Bipolar and Substance Use Disorders

**Bipolar Disorder and Substance Use Disorders**

**Scope of the Problem:**

* SUDs are prominent in bipolar disorder, and bipolar disorder can be just as common in substance use disorders.
* Substance abuse can trigger or predispose to bipolar disorder and bipolar disorder can predispose to substance abuse.
* Bipolar disorder is highly likely to develop a SUD along with other comorbid disorders.
* There are significant challenges of treating bipolar disorder, especially when it is associated with an alcohol or other substance use disorders.
	+ Interferes with treatment and medication management

**Demographic Data/Statistics:**

* Substance abuse and bipolar disorder both frequently begin in adolescence or early adulthood.
* A study done from 1993-1999 was completed with participants who met DSM‐IIIR criteria for manic or mixed bipolar episodes at John Umstead Hospital.
* Alcohol or substance abuse was reported to precede the first manic episode in about 1/3 of patients.
* Substance abuse was found to be more common in males than in females.
* Use of substances in patients with both diagnoses decreased with age, older patients were found to have decreased their use.
* Substance abuse histories were obtained in 392 patients hospitalized for manic or mixed episodes of bipolar disorder and rates of current and lifetime abuse calculated. Cassidy, F., Ahearn, E. P., & Carroll, B. J. (2001)

**Substance Use Patterns:**

* Evidence suggest that substance abuse increases the risk for attempted or completed suicide in bipolar disorder.
* Rates of substance abuse were high, with a 48.5% rate for lifetime alcohol abuse, a 43.9% rate for lifetime drug abuse and a 59.4% rate for lifetime drug or alcohol abuse (Study completed at John Umstead Hospital 1993-1999)
* Rates of active substance abuse during the observed episodes were also notable with 28.6% of the cohort actively abusing alcohol, 28.6% actively abusing one or more drugs and 39.3% actively abusing either drugs or alcohol. (Study completed at John Umstead Hospital 1993-1999)
* Use of substances in patients with both diagnoses decreased with age, older patients were found to have decreased their use.
* Commonly used substances were cocaine, marijuana and alcohol, among other substances; however, these were noted in most of the articles and findings.

**Biopsychosocial Factors:**

* Comorbidity between the two diagnoses
* High genetic predisposition
	+ Susceptibility to sensitization and disturbances of reward and motivation (Alan C. Swann MD, 2008)
* Mental health illnesses
* Childhood trauma

**Impact of SUDs:**

* Negative stigma toward patients with SUDs and psychiatric disorders, while improved, are still present at multiple levels (involving health-care providers, and sometimes the family, and the patient) and impact the care for these patients.
* Patients with high genetic susceptibility to bipolar disorder may be at risk for early episodes and for increased susceptibility to substance abuse. If genetic predisposition is weaker, pharmacological, or social stressors associated with substance abuse may be required to trigger the first episode. (Alan C. Swann MD, 2008)
* \*Few studies have reported on the active drug abuse during acute manic or mixed episodes.
* The effects of SUDs on bipolar disorder are substantial with a negative impact on symptom presentation, manifestations, course, and treatment adherence.

**Assessment:**

* An integrated model of care (dual diagnosis treatment) is necessary to effectively address both bipolar and substance use disorder.
* Impulsivity is prominent in both bipolar disorder and substance use disorders. (Bipolar Disorders 2004: 6: 204–212).
* Substance abuse is present in most patients with bipolar disorder and associated with poor treatment outcome and increased risk of suicide.
* Adolescents with bipolar disorder are five times more likely to develop SUDs.

**Treatment:**

* An integrated model of care will address both bipolar and addictive disorders, along with other associated conditions in the same setting and by the same care-provider team.
* Evidence from psychotherapy studies for this comorbidity, indicate that a therapy that integrates the attention to both disorders is more effective at decreasing alcohol or substance abuse compared to an intervention that only addresses the addictive disorder.
* Limited number of psychotherapies specifically tailored for patients with bipolar disorder with comorbid SUDs
* Pharmacotherapy of comorbid conditions present additional challenges. Evidence based effective pharmacotherapy for bipolar disorder with comorbid alcohol and other SUD’s is still limited
* Most studies done that evaluate effective medication for bipolar disorder do not include patients that have a substance use disorder.
* There has been increased access to integrated care programs over the past decade for substance abuse and mental illness, there is still a ***significant unmet treatment need*** in terms of effective interventions specifically tailored to this population.
* More research on what is and is not effective needs to be done.

References

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