

Clinicians' views on treating posttraumatic stress disorder and substance use disorder.

Najavits LM. *Journal of Substance Abuse Treatment* 22(2): 79-85, 2002. (21 refs.)

The dual diagnosis of posttraumatic stress disorder (PTSD) and substance use disorder (SUD) is reported to be both highly prevalent and highly challenging. In this study, 147 clinicians were surveyed on their degree of difficulty and gratification in working with each disorder (PTSD, SUD) and their combination; specific types of difficulties and gratifications; and personal and professional characteristics. The dual diagnosis was perceived as more difficult than either disorder alone; but, interestingly, gratification in the work was higher than its difficulty. Areas of greatest difficulty were clients' self-destructiveness, case management, and dependency; areas of greatest gratification were teaching new coping, developing expertise, and helping clients achieve abstinence. In general, difficulty and gratification appeared to be separate constructs, rather than simply opposites. Those finding the work most difficult were more likely to be in a mental health setting and to have no personal history of trauma. Clinical implications are discussed. Copyright 2002, Pergamon Press.

Medication compliance and comorbid substance abuse in schizophrenia: Impact on community survival 4 years after a relapse.

Hunt GE; Bergen J; Bashir M. *Schizophrenia Research* 54(3): 253-264, 2002. (49 refs.)

This prospective study examined the effect of medication compliance and substance abuse on 4 year outcome in 99 patients following a relapse of schizophrenia. Univariate survival analysis revealed longer community tenure in patients if they were over the age of 35 years, not admitted 2 years prior to the index episode, remained medication compliant and did not abuse substances during the follow-up interval. Comparisons between patients grouped according to medication compliance and current substance abuse indicated that those patients who regularly took their medication but also abused substances were readmitted to hospital sooner (median survival, 10 months) compared to compliant patients who did not use substances (37 mos). For noncompliant patients, time to first readmission was shorter for patients with a dual diagnosis (5 months) compared to patients with a singular diagnosis of schizophrenia (10 months). Over the 4 year period, noncompliant patients

with a dual diagnosis (n = 28) accounted for 57% of all hospital readmissions for the cohort and averaged 1.5 admissions per patient year. These data indicate that much of the benefit that antipsychotic medication has on increasing community survival is reduced by substance abuse. This interval is further reduced in patients who are both substance abusers and noncompliant with medication resulting in a revolving door situation of frequent hospital admissions. Integrated treatment programs which address these issues are likely to reduce the need for hospital readmission in patients with a dual diagnosis.

Copyright 2001, Elsevier Science Publishers.

Tobacco and cannabis smoking cessation can lead to intoxication with clozapine or olanzapine.

Zullino DF; Delessert D; Eap CB; Preisig M; Baumann P. *International Clinical Pharmacology* 17(3): 141-143, 2002. (18 refs.)

Plasma levels of clozapine and olanzapine are lower in smokers than in nonsmokers, which is mainly due to induction of cytochrome P4501A2 (CYP1A2) by some smoke constituents. Smoking cessation in patients treated with antipsychotic drugs that are CYP1A2 substrates may result in increased plasma levels of the drug and, consequently, in adverse drug effects. Two cases of patients who smoked tobacco and cannabis are reported. The first patient, who was receiving clozapine treatment, developed confusion after tobacco and cannabis smoking cessation, which was related to increased clozapine plasma levels. The second patient, who was receiving olanzapine treatment, showed important extrapyramidal motor symptoms after reducing his tobacco consumption. The clinical implication of these observations is that smoking patients treated with CYP1A2 substrate anti-psychotics should regularly be monitored with regard to their smoking consumption in order to adjust doses in cases of a reduction or increase in smoking.

Copyright 2002, Lippincott, Williams and Wilkins, Inc.

Prevalence of smoking in psychiatric patients. (review).

