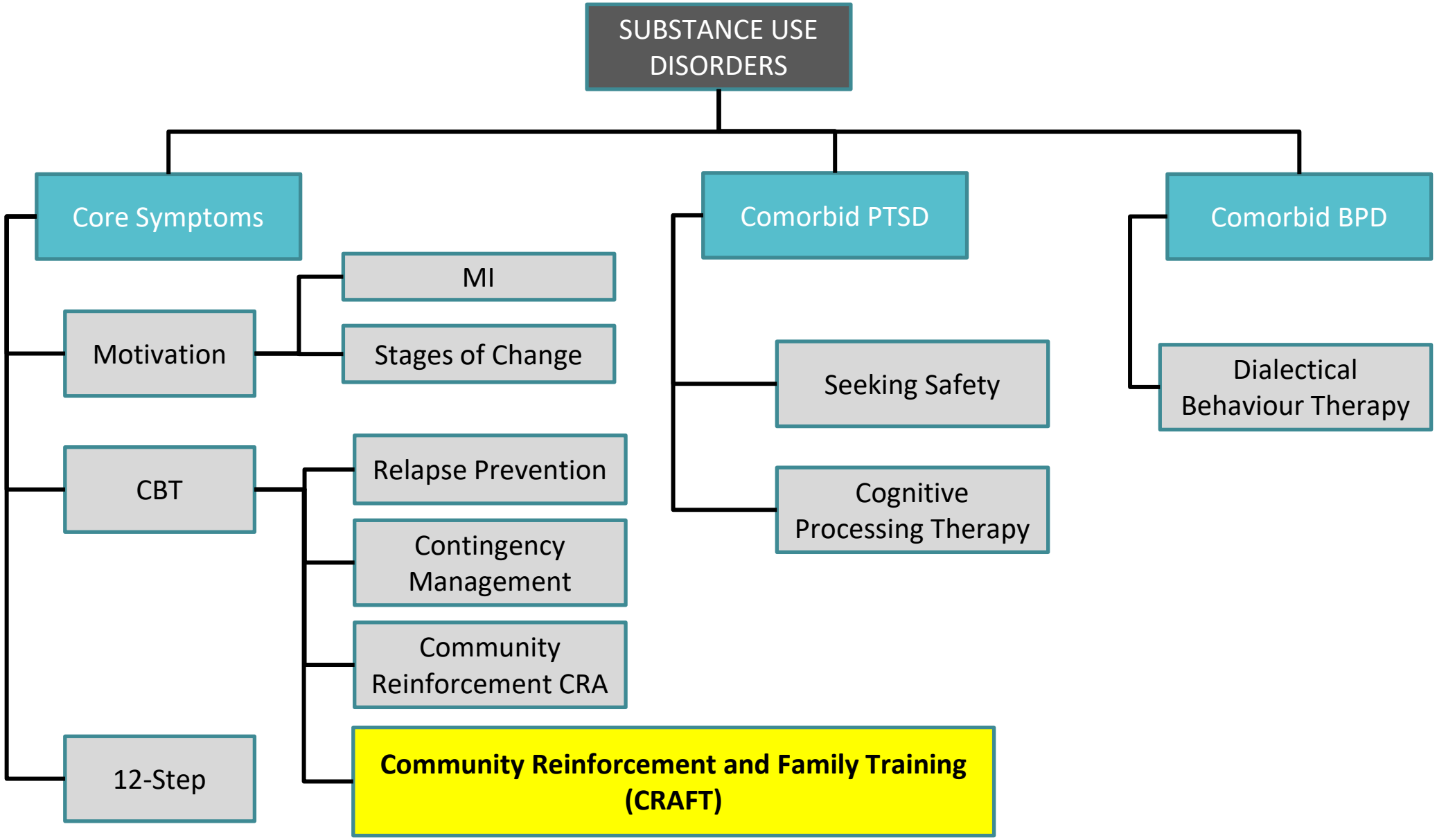
- Withdrawal
  - ?Gabapentin?
  - Lorazepam/diazepam
  - Phenobarbital

- Maintenance
  - Naltrexone
  - Accamprosate
  - Topiramate
  - Baclofen
  - Disulfiram
  - ??Gabapentin??

