

# The Impact of Alcohol Use on Individuals with Mental Illness

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# Learning Objectives

## AUD and Mental Illness

- AUD and Psychotic Disorders
- AUD and Bipolar Disorder
- AUD and Depression
- AUD and Anxiety
- AUD and PTSD
- AUD and COVID-19

## Integrated Treatment Approaches

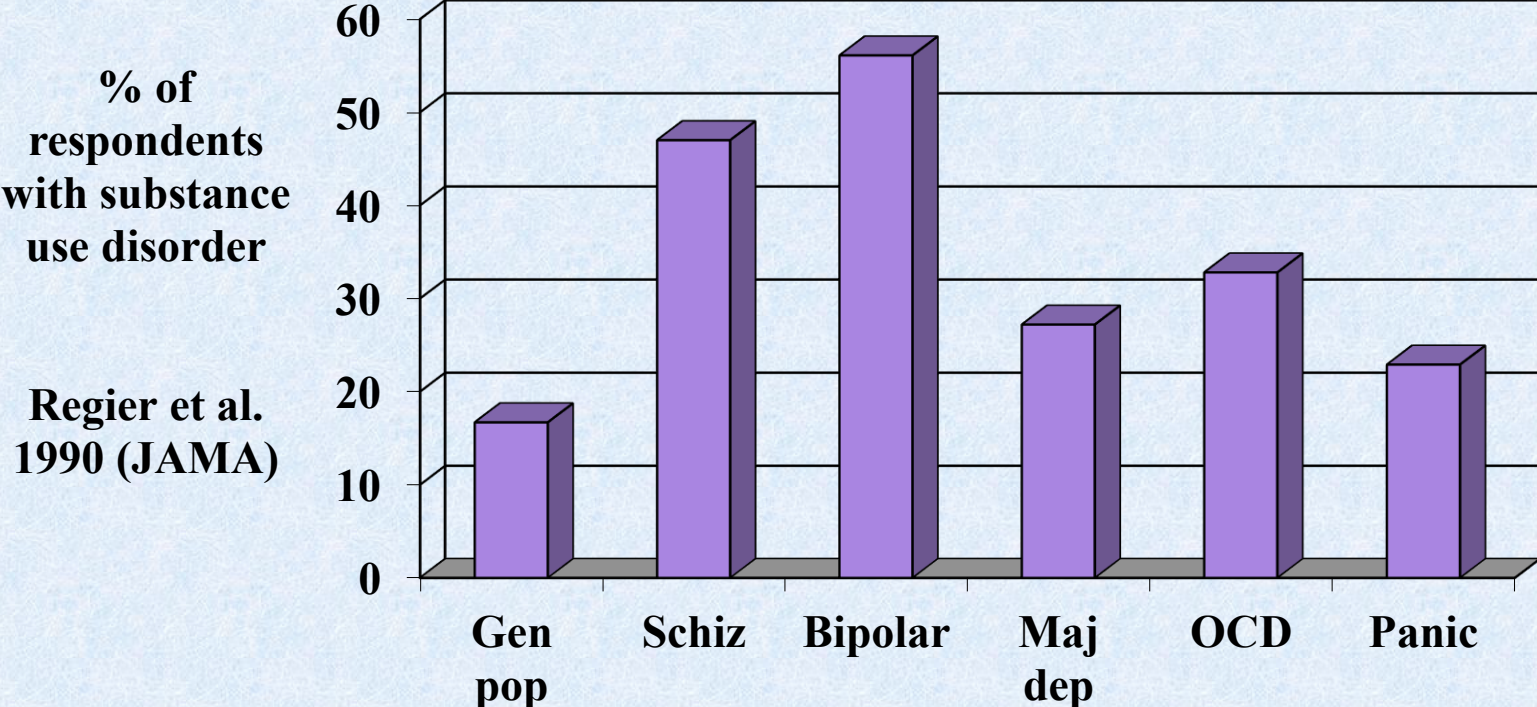






# Impact of Alcohol Use Disorders (AUDs) and Mental Illness

# How frequent are substance use disorders for people with mental illness?



Regier et al.  
1990 (JAMA)

# Co-occurring disorders lead to worse outcomes than single disorders

- Relapse of mental illness and substance use disorder
- Homelessness and incarceration
- Violence, victimization and suicidal behavior
- Medical problems, HIV and hepatitis risk behaviors and infections
- Family problems
- Increase service use and cost
- Employment problems



# AUD and Psychotic Disorders

AUD is associated with more severe courses of schizophrenia.

