Introduction

This e-newsletter provides a brief summary of some of the latest research and publications that may be of interest to practitioners in the field of addiction and mental health. Each e-newsletter will cover one of the themes of the Alberta Addiction and Mental Health Research Partnership Program and provides structured accounts of research on a given topic, based on a limited search of the literature for recent publications. We do not thoroughly assess the quality of the research identified so this publication acts as a signpost for further reading and assessment, rather than as a definitive account of what should be included in clinical practice.

This month’s edition focuses on Mental Illness and Addictions: Concurrent Disorders.

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Contingency management improves outcomes in cocaine-dependent outpatients with depressive symptoms

Study Design: Randomized trial

Focus of the Study: Patients with cocaine dependence often have depressive symptoms. The efficacy of Contingency Management treatment for these comorbid conditions is unknown. Participants with cocaine dependence were randomized to treatment using the Community Reinforcement Approach (CRA) only or
CRA with Contingency Management. Outcomes were measured over the 6-month treatment period and the interaction effect with depressive symptoms compared.

Key Findings:
» Cocaine-dependent individuals with baseline depressive symptoms had worse treatment outcomes (i.e., abstinence levels and treatment retention rates) than those who did not.
» Individuals receiving treatment with Contingency Management, which was in the form of vouchers, had a higher proportion of cocaine negative samples than those in the CRA only group. This finding was independent of the presence of depressive symptoms.
» Participants who were both unemployed and exhibited depressive symptoms were less likely to be abstinent at 6 months and were less likely to complete the 6 months of treatment.

Implications for practice: Contingency Management could be an effective treatment for cocaine-dependent outpatients regardless of depressive symptoms. Treatment may need to be modified for depressed and unemployed cocaine-dependent clients to encourage successful outcomes.

A clinical approach to the assessment and management of co-morbid eating disorders and substance use disorders
doi:10.1186/1471-244X-13-289

Study Design: Review

Focus of the Study: Substance use disorders (SUD) are common among patients with eating disorders. Concurrence of these two disorders is associated with increased likelihood of medical complications, longer recovery times and higher rates of relapse. This study reviews the evidence on assessment and treatment of these co-occurring disorders.

Key Findings:
» Patients with eating disorders could be using a variety of substances to aid weight loss or provide energy (e.g., laxatives, stimulants, caffeine, and tobacco). They could also be using alcohol or psychoactive substances as part of impulsive behaviour or for emotional regulation.
» Limiting treatment to one disorder, or treating the disorders sequentially, may hinder successful treatment. The untreated disorder may increase symptoms of the disorder being treated and increase rate of relapse.
» Simultaneous treatment of eating disorders and SUD should focus on developing a collaborative therapeutic relationship.
» Cognitive behavioural therapy is a common treatment modality; however, there is not evidence to support its use when treating these co-occurring disorders.
» More recently, dialectical behavioral therapy has been found to be an effective treatment.

Implications for practice: Practitioners should consider the importance of screening patients treated for eating disorders for comorbid substance abuse of a variety of substances. They should also consider treatment to address both conditions simultaneously.

Comorbidity of severe psychotic disorders with measures of substance use

Study Design: Retrospective cohort study

Focus of the Study: This study compared substance use behavior in individuals with severe psychotic illness with the general population in the United States. A large, multiethnic sample of individuals with severe psychotic illness was used to assess substance use behavior and examine potential differences across age, sex, and ethnicity.
**Key Findings:**
- Substance use (smoking, heavy alcohol use, heavy marijuana use, and recreational drug use) in individuals with severe psychotic illness was considerably higher than in the general population regardless of age, sex, and ethnicity.
- The protective effects of belonging to certain groups with lower than average rates of substance use in the general population (e.g., Asian compared to European American, and women compared to men) did not extend to individuals with severe mental illness.
- Smoking had the strongest association with severe psychotic illness amongst substance use measures.

**Implications for practice:** Given the prevalence of substance use-related illness and smoking-related illness in individuals with severe psychotic disorders, efforts to reduce substance use should be tailored to address the unique needs of this vulnerable population.