Poirier MF; Canceil O; Bayle F; Millet B; Bourdel MC; Moatti C; Olie JP; Attar-Levy D. *Progress in Neuro-Psychopharmacology & Biological Psychiatry* 26(3): 529-537, 2002. (52 refs.)

Compelling evidence that tobacco-smoking is a form of drug addiction exists. The aim of this study is to determine

the following: (1) prevalence of tobacco-smoking and of nicotine dependence in French psychiatric patients; (2) rates and patterns of tobacco smoking and of nicotine dependence according to diagnosis; (3) relationship between current smoking status and antipsychotic medications; and (4) relationship between cigarette smoking and neurological side effects induced by neuroleptics. A population of 711 psychiatric in- and outpatients was assessed using: (1) a detailed smoking self-questionnaire for smoking history and nicotine dependence; and (2) a questionnaire for staff covering treatments and DSM-III-R diagnoses. Data were analyzed using chi(2) analysis of variance (ANOVA) tests (one factor) for quantitative comparisons between groups of patients, and analysis of covariance (ANCOVA) test with age covariate was performed for age-dependent variables. Prevalence of smoking in the population of psychiatric patients was significantly higher than in the French general population. Diagnoses among current smokers were mainly substance-related disorder and schizophrenia. The authors established correlations between prevalence of smoking and age, sex, marital and socioeconomic status, alcohol use, coffee consumption and other psychoactive substance use or abuse. The authors did not find relationship between smoking prevalence and institutionalization. Neuroleptic neurological side effects were significantly fewer among smokers compared to nonsmokers. However, the rate of smokers was significantly higher in psychiatric patients receiving neuroleptic drugs. Nicotine abuse in psychiatric patients, and especially in schizophrenic patients, could support the hypothesis that smoking is consistent with self-medication.

Copyright 2002, Pergamon-Elsevier Science, Ltd.

Patterns of change in depressive symptoms during smoking cessation: Who's at risk for relapse?

Burgess ES; Brown RA; Kahler CW; Niaura R; Abrams DB; Goldstein MG; Miller IW. *Journal of Consulting and Clinical Psychology* 70(2): 356-361, 2002. (31 refs.)

The authors examined patterns of change in depressive symptoms during smoking cessation treatment in 163 smokers with past major depressive disorder (MDD). Cluster analysis of Beck Depression Inventory (A. T. Beck, C. H. Ward, M. Mendelson, J. Mock, & J. Erbaugh, 1961) scores identified 5 patterns of change. Although 40% of participants belonged to clusters characterized by increasing depressive symptoms during quitting (rapid increasers, n = 31, and delayed increasers, n = 35), almost 47% were in clusters characterized by decreasing symptoms (delayed decreasers, n = 24, and rapid decreasers, n = 52). Both rapid and delayed increasers had especially poor smoking cessation outcomes. Results suggest that among smokers with an MDD history there is substantial heterogeneity in patterns of depressive symp-

toms during quitting and that patterns involving increased symptoms are associated with low abstinence rates.

Copyright 2002, American Psychological Association, Inc.

Tobacco and cannabis smoking cessation can lead to intoxication with clozapine or olanzapine.

Zullino DF; Delessert D; Eap CB; Preisig M; Baumann P. *International Clinical Pharmacology* 17(3): 141-143, 2002. (18 refs.)

Plasma levels of clozapine and olanzapine are lower in smokers than in nonsmokers, which is mainly due to induction of cytochrome P4501A2 (CYP1A2) by some smoke constituents. Smoking cessation in patients treated with antipsychotic drugs that are CYP1A2 substrates may result in increased plasma levels of the drug and, consequently, in adverse drug effects. Two cases of patients who smoked tobacco and cannabis are reported. The first patient, who was receiving clozapine treatment, developed confusion after tobacco and cannabis smoking cessation, which was related to increased clozapine plasma levels. The second patient, who was receiving olanzapine treatment, showed important extrapyramidal motor symptoms after reducing his tobacco consumption. The clinical implication of these observations is that smoking patients treated with CYP1A2 substrate anti-psychotics should regularly be monitored with regard to their smoking consumption in order to adjust doses in cases of a reduction or increase in smoking.

