

Mental Illness Flares for Some Patients in Rehab

Symptoms worsened in 13% of patients undergoing substance abuse treatment, a VA study showed.

BY BETSY BATES
Los Angeles Bureau

SANTA BARBARA, CALIF. — Psychiatric symptoms are common among people with substance abuse disorders, but in most patients those symptoms improve over the course of residential substance abuse treatment.

A recent Veterans Affairs study sheds light on patients whose psychiatric symptoms actually worsen during substance abuse treatment, with the aim of providing insight into which patients are at risk.

Mark Ilgen, Ph.D., and Rudolf Moos, Ph.D., prospectively studied 3,322 men with psychiatric symptoms who underwent treatment for substance use disorders at 1 of 15 residential programs in the VA health care system. (Women were not included in the study because of the small number treated within the system.)

Results were presented in a poster at the annual meeting of the Research Society on Alcoholism.

Symptoms improved during treatment in 85% of patients, as measured by the Brief Symptom Inventory, a self-reported 5-point scale of severity on each of 22 psychiatric symptoms.

Symptoms were unchanged in 2% of patients, and symptoms worsened in 13%, reported Dr. Ilgen and Dr. Moos, both of whom are affiliated with the VA Palo Alto Health Care System and Stanford (Calif.) University.

When they closely compared the patients with worsening symptoms to a matched sample of patients whose conditions did not deteriorate, they could find no differences in baseline psychiatric symptom scores, demographic characteristics, or severity of substance use.

However, those who worsened were

more likely to have been treated under court order and to have a diagnosis of psychosis. They were also more likely to use substances during treatment, to express dissatisfaction with the treatment experience, and to drop out early, the investigators said.

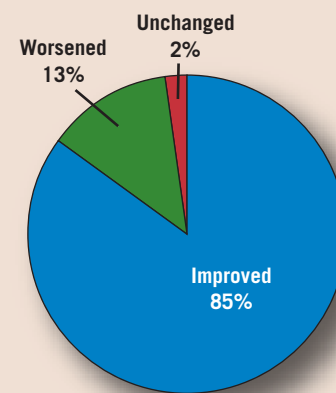
A year later, those patients were more likely to be using alcohol and/or drugs than were their counterparts whose psychiatric symptoms improved during treatment.

"Finally, they continued to report elevated psychiatric symptoms relative to nondeteriorated patients despite roughly equivalent scores on the same measure between groups at baseline," Dr. Ilgen and Dr. Moos noted.

The type or length of substance abuse treatment did not appear to influence the worsening of psychiatric symptoms.

"Given the importance of psychiatric symptoms in influencing the response to substance use disorder treatment ... it is important to identify those for whom treatment has been associated with an in-

Psychiatric Symptom Status After Substance Abuse Tx



crease in psychiatric symptoms," they wrote. "Monitoring patients for psychiatric deterioration in treatment may be a way to identify patients at risk for treatment dropout and for poor prognosis following treatment," they concluded. ■

Alcoholism Study: Combo Tx Boosts Medication Compliance

BY DAMIAN McNAMARA
Miami Bureau

SAN JUAN, P.R. — Patients struggling with medication compliance for alcohol dependence may benefit from a clinical intervention combining medical management and brief counseling sessions, Helen M. Pettinati, Ph.D., said at the annual meeting of the American Academy of Addiction Psychiatry.

The compliance-enhancing intervention for physicians comes from an ongoing combination drug and behavioral treatment study sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), said Dr. Pettinati, a research director at the Center for Studies of Addiction, University of Pennsylvania, Philadelphia.

During a lengthy initial session, the physician educates the patient about alcohol dependence, explains medication effects and treatment success rates, and emphasizes the importance of adherence. Follow-up is a series of 15- to 30-minute sessions that include a brief check on medical functioning and whether the patient is drinking and/or medication adherent.

The NIAAA publishes a medical management manual that includes standardized dialogues for education and counseling. The manual is available for \$6 at <http://www.niaaa.nih.gov/publications/combine-text.htm>. If a patient is nonadherent with medication and drinking, the "support and advice" dialogue, for exam-

ple, reviews the benefits of alcohol abstinence and pharmacotherapy.

