

Clinical guideline for the treatment of dual pathology in the adult population

Guía de práctica clínica para el tratamiento de la patología dual en población adulta

LUIS SAN*, **; BELÉN ARRANZ*, **; EXPERT GROUP FOR DUAL PATHOLOGY CLINICAL PRACTICE GUIDE***.

* Parc Sanitari Sant Joan de Déu, Sant Boi de Llobregat (Barcelona), España.

** Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Barcelona, España.

*** The members of the Expert Group for Dual Pathology Clinical Practice Guide are listed alphabetically in the Appendix.

Introduction

Over the years, we have witnessed a substantial increase in the prevalence in psychiatry of double diagnoses or comorbidity diagnoses. In the literature, special attention has been paid to the association between disorders of mood and anxiety, between a range of psychiatric diagnoses, between the disorders linked to substance consumption, and between axis II disorders, to name but a few examples of comorbidity.

This publishing house is previewing the content of the future Clinical Practice Guide for the Treatment of Dual Pathology, by which we understand the coexistence of psychoactive substance use disorder (SUD) alongside other psychiatric diagnoses, and which is more commonly known as “dual diagnosis” or “dual pathology”. This term, however, has acquired multiple connotations, with the purest sense referring to two independent diagnoses occurring simultaneously (Lehman et al., 1989), but in other senses implying that the psychiatric syndrome may have been induced by the substance use, or that the SUD is secondary to a psychiatric disorder (Sáiz Martínez et al., 2014).

There is growing interest in the study of psychopathological manifestations which exist alongside the consumption of psychoactive substances, possibly due to their frequent presence in the general population and in samples of patients, as well as a result of their influence on the course and prognosis of both addictive as well as mental disorders, and

also the little evidence available regarding the pharmacological and/or psychological treatment of this widespread pathology (Lingford-Hughes et al., 2012). At present there is greater knowledge of the effects of drugs on the course of psychiatric disorders, while at the same time comorbidity is linked to poorer adherence and greater resistance to both pharmacological and psychosocial treatments. Thus, treatment programmes are recommended which integrate care for both mental and toxicological pathologies (San, 2004).

Principles of treatment

Our knowledge regarding the treatment of dual pathology patients is constantly growing, but current clinical practice requires experience, knowledge and innovative approaches to deal with the complex problems of diagnosis and therapy of these patients. However, as shown at clinical level, such an integrated approach can be very efficacious in many patients with dual pathology.

Despite the frequency with which substance use and other mental disorders co-occur, patients presenting with both are generally attended in one healthcare system or the other. In the case of primary mental disorders, patients are generally attended in a mental health system, while substance abuse patients usually go to one of the addiction centres. Those who need care for both, however, do not normally receive integral treatment in either of the healthcare systems. Various studies have shown that programmes of integrated

Received: February 2016; Accepted: February 2016.

Send correspondence to:

Luis San. Parc Sanitari Sant Joan de Déu, Sant Boi de Llobregat (Barcelona), España.
E-mail: 12636lsm@comb.cat.

treatment (treatment for psychiatric disorder and for substance use disorder) yield better results than separate approaches in each of the systems, while a Cochrane review specifically designed for the purpose showed that the majority of programmes present serious methodological limitations which prevent the benefits of an integrated approach over other practices becoming clearly visible (Ley et al., 2002).

Although psychiatrists are the ideal professionals to direct, coordinate and monitor pharmacological and other types of psychotherapies and treatments in dealing with substance abuse patients, most clinicians are skeptical and pessimistic about the efficacy of the treatment of these patients. Nevertheless, with suitable training and experience an interested doctor can achieve notable success with the majority of patients.

Difficulties with treatment

Despite the importance of dual pathology, most of the research is methodologically flawed. For example, most studies analyse exclusively samples of patients under treatment in either psychiatric/mental health clinics or in drug addiction centres. Nevertheless, it is clear that dual patients are found in both treatment systems. No information is available regarding the similarities and differences between these dual patients in mental health as opposed to drug addiction treatment systems. It is generally assumed that SUD in psychiatric patients is less severe than in patients with pure SUD; conversely mental disorders among patients receiving treatment for drug addiction are less severe than those of psychiatric patients. An interesting study in this regard is one carried out among dual patients in the mental health system (n=106) or in addiction centres (n=120) which compared diagnosis, substance consumption and clinical severity by means of the DIS for the DSM-IV addiction severity index. Very few differences between the groups were found. There were no diagnostic differences except disorders in the schizophrenia spectrum, which were more frequent in the mental health centres (43%) than in addiction centres (31%). Although more substance dependent patients than those with mental health disorders reported drug consumption in the 30 days prior to the start of treatment, the overall number of days on which substances were used in the two groups during this period did not differ. This finding confirms the high prevalence in both therapeutic settings of dual pathology with no differences in the severity of both pathologies as a function of the patient's origin (Havassy et al., 2004).