- Poorer quality of life in physical health, such as daily activities, energy, mobility, functional capacity, pain, and sleep disorders (Connor, 2016; Subramaniam, 2017).
- Chronic medical conditions, including cardiovascular diseases (e.g., hypertension, heart failure, liver failure, and digestive illnesses, Gowing, 2015; Rehm, 2010).
- Unhealthy lifestyle – smoking, low physical activity, etc.
- Poorer adherence to medical regimens, including psychotropic medications.

# AUD and Bipolar Disorder

AUD is associated with increased severity of manic and depressive symptoms

- Poorer prognosis, decreased functioning
- Increased suicide risk
- Increased risk of aggression
  - Manic symptoms often include self-control dysregulation and impulsivity. (Swann, Dougherty, Pazzaglia, Pham, & Moeller, 2004), irritability and aggressiveness (Cassidy, Murry, Forest, & Carroll, 1998; Garno, Gunawardane, & Goldberg, 2008).
  - Alcohol use when manic may lower the threshold for reacting to provocations with aggression (Quigley, Houston, Antonius, et al. 2018).

# AUD, SMI and Increased Neurocognitive Impairment

- AUD in the general population contributes to increased likelihood of deficits in episodic memory, attention, processing speed, visuospatial and motor abilities, verbal fluency, decision making, and problem solving,
- Schizophrenia and Bipolar Disorder can each result in neurocognitive impairment on their own.
- A systematic review of the literature in 2015 indicated that those with both Bipolar Disorder and AUD show more severe and widespread neurocognitive deficits than people with a single disorder.



# Depression vs Alcohol Induced Depression

- **Depression** – 5 or more symptoms must be present for 2 or more weeks.
  - Depressed mood or anhedonia
  - Disturbances in sleep or appetite,
  - Psychomotor behaviors,
  - Energy concentration,
  - Decision making
  - Beliefs about thoughts or worthlessness or guilt
  - Suicidal ideations/behavior
- **Alcohol Induced Depression** - depressed mood or anhedonia that occurs only during or after alcohol intoxication or withdrawal and remits after 3-4 weeks of abstinence.
- **Overlapping symptoms** such as the depressant effects of alcohol and features that are common to both alcohol withdrawal and depression (insomnia, psychomotor agitation).
- Identify periods of depression outside of periods of drinking or withdrawal.
- **Collect collateral information.**

# AUD and Depression

- Research is clear that depression symptoms tend to improve with abstinence, as soon as 3-4 weeks (Liappas J., Paparrigopoulos T, Tzavellas E, et al.2002).

# Acute Alcohol Use and Suicide

- Research suggests that for people who have suicidal ideations, acute alcohol use contributes to narrow focusing of attention on one's emotional state and circumstances. (Steele & Josephs, 1990).
- Recent research looking at the 24-hour period before a suicide attempt shows that acute alcohol use during a given hour increases the intensity of the suicidal ideation in the next hour. (Bagge, Littlefield, Conner, et. al., 2014).
- Research suggests that acute alcohol use is associated with transitioning rapidly from suicidal impulse to action.
  - This is likely because alcohol contributes to disinhibition (Bryan, Garland & Rudd, 2016).



# AUD and Anxiety

- GAD has been associated with heavier drinking, more frequent hospitalizations, increased risk for relapse to substance use after treatment, and increased risk for leaving treatment against medical advice (Bruce et al. 2005; Compton, Cotler, Jacobs, Ben-Abdallah & Spitznagel, 2003, Elmquist, Shorey, Anderson and Stuart, 2016; Kushner, Abrams, & Borchards, 2000, Magidson, Liu, Lejuez & Blanco, 2012, Wittchen, 2002).
- Studies suggest that people with AUD and Anxiety tend to have poorer treatment outcomes for AUD (Farris, Epstein, McCrady, et al. 2012; Schellekens, DeJong, Buitelaar, et al. 2015).
  - More frequently return to drinking within 4 months following intensive residential treatment for alcohol misuse (52% vs. 21%). (Kushner, Abrams, Thuras, et al. 2005).