"If the patient has a poor response to treatment, ask first about treatment non-adherence," Dr. Pettinati said.

"Many times in a clinical setting someone will tell me their patient does not respond to that agent, but they haven't asked the patient if they were taking the treatment," he noted.

"There are a lot of reasons for nonadherence—only a small percentage actually forget and need help with reminders," Dr. Pettinati said at a symposium funded by an educational grant from Alkermes Inc. Among her disclosures was receipt of grant research support from the company.

The NIAAA study assessing the medical management approach is a phase III study of naltrexone, an injectable, long-acting medication made by Alkermes.

One aim of the study was to assess whether the 30-day form of naltrexone improves compliance. The study included 624 patients with DSM-IV-defined alcohol dependence.

At a higher dose (380 mg), long-acting naltrexone reduced heavy drinking 25% more than did placebo.

The 190-mg dose had a 17% advantage over placebo. "Reductions were seen in the placebo group as well—remember, this is an injectable placebo," Dr. Pettinati said.

People who participated in the study were compliant—the median number of injections was six. In addition, participants attended a median of 11 out of 12 psychosocial support sessions. ■

Quality of Life Scores Are Poor in Kleptomania, Pathological Gambling

People with symptoms of pathological gambling and kleptomania, regardless of severity, seem to have a very poor quality of life, reported Jon Grant, M.D., of Brown University, Providence, R.I., and Suck-Won Kim, M.D., of the University of Minnesota, Minneapolis.

Their study comprised three groups. A group of 30 kleptomania patients included 18 women and had a mean age of 42 years. The pathological gambling group had 43 patients, 18 of them women, with a mean age of 45 years. The control group consisted of 30 adults (15 women) with a mean age of 40 (Compr. Psychiatry 2005;46:34-7).

No correlation was seen between quality of life scores and age, gender, marital status, and current comorbidity. Kleptomania and gambling patients scored sig-

nificantly lower on the Quality of Life Inventory, compared with controls. No kleptomania patients and only one gambling patient reported a high quality of life, and a very low quality of life was reported by 43% of kleptomania subjects. No correlation was seen between symptom severity and quality of life scores.

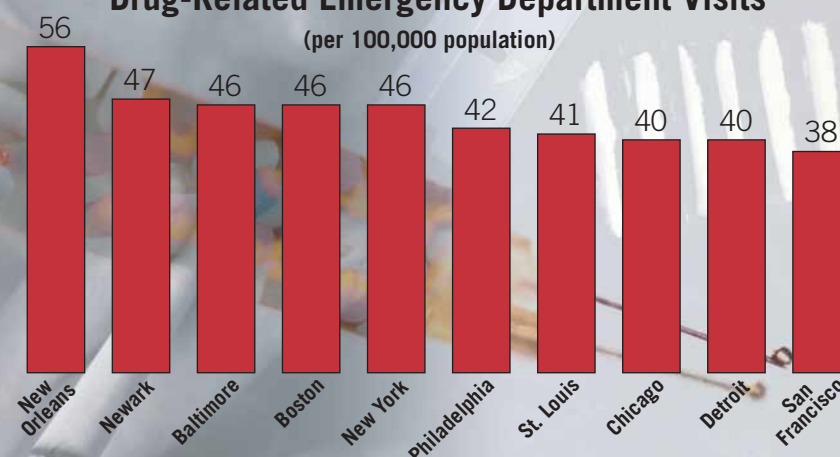
Kleptomania patients may have had such low scores because they struggle with the symptoms of their illness as well as with legal and moral repercussions. The researchers said that prior poor quality of life might have raised the risk of developing kleptomania and pathological gambling. Study participants saw the behaviors as causing their dissatisfaction and believed quality of life would improve if their disorders were better controlled.

—Deanna Franklin

DATA WATCH

New Orleans Leads Nation With the Most Drug-Related Emergency Department Visits

(per 100,000 population)



Note: Based on estimated 2002 data from 116 short-term, nonfederal hospitals with 24-hour emergency departments in selected metropolitan areas.
Source: Substance Abuse and Mental Health Services Administration