ASSESSMENT: MENTAL HEALTH

- SCALES
  - Gad7, phq9
  - Pc-ptsd screen, PCL -5
  - Maclean BPD screener, BSL 23
  - MDQ – bipolar – lot of false positive
  - Columbia Suicide Screener
  - Other screens of concern (ADHD, social anxiety, OCD)

- What are possible co-morbidities?
  - Psychosis (substance related or not)
  - Bipolar (1 vs 2)
  - Mood/Anxiety
  - PTSD
  - Personality traits vs disorder



Courtesy: Ketan Vegda, MD

TREATMENT: MENTAL HEALTH

- Have I optimized Skills?
  - Seeking safety – complex ptsd/ptsd
  - Distress Tolerance Skills – DBT – cluster B traits
  - CRA – 12 step – substance use
  - Full DBT if engaged

- Have I optimized pharmacotherapy?
  - SSRI – dep/anxiety
  - Mood stabilizer – bipolar spectrum
  - Antipsychotic - psychosis

ASSESSMENT: CONCURRENT DISORDER

- Addiction treatment improves psychiatric symptom severity.
- Looking at depression, anxiety, paranoid ideation and psychoticism
- 39% of subjects in residential treatment met criteria for “caseness” on admission
- This dropped to 3% on 1 and 6 month follow up
- This is why many of the psychiatric conditions require the absence of substance use in making the diagnosis.

Gossop, M., Marsden, J., & Stewart, D. (2006). Remission of psychiatric symptoms among drug misusers after drug dependence treatment. The Journal of nervous and mental disease, 194(11), 826-832.

ASSESSMENT: CONCURRENT DISORDER

- History
  - Onset of substance use
  - Onset of depression
  - Longest period of sobriety
  - Symptoms during significant period of sobriety

Case

- William Munny is a 58 year old male with a history of hopelessness, anhedonia, and alcohol use.
- He presents to your drop in addiction medicine clinic with a tremulous and reveals he has consumed 13oz of vodka daily for the past couple of year. His last drink was today morning. He is barely able to leave the home due to the panic and anxiety he has every morning.
- He states he just wants to feel better.
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Case

- What is important to the patient? What does he want to do?
- Track substance use, work through detoxification phase
- Consider medications (gabapentin, naltrexone)
- Longitudinal history, onset of mood, anxiety, alcohol use
- Scales for diagnostic signals
- Treat symptoms/diagnoses
- Watch for side effects of treatments
  - SSRI – increased suicidality, anxiety, SSRI-induced mania

Upcoming talk on AUD and Depression

Dr. Matthew will review the data

Wednesday June 26, 330 pm

Summary slides

Summary of Evidence I

- Every study recommended the use of antidepressant drugs in those with concurrent MDD and AUD.
  - The most commonly recommended drugs were Imipramine, Desipramine or Nefazodone.
- Only one meta-analysis (out of seven) questioned the use of SSRIs. None explicitly advised against their use. Five recommended the use of SSRIs.
- No individual RCT included in these meta-analyses showed a statistically significant worsening of depression scores or alcohol consumption.
- Overall, patients prescribed SSRIs as a whole may experience more adverse events than placebo, but when studied directly for each adverse event specifically, this effect is not present.

Summary of Evidence II

Name of First Author	Year	# of Studies Included for SSRIs	Benefit of SSRIs?	SSRI Benefit	Assessed Publication Bias?
Nunes	2004	4	Did not break down		Yes – none found
Torrens	2005	5	No		No
Iovieno	2011	6	No		No
Foulds	2015	5	Did not break down		Yes – none found
Agabio	2018	10	Yes	- Higher abstinence - Lower heavy drinking days	Yes, benefit persisted when corrected for
Stokes	2020	6	No		Yes – bias for Bipolar studies
Grant	2021	15	Yes	- Higher functional status - Less alcohol consumption	Yes, benefit persisted when corrected for