Copyright 2002, Lippincott, Williams and Wilkins, Inc.

Bupropion treatment for cocaine abuse and adult attention-deficit/hyperactivity disorder.

Levin FR; Evans SM; McDowell DM; Brooks DJ; Nunes E. *Journal of Addictive Diseases* 21(2): 1-16, 2002. (40 refs.)

There are few published studies assessing the efficacy of pharmacologic treatments for attention-deficit hyperactivity disorder (ADHD) among substance abusers seeking treatment. Eleven patients who met DSM-IV diagnostic criteria for cocaine dependence and adult ADHD were entered into a 12-week single-blind trial of divided daily doses of bupropion (BPR). All patients received weekly individual standardized relapse prevention therapy. Treatment compliance and retention were good. Patients reported significant reductions in attention difficulties, hyperactivity and impulsivity. Self-reported cocaine use, cocaine craving, and cocaine positive toxicologies, also decreased significantly. In a previously published trial, 12 patients who met similar diagnostic criteria for adult ADHD and cocaine dependence were entered into a 12-week trial of divided daily doses of sustained-release methylphenidate (MPH). Improvements observed on BPR were similar to, and did not differ from

those previously observed with MPH. These preliminary data suggest that BPR may be as effective as sustained-release MPH, when combined with relapse prevention therapy, for cocaine abusers with adult ADHD. However, a future study directly comparing BPR to MPH in a double-blind placebo-controlled trial is needed.

Copyright 2002, The Haworth Press, Inc.

Alcohol abuse in social phobic patients: Is there a bipolar connection?

Perugi G; Frare F; Madaro D; Maremmani I; Akiskal HS.

Journal of Affective Disorders 68(1): 33-39, 2002. (39 refs.)

Background: Epidemiological and clinical studies have reported the frequent co-occurrence of social phobia (SP) and alcohol use disorders. Patients with SP often use alcohol to cope with the social situations they fear, and to lessen anticipatory anxiety, behavioral inhibition, and phobic avoidance. We investigated whether the presence of lifetime comorbidity with alcohol abuse was associated with significant differences as regards demographic and clinical features, family history and pattern of comorbidity in a large clinical sample of SP outpatients. Method: The sample comprised 153 outpatients who met DSM-III-R diagnostic criteria for SP. Demographic, family history and course characteristics were investigated by a semi-structured interview. Social phobic symptoms and the severity of the illness have been assessed by the Liebowitz Social Anxiety Scale (LSAS) and the Liebowitz Social Phobic Disorders Rating Scale, Severity (LSPDRS). Patients completed the Hopkins Symptom Checklist (HSCL 90). Results: Thirty-four patients (22.2%) had a past or current history of alcohol abuse for at least 1 year. There were no significant differences between these patients and those without a history of alcohol abuse, as regards demographic features and lifetime comorbidity with major depression and other anxiety disorders. Bipolar disorder type II was found almost exclusively among patients with alcohol abuse, as well as family history for bipolar disorders. Limitations: Retrospective study. Conclusions: Our data indicate a strong relationship between bipolar II disorder and alcohol abuse comorbidity in patients with SP. The socializing and disinhibiting effect that many social phobics report might be mediated by mood elation induced by alcohol. The presence of bipolar diathesis in patients presenting with social anxiety might explain their increased susceptibility to alcohol, as they might undertake alcohol abuse as an attempt to overcome social difficulties.

Copyright 2001, Elsevier Science Publishing Co., Inc.

Posttraumatic stress, problem drinking, and functional outcomes after injury.

Zatzick DF; Jurkovich GJ; Gentilello L; Wisner D; Rivara FP. *Archives of Surgery* 137(2): 200-205, 2002. (39 refs.)