# AUD and PTSD

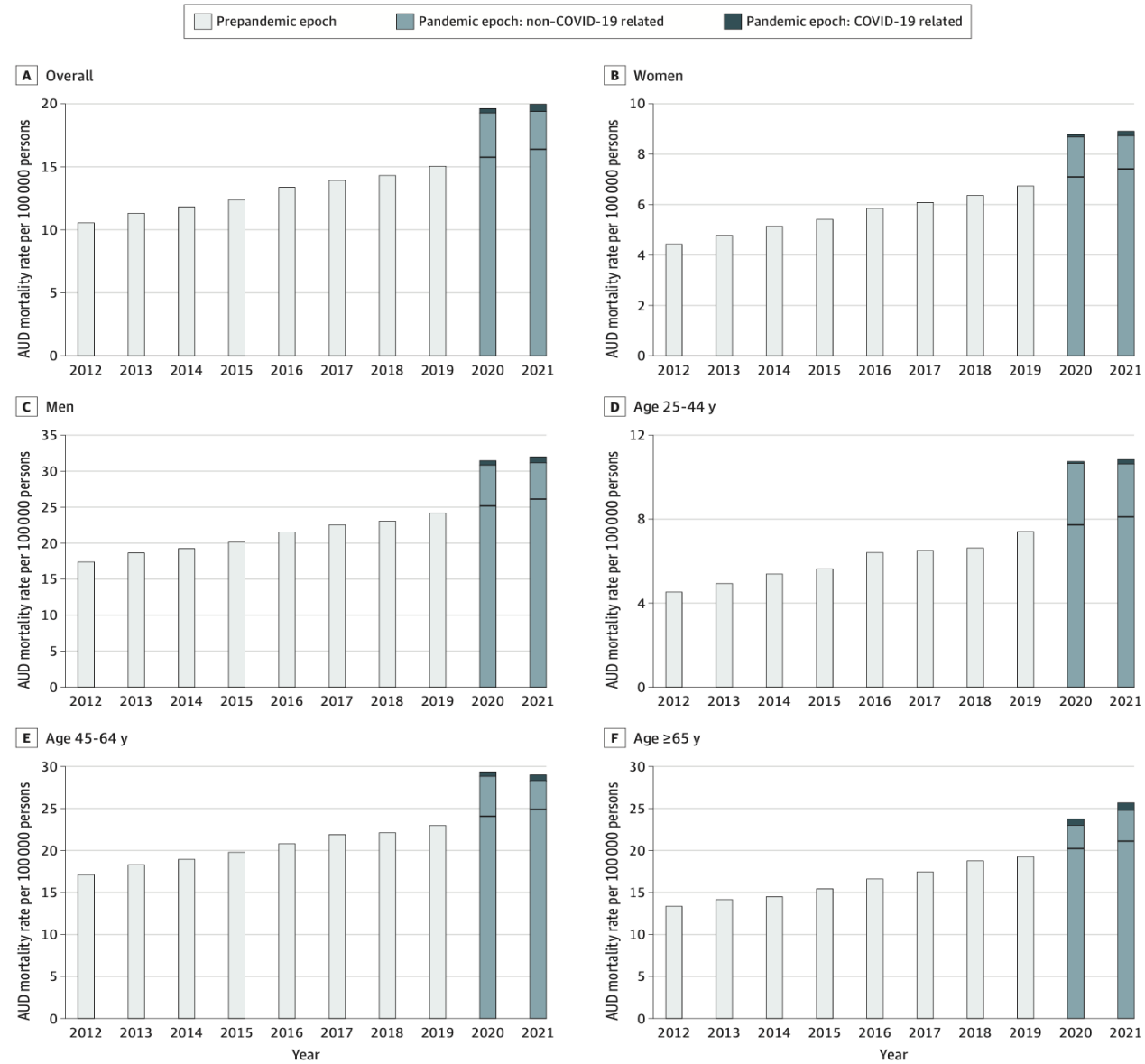
- Approximately one in three people who have experienced PTSD have also experienced AUD at some point in their life (Kessler, Crum, Warner, et al., 1997; Blanco, Xu, Brady, et al., 2013, as cited by Smith, & Cottler, 2018).
- Factors contributing to high rates of PTSD and AUD
  - Self-Medication Hypothesis
  - High Risk Hypothesis
  - Susceptibility Hypothesis
  - Shared Vulnerability Hypothesis(Straus, Haller, Lyons, & Norman, 2019).

