

Clinical management of adult patients with serious mental disorder and comorbid diagnosis of substance use disorder

Manejo clínico de los pacientes adultos con un trastorno mental grave y un diagnóstico comórbido de trastorno por uso de sustancias

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In 2016 we published two editorials (San, Arranz & Grupo de expertos de la guía de práctica clínica de salud mental, 2016; San, Arranz, Bernardo, Arrojo & Grupo de expertos de la guía de práctica clínica de salud mental, 2016) which described the progress being made in developing a clinical practice guide for the treatment of dual pathology. These papers highlighted the significant increase in the prevalence of the pathology and the need to provide professionals with a series of recommendations following proper clinical practice guide methodology. The idea was mooted in 2013 by the then president of the Spanish Society of Biological Psychiatry and has since been supported until today despite a lack of evidence-based scientific literature on how to define and approach this pathology in clinical settings.

People with a serious mental illness and a substance-related disorder have what is known as dual pathology. They have a differentiated profile since their cases are more severe than patients diagnosed with only a serious mental illness or a substance use disorder. In the field of psychiatry and mental health, dual disorders are more the rule than the exception. It is estimated that over 25% of patients undergoing treatment in mental health services present a lifetime substance use disorder (SUD), and that

almost 70% of patients treated in specialised addiction units have a lifetime mental disorder.

For this reason, the identification of substance misuse at the earliest opportunity offers a better chance of early diagnosis and treatment, resulting in a better prognosis for these patients, and the procedure can thus be integrated into personalized medicine. To this end, it is important to investigate substance use in all patients attending care services for addiction, mental health, emergencies, general medicine and in the prison system.

The most recent consensus documents covering therapeutic recommendations for dual pathology are unanimous in advocating the integration of SUD treatment with management strategies for mental disorders not related to substance use. It is incorrect to assume that treating only the psychiatric disorder not related to substance use will be sufficient to control the SUD, and vice versa. Integrated or combined treatment requires incorporating and, on occasions, modifying some aspects of the treatments applied when both pathologies do not coexist. It is desirable that the treatment combines pharmacological and psychotherapeutic interventions (in individual and/or group format), as well as family or social interventions where necessary. The most

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common psychosocial treatments include motivational approaches, cognitive-behavioural therapy, contingency management, relapse prevention, case management and skills training. To be effective, these treatments should be well coordinated, involve teamwork and a multidisciplinary approach, educated and trained staff, provide 24-hour care and different program types, and include long-term follow-up.

The current issue of the journal features the five articles (Arranz et al., 2022; Cunill et al., 2022; González-Pinto et al., 2022; Sáiz et al., 2022; Torrens et al., 2022) summarizing the initial publication, first in digital and later in paper format, of the complete clinical practice guide. The papers incorporate the most important information. All follow a similar structure that includes Introduction, Methods (formulation of clinical questions, literature search strategy, assessment of evidence quality and formulation of recommendations, review and external assessment), Results (formulation of PICO questions: patient, intervention, comparison, outcome/result), Discussion/Conclusions, Acknowledgments, Conflict of interests and References.

The papers are particularly aimed at those health professionals (psychiatrists, psychologists, professionals in the field of dual disorders, primary care doctors and nurses) who make decisions about the pharmacological and/or psychological treatment of patients with a severe mental disorder and a comorbid substance use disorder.

The studies included in each of the articles cover the following and provide information on:

- a. Design: randomized, double-blind, placebo-controlled clinical trial of any pharmacological or psychological treatment.
- b. Patients over 18 years of age diagnosed with major depressive disorder, schizophrenic spectrum disorder, anxiety disorder, bipolar disorder or ADHD, together with a substance use disorder (alcohol, cannabis, cocaine or nicotine).
- c. Outcome variables assessed in the studies are substance use (decrease or abstinence) and/or the psychiatric disorder symptoms.

The main aim is to collect concrete recommendations based on the results of the scientific literature in order to treat patients with a serious mental disorder and a substance use disorder attending inpatient and outpatient treatment centres. The recommendations mentioned in the five articles are proposals for therapeutic interventions in the pharmacological and/or psychological field that address PICO questions and are classified as:

- Strong recommendations: Most patients should receive the recommended intervention.
- Weak recommendations: Different options are appropriate for different patients. The psychiatrist/psychologist has to help each patient reach a

decision that is most consistent with their values and preferences.

Considering the objectives of the dual pathology clinical practice guide and its subsequent scientific implementation, the active participation of scientific societies such as the Spanish Society of Biological Psychiatry (guide promoter), the Spanish Society of Psychiatry (currently merged as the Spanish Society of Psychiatry and Mental Health), the Spanish Society of Drug Addiction, the Spanish Society of Dual Pathology, Socidrogalcohol, and the Health Service of Galicia (SERGAS), the latter in its capacity as funding entity for the guide, as was the Spanish Society of Biological Psychiatry. Other organizations that have provided support for this project are CIBERSAM and RTA.

Conflict of interests

Luis San has received research funding and has acted as consultant or speaker for the following companies and entities: Adamed, Eli Lilly, Ferrer, Janssen-Cilag, Lundbeck, Otsuka, Rovi and Servier.

Belén Arranz has acted as consultant/speaker for the following companies and entities: Adamed, Esteve, Janssen-Cilag, Lundbeck, Otsuka, Rovi and Servier.

Miquel Bernardo has received research funding and has acted as consultant or speaker for the following companies and entities: ABBiotics, Adamed, Angelini, Casen Recordati, Janssen-Cilag, Menarini, Rovi and Takeda.

Manuel Arrojo declares no conflict of interests.

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Appendix

B. Arranz, M. Arrojo, E. Becoña, M. Bernardo, L. Caballero, X. Castells, R. Cunill, G. Flórez, M. D. Franco, M. Garriga, J.M. Goikolea, A. González-Pinto, M. Landabaso, A. López, J. Martínez-Raga, A. Merino, M. Paramo, G. Rubio, G. Safont, P.A. Sáiz, L. San, I. Solà, J. Tirado, M. Torrens and I. Zorrilla.

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