Differential Diagnosis: SUD and MH

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Introductions

What do you want to take away from this workshop?

Overview

- History and Background of Differential Diagnosis
- Assessment and Diagnoses
  Case discussion
- Treatment Issues
  Case discussion
- Grand Rounds – cases from your practice
- Wrap-up

Definition

Differential diagnosis: The process of weighing the probability of one disease versus that of other disease's possibly accounting for a patient's illness.

https://www.medicinenet.com/script/main/art.asp?articlekey=2991

Differential vs Dual Diagnosis

"Dual diagnosis" is not an officially recognized term in either the DSM or ICD nomenclature. In its most general sense, it could refer to a patient with a symptom presentation that meets criteria for two different psychiatric disorders, a common occurrence, given the predilection in the recent DSM classifications toward "splitting" diagnostic concepts into specific narrowly defined entities rather than lumping them into more broadly defined diagnostic concepts However, the term *dual diagnosis* has become synonymous with a particular type of diagnostic comorbidity, namely the comorbidity between psychiatric and substance use disorders.

(Frances, Widiger, and Fyer, 1990).

Application to SUD and MH

What is the purpose of weighing one diagnosis against another?

Guides treatment and clinical decision-making

No Wrong Door

An approach to service organization that provides individuals with or links them to appropriate service interventions regardless of where they enter the system of care. This principle commits all service agencies to respond to the individual's stated and assessed needs through either direct service or a linkage to appropriate programs, as opposed to sending the person from one agency to another.

What does this mean for MH programs and for SUD programs?

https://store.samhsa.gov/shin/content/PHD1132/PHD1132.pdf

Diagnosing

- Who can diagnose what?
- Who is responsible for the diagnosis at your agency?

Diagnosing

- Why is a diagnosis important?
- How is this relevant to treatment?

Six Steps to DSM-5 Differential Diagnosis

1. Rule out Malingering and Factitious Disorder
2. Rule out Substance Etiology
3. Rule out Disorder due to a General Medical Condition
4. Determining the Specific Primary Disorder
5. Differentiate Adjustment Disorders from Residual Others or Unspecified Categories
6. Establish Boundary with No Mental Disorder

www.psychcongress.com/article/six-steps-better-dsm-5-differential-diagnosis

1. Rule Out Malingering and Factitious Disorder

Malingering

From DSM IV: "The essential feature is the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives…"

Malingering, continued

Malingering should be strongly suspected if any combination of the following are noted:

1. Medicolegal context (person is referred by attorney)
2. Marked discrepancy between claimed stress/disability and objective findings
3. Lack of cooperation during evaluation and in complying with treatment recommendations
4. Presence of Antisocial Personality Disorder

1. Rule Out Malingering and Factitious Disorder

Factitious Disorder

From DSM V:

A. Falsification of physical or psychological signs or symptoms, or induction of injury, disease, associated with identified deception

B. The individual presents him/herself to others as ill, impaired, or injured

C. The deceptive behavior is evident even in the absence of external rewards

D. The behavior is not better explained by another mental disorder such as Delusional Disorder or other Psychotic Disorder

Malingering vs Factitious Disorder

From DSM IV:

Malingering differs from Factitious Disorder in that the motivation for the symptoms production in Malingering is an external incentive whereas in Factitious Disorder external incentives are absent.

2. Rule Out Substance Etiology

Substance-induced symptoms

- Hallucinations
- Euphoria
- Slurred speech
- Disorganized speech
- Paranoia
- ?
- ?

3. Rule Out Disorder Due to a General Medical Condition

For example:

- Thyroid condition – fatigue, depression, irritability
- Fever – delirium, hallucinations
- Elevated or depressed blood sugar – irritability, confusion,
- Dementia – paranoia, confusion, agitation
- Sleep disorders – paranoia, psychosis

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4. Determining the Specific Primary Diagnosis

- Medical – general physical exam, labs
- Substance Use – urine toxicology screen, self-report
- Mental Health – no evidence of medical or substance use disorder

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5. Differentiate Adjustment Disorders from Residual Other or Unspecified Categories

- Adjustment Disorder – response to a situation that disrupts ordinary coping
- Unspecified Categories – some symptoms but does not meet full criteria for a diagnosis
- Residual Other – acute symptoms have resided but some symptoms remain

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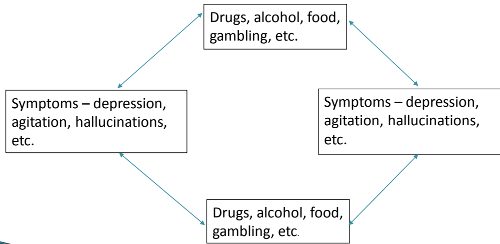
6. Establish Boundary with No Mental Disorder

- Evaluate if the symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning

Association Between Drug Use and Mental Health Symptoms



Which came first?

- SUD – symptoms of use, symptoms of withdrawal, symptoms of abstinence syndrome that resemble mental health issues
- MH – symptoms that could be triggers to substance use

Which Came First – Does it matter?

- What is a "Rule Out" and why might it be helpful?
- What is a "Provisional Diagnosis"