# AUD Mortality Rates Have Increased during the COVID-19 Pandemic

- In 2020, the observed alcohol use disorder-related deaths were about 25% higher than the projected rates.
- In 2021, the observed rates were about 22% higher than projected.
- People who died from AUD causes tended to have social determinants of health deficits that can make it harder for them to access healthcare and help.
- Older adults had the highest mortality rate overall.
- Younger adults (ages 25-44 years) suffered the greatest surge.



Figure. Trends in Alcohol Use Disorder–Related Mortality Before and During the COVID-19 Pandemic, 2012 to 2021



Mortality rates are presented for decedent groups stratified by sex and age. Linear regression was used to obtain projected values according to trends from 2012 to 2019. Horizontal black lines denote projected mortality rates.

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# Integrated Treatment



**Does Sobriety Lead to a  
More Satisfying Life or  
Does a More Satisfying Life  
Lead to Sobriety?**

**Please reply in the chat box**



# SAMHSA Definition of Recovery

Four major dimensions that support a life in recovery:

- **Purpose:** having meaningful daily activities, such as a job, school, volunteerism, family caretaking, or and the income and resources to participate in community activities.
- **Home:** having a stable and safe place to live.
- **Community:** having relationships and social networks that provide support, friendship, love, and hope.
- **Health:** accessing care for overcoming or managing one's disease(s) or symptoms, including physical and behavioral health, and making informed, healthy choices that support physical and emotional wellbeing.

Retrieve - <https://www.samhsa.gov/find-help/recovery>

# Integrated Treatment

- Evolving Evidence-Based Practice (EBP) derived from over 30 years of research conducted with programs and treatments designed for people with co-occurring disorders.
- People demonstrated better outcomes when services incorporated
  - *motivational approaches*
  - *assertive outreach for those not responding to office-based care*
  - *comprehensiveness*
  - *a long-term perspective*
  - *within the structure of a multidisciplinary team.*

# Clinical Components of Integrated Treatment for Co-Occurring Disorders

- Stage-wise interventions
- Assertive outreach
- Motivational interventions
- Substance use counseling and recovery mgt.
- Dual disorders groups
- Family psychoeducation
- Mutual aid groups
- Psychopharmacological treatment
- Physical health (harm reduction) approaches

<https://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4366>



# Medication Assisted Treatment

- Medications for alcohol use disorder when used in combination with psychosocial treatments, are proven to decrease the frequency and severity of relapse in patients with alcohol use disorder (AUD) (CSAT, 2009)
- Historically, medications for AUD have been underutilized in mental health centers serving people with co-occurring mental health and AUD (Abram, 1989; Abram & Teplin, 1991; Lagerberg et al., 2010).

As cited by Bromely, Tarn, McCreary et al. 2020

# Medication Assisted Treatment

## Underutilization- Patient Barriers

- Cognitive impairment and amotivation (DiClemente, Nidecker, & Bellack, 2008; Miller, 2006)
- A lack of trust of treatment institutions (Johnson et al., 2015)
- Cultural beliefs and provider stigma (Eliason & Amodia, 2006)

## Underutilization - Structural Barriers

- Limited provider training
- Under-identification of co-occurring disorders
- Limited service availability.

# Mutual Aid for People with SMI

- Alcoholics Anonymous is underused among individuals with co-occurring AUD and psychotic disorders (Archibald, L., Brunette, M.F., Wallin, et al. 2019).
- Those with psychotic disorders tend to benefit from the education and support received by attending 12-step meetings, but less so having acute psychotic symptoms (Magura, Laudet, Mahmood, et al. 2003).
- Research supports higher rates of abstinence, better adherence to psychiatric medication, and improved personal functioning for people who attended Dual Disorders Anonymous and Dual Recovery Anonymous as compared to those who attended Alcoholics Anonymous (Bogenschutz, Geppert, George, 2005).

As cited by Archibald, Brunette, Wallin, et al, 2019)



# Other Evidence-Based Practices for People with SUD and SMI – Resources

- Supported Employment/Individual Placement and Support  
Retrieve - <https://ipsworks.org/index.php/what-is-ips/>
- Assertive Community Treatment  
Retrieve - <https://act.psych.iupui.edu/>
- Housing First/Permanent Supported Housing  
Retrieve - <https://www.csh.org/supportive-housing-101/>





**Questions / Comments**





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