Hypothesis: Patients undergoing trauma surgery for injury who have subsequent posttraumatic stress disorder (PTSD) or problem drinking will demonstrate significant impairments in functional outcomes compared with patients without these disorders. Design: Prospective cohort study. Setting: Level 1 academic trauma center. Participants: One hundred one randomly selected survivors of intentional and unintentional injuries were interviewed while hospitalized and again 1 year later. The investigation achieved a 73% 1-year follow-up rate. Main Outcome Measures: Posttraumatic stress disorder was assessed with the Post-traumatic Stress Disorder Checklist and problem drinking was assessed with the Alcohol Use Disorder Identification Test. Functional status was assessed with the Medical Outcomes Study 36-Item Short-Form Health Survey. Results: One year after injury, 30% of patients (n=22) met Symptomatic criteria for PTSD and 25% (n = 18) had Alcohol Use Disorder Identification Test scores indicative of problem drinking. Patients With PTSD demonstrated significant adverse outcomes in 7 of the 8 domains of the Medical Outcomes Study 36-Item Short-Form Health Survey compared with patients without PTSD. In multivariate models that adjusted for injury severity, chronic medical conditions, age, sex, pre-injury physical function, and alcohol use, PTSD remained the strongest predictor of an adverse outcome. Patients with problem drinking did not demonstrate clinically or statistically significant functional impairment compared with patients without problem drinking. Conclusions: Posttraumatic stress disorder persisted in 30% of patients 1 year after traumatic injury and was independently associated with a broad profile of functional impairment. The development of treatment intervention protocols for trauma patients with PTSD is warranted.

Copyright 2002, American Medical Association.

One-year follow-up of dual diagnosis patients attending a 4-month integrated inpatient treatment.

Moggi F; Brodbeck J; Koltzsch K; Hirsbrunner HP;

Bachmann KM. *European Addiction Research* 8(1): 30-37, 2002. (48 refs.)

The purpose of this study was to assess a 4-month inpatient treatment program based on integrated models for patients with substance use and psychiatric disorders (dual diagnosis patients). On admission and at the 1-year follow-up, a consecutive sample of 118 dual diagnosis patients who entered the program were assessed by interview. Eighty-four patients (70.6%) completed the 1-year follow-up interview, reporting less frequent substance use, less severe psychiatric symptoms, a lower rehospitalization rate, and better housing conditions than on

admission. Patients diagnosed with a comorbid personality disorder had a better improvement in the frequency of drinking and were less likely to be rehospitalized than patients with schizophrenia or depression. The results suggest that the integrated inpatient program may be a promising treatment approach for dual diagnosis patients. The results await replication in controlled studies that need to include an assessment of outpatient treatment following inpatient programs.

Copyright 2002, S. Karger Publishers.

Recognizing comorbidity among drug users in treatment.

Johnson ME; Brems C; Burke S. *American Journal of Drug and Alcohol Abuse* 28(2): 243-261, 2002. (31 refs.)

This study identified comorbidity (coexistence of substance abuse and mental health diagnoses) rates and characteristics among 104 clients in a substance abuse treatment setting. To identify commonly collected intake variables that can be used for early identification of drug

users with coexisting mental health concerns, participants completed a demographics questionnaire, brief symptom inventory, behavior and symptom identification scale (BASIS-32), and a drug and alcohol assessment. Results revealed a comorbidity rate of 45% and significant relationships between comorbidity and the following variables: absence of prior treatment, greater rates of unemployment, poorer physical health, poorer functioning in a variety of areas, greater symptom severity regarding drug use, poorer mental health, and greater rates of homelessness. Of these, the first four variables were the most powerful predictors of comorbidity. It can be concluded that unemployment without looking for work, difficulties relating to self and others, not having received prior outpatient treatment, and having poorer physical health can signal the possible presence of coexisting mental health problems. Implications for early detection and subsequent treatment planning are discussed.

Copyright 2002, Marcel Dekker, Inc. Used with permission
