Dual Diagnosis
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The Evolving Conceptual Framework

Volume Editors

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Dual diagnoses of substance abuse and mental disorders (mostly schizophrenia, affective, anxiety, personality, or attention deficit/hyperactivity disorder) are among the most prevalent mental disorders worldwide. They place an enormous burden on individuals and society. Co-occurring mental and substance use disorders are associated with problems among users, dependence among problem users, with severity and persistence of both mental and alcohol-drug disorders, poor health and failed treatment attempts, with violence, incarceration, and poverty [1, 2].

Barriers to care for this population are significant and multidimensional. Stigma regarding substance use disorders, which leads to denial, fear of discrimination, and distrust of medications or counseling, is an important part of these well-known barriers [3]. Other parts comprise the segregation between substance abuse and mental health services, the language and other cultural particularities that often make obtaining and continuing in treatment difficult [4].

In times when funding is shrinking, the addiction treatment sector is often the first to be reduced. Growing scarcity of addiction services results in patients being transferred to less effective and more costly alternatives like emergency departments or jails [5]. However, patients with co-occurring mental and substance use disorders are as deserving of adequate treatment as those with other chronic illnesses. It is therefore important to take responsibility for the preservation of existing institutions of care for this patient group and for the integration of dual diagnosis treatment into mainstream medical services. Otherwise, clinicians trained to treat either mental health or substance-related disorders are, and will be, treating only a minority.
It was with this intention, when in June 2003 the Psychiatric University Hospital of Zürich, Switzerland, organized an international symposium to celebrate the tenth anniversary of its dual diagnosis ward, the last of its kind in Switzerland, after the closure of a similar ward at the Psychiatric University Hospital in Bern. The conference focused on etiology, diagnosis, and treatment of dual diagnosis. Well-known exponents of the field gave an overview of the most recent developments and presented their point of view. More than 200 participants listened to the presentations, debated workgroup reports, and gave their input on the respective topics. The present book is the quintessence and – at the same time – an extension of the conference proceedings in as far as selected speakers agreed to adapt and broaden their talks to make them more suited for publication. Moreover, a chapter on dual diagnosis and alcoholism was added, an important topic that was not covered during the conference.

In the first chapter of this book on historical and conceptual issues, William S. Jacobs et al. from the University of Florida, College of Medicine, Department of Psychiatry, set the stage by providing a historical frame for the following chapters that address specific questions. They accentuate the need for more awareness for this ‘exceedingly common’ patient group, for a more accurate diagnostic procedure and a more integrated treatment. According to them, the lesson learned during the last 20 years is that dual diagnosis patients can only then be in true recovery when they are actively following a treatment program that focuses on the needs for their chemical dependency(s), their psychiatric disorder(s) and their physical medical illness(es).

In the second chapter, Franz Moggi from the University Hospital of Clinical Psychiatry in Bern, Switzerland, gives a comprehensive overview of more recent etiological models of the association of mental disorders with substance use disorders. He differentiates between direct, indirect, bidirectional, and common factor models, all of which have some empirical support. In the second part of his chapter, he focuses on evidence-based causal models for specific comorbid mental and substance use disorders. He concludes, that some of the presented etiological models are promising and that it is worthwhile to invest time and money to evaluate them in prospective studies with improved methodology resulting in more knowledge about the etiological pathways of the most frequent dual diagnosis.

In the third chapter, Kristen C. Jacobson from the Virginia Commonwealth University provides an overview of the behavioral genetic research on substance use and abuse. Results from behavioral genetic studies of substance use and misuse, as well as behavioral genetic studies of comorbidity among different classes of substances, and behavioral genetic studies of comorbidity between substance use and other psychiatric disorders are discussed in the first part of her chapter. In the second part, the potential heterogeneity in the different pathways
that lead to substance use disorders, and studies of gene-environment interaction are presented.

The following chapter by Remi J. Cadoret et al. from the University of Iowa, College of Medicine, gives attention to routes connecting personality disorders with substance use disorders. Cadoret et al. have chosen to present their findings (from the re-interview of adult adoptees from the famous Iowa Adoption Study) in a way that allows for predicting comorbid Axis I and Axis II diagnosis. This form of presentation is especially helpful for clinicians working with dual diagnosis patients.

T. Hintz and K. Mann from the Central Institute of Mental Health in Mannheim, Germany, are concerned with dual diagnosis in the alcohol field, where there is a longer tradition of scientific interest with dual diagnosis – as can be seen by the numerous attempts to define subgroups of alcohol-dependent individuals since the mid-19th century.

In the next chapter, D. Eich and B. Figner from the Psychiatric University Hospital of Zürich summarize the findings concerning dual diagnosis that have been generated in the growing field of ADHD and adult ADHD diagnosis and treatment.

In a chapter on diagnostic issues, S. Petitjean from the Psychiatric University Hospital of Basel, Switzerland, stresses the fact that it is more appropriate to think of a diagnostic process comprising a progressive and comprehensive assessment of substance use, psychological and somatic functioning, and social conditions in this patient group than of making a diagnosis at a given time point.

In their chapter with the title ‘Neurocognitive Impairment: An Underdiagnosed Comorbid Entity in the Treatment of Substance Use Disorders’, Kenneth M. Dürsteler-MacFarland et al. from the Psychiatric University Hospital of Basel point out that neurocognitive impairments may reasonably explain some of the inattention, distractibility, unreliability, and lack of motivation frequently described by therapists of patients with SUD. Increased awareness of such deficits may therefore be beneficial for both treatment providers and their patients, as it may remove the pejorative undertone that often arises in the staff’s interaction with ‘difficult’ patients and allows for the development of more appropriate treatments.

The development of more suited treatments for dual diagnosis patients is then the focus of the next chapter titled ‘Modified Therapeutic Communities for Co-Occurring Substance Abuse and Psychiatric Disorders’. George De Leon from the Center for Therapeutic Community Research at NDRI, N.Y., outlines the elements of the Therapeutic Community model modified for treating the dually diagnosed. These include more flexibility, less intensity, and more individualization.

— Foreword —

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