The reasons for a clinical guideline for dual pathology

A review of the literature on the treatment of dual pathology highlights a great deal of clinical variability, which inevitably raises doubts and creates uncertainty among

clinicians in their decision making at therapeutic level. The clinical practice guides (CPG) of the national health system aim to reduce variability and improve the clinical practice of the professionals by using a standardised methodology in their formulation. This process includes the elaboration, adaptation, updating, evaluation and implementation of the CPG (Manual metodológico. Guías de Práctica Clínica en el SNS [Methodology manual. Clinical Practice Guides in the National Health System], 2007; Ferrers et al., 2011).

The participation of scientific societies such as the Spanish Biological Psychiatry Society (the promoter of the guide), the Spanish Psychiatric Society, Spanish Society of Drug Addictions, Socidrogalcohol and the Galician Psychiatry Association (the latter providing the finance for the Guide) was essential in furthering the aims of the CPG for Dual Pathology. Other organisations who have supported this project are CIBERSAM (Centre for Biomedical Research in Mental Health Network) and RTA (Network for Addictive Disorders).

As a first step, a group of experts was created at national level which included psychiatrists, psychologists and pharmacologists with broad clinical experience in the field. The psychiatric diagnoses and drugs to be included in the CPG were established, as were the objectives and the scope of the guide. To this end, we formulated a series of PICO questions (Population, Intervention, Comparison and Outcomes) to address the most relevant knowledge gaps from a clinical point of view. Once the questions had been established, a thorough bibliographic search of the scientific literature on the subject was carried out, with the most relevant and methodologically sound being selected in order to guarantee the analysed results. These publications were entered into the "Grade of Recommendation, Assessment, Development and Evaluation" system (GRADE), which allows an assessment of the quality of evidence for each the results. Finally, depending on the strength and quality of the evidence, a series of recommendations are proposed in answer to the PICO questions developed previously.

Conflict of interests

Luis San has received funding for this research and has acted as a consultant and lecturer for the following companies and organisations: Adamed, Eli Lilly, Ferrer, Janssen-Cilag, Lundbeck, Otsuka, Rovi y Servier.

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

Appendix

B. Arranz, M. Arrojo, E. Becoña, M. Bernardo, L. Caballero, X. Castells, R. Cunill, G. Florez, M.D. Franco, M. Ga-

rriga, J.M. Goikolea, A. González-Pinto, M. Landabaso, A. López, J. Martínez-Raga, A. Merino, M. Paramo, G. Rubio, G. Safont, P.A. Saiz, L. San, I. Solà, J. Tirado, M. Torrens, I. Zorrilla.

Bibliography

- Fervers, B., Burgers, J.S., Voellinger, R., Brouwers, M., Browman, G.P., Graham, I.D. & ADAPTE Collaboration et al. (2011). Guideline adaptation: an approach to enhance efficiency in guideline development and improve utilisation. *British Medical Journal Quality and Safety*, 20, 228-236.
- Havassy, B.E., Alvidrez, J. & Owen, K.K. (2004). Comparisons of patients with comorbid psychiatric and substance use disorders: implications for treatment and service delivery. *American Journal of Psychiatry*, 161, 139-145.
- Ministerio de Sanidad y Consumo. (2007). Elaboración de Guías de Práctica Clínica en el Sistema Nacional de Salud. Manual metodológico. Guías de Práctica Clínica en el SNS: I+CS N.o 2006/0I [Internet]. Madrid: Plan Nacional para el SNS del MSC. Instituto Aragonés de Ciencias de la Salud-I+CS,10. [consultado 11 Ene 2016]. Disponible en: <http://portal.guiasalud.es/emanuales/elaboracion/index-02.html>
- Lehman, A.F., Myers, C.P. & Corty, E. (1989). Assessment and classification of patients with psychiatric and substance abuse syndromes. *Hospital Community Psychiatry*, 40, 1019-1025.
- Ley, A., Jeffery, D.P., McLaren, S. & Siegfried, N. (2002). Treatment programmes for people with both severe mental illness and substance misuse (Cochrane Review). En: The Cochrane Library, Issue 1, Oxford: Update Software
- Lingford-Hughes, A.R., Welch, S., Peters, L. & Nutt, D.J. (2012). BAP updated guidelines: evidence-based guidelines for the pharmacological management of substance abuse, harmful use, addiction and comorbidity: recommendations from BAP. *Journal of Psychopharmacology*, 26, 899-952.
- San, L. (coord.). (2004). Consenso de la Sociedad Española de Psiquiatría sobre Patología Dual. Fundación Española de Psiquiatría y Salud Mental. Barcelona, Psiquiatría Editores, SL.
- Sáiz Martínez, P.A., Jimenez Treviño, L., Díaz Mesa, E.M., García-Portilla González M.P., Marina González, P., Al-Halabí, S.,... Ruiz, P. (2014). Patología dual en trastornos de ansiedad: recomendaciones en el tratamiento farmacológico. *Adicciones*, 26, 254-274.