**Link to full abstract**

**Cognitive Processing Therapy for veterans with comorbid PTSD and alcohol use disorders**

**Study Design:** Retrospective chart review

**Focus of the Study:** Veterans have high rates of concurrent posttraumatic stress disorder (PTSD) and alcohol–use disorders (AUD). Patients with AUD are often excluded from PTSD treatment and treatment studies due to the perception that discussing the trauma may trigger an increase in consumption. Consequently, the response of this population to PTSD treatments is unknown. A chart review was performed to examine the effectiveness of Cognitive Processing Therapy (CPT) for veterans with comorbid PTSD and AUD.

**Key Findings:**
- Patients with past AUD initially had higher self-reported PTSD symptoms compared to those who did not have an AUD.
- Significant reductions in PTSD and depressive symptoms were observed with CPT regardless of the presence of current, past or no AUD and there were no significant differences in completion or dropouts compared with PTSD only patients.

**Implications for practice:** Veterans with concurrent AUD and PTSD tolerated CPT well in an outpatient treatment setting. CPT has the potential to reduce PTSD and depressive symptoms.

**Link to full abstract**

**Addressing dual diagnosis patients suffering from attention-deficit hyperactivity disorders and comorbid substance use disorders: A review of treatment considerations**

**Study Design:** Systematic review

**Focus of the Study:** Comorbid substance use disorders (SUD) are prevalent in patients with attention-deficit hyperactivity disorder (ADHD). This relationship holds important implications for treatment. This study reviews pharmacological and psychosocial treatments of patients with comorbid ADHD and SUD.

**Key Findings:**
- Drugs for ADHD symptom treatment, especially methylphenidate and atomoxetine, have been shown to be safe and well-tolerated in patients with a comorbid SUD.
- Usually a second treatment choice for adults with ADHD, atomoxetine may need to be considered as an
alternative first line treatment for ADHD patients with comorbid SUD. This is especially true for those individuals who had either not responded to stimulant treatment previously or have had a history of prescription psychostimulant abuse.

» Maintaining effective blood concentrations of psychostimulants for longer periods of time appears to be important in maximizing adherence to treatment and reducing risk of drug abuse. Psychostimulants with longer half-lives or the slow release formulations are therefore preferable, especially in high vulnerability dually diagnosed patients.

» Based on the recent European consensus statement on treatment guidelines, the severity of ADHD and coexisting SUD needs to be considered when deciding the order of treatment for these conditions.

» For patients diagnosed with comorbid ADHD and SUD, psychological interventions are very important, especially when directed at the SUD. Cognitive behavioral therapy has the highest level of evidence in treating patients with ADHD and comorbid disorders.

**Implications for practice:** Treatment for individuals with ADHD and a comorbid SUD could benefit from a multidisciplinary and integrated approach with both pharmacotherapies and psychological interventions. Adequate management of the comorbid substance use disorder appears to be essential to effective management of ADHD symptoms.

[Link to full abstract](#)

**Treatment of comorbid alcohol use disorders and depression with cognitive-behavioural therapy and motivational interviewing: a meta-analysis**


**Study Design:** Meta-analysis

**Focus of the Study:** A meta-analysis of studies for the treatment of comorbid alcohol use disorders (AUD) and major depressive disorder (MDD) with combined cognitive-behavioural therapy and motivational interviewing (CBT/MI).

**Key Findings:**

» Combined CBT/MI treatment decreased alcohol use and depression symptoms (a small, but significant overall effect size compared with controls).

» Digital interventions had a higher effect size for decreasing depression symptoms than face-to-face interventions, which provides some evidence for alternative treatment delivery approaches (e.g., telepsychiatry, internet, smartphone).

» A higher effect size for alcohol-related outcomes (i.e., reduced consumption) was associated with a higher effect size for depression (i.e., improved mood), but the reverse association was not evident.

» The effect of CBT/MI on alcohol use increased over time.

» Patients who had more CBT/MI sessions were not more likely to improve alcohol-related outcomes or depression symptoms.

**Implications for practice:** Combined CBT/MI could be an effective treatment for patients with comorbid alcohol use disorder and depression. Digitally delivered treatments could be an effective mode of delivering CBT/MI to this patient population. Brief intervention for alcohol use may also be effective and could be considered as part of a stepped approach to care.

[Link to full abstract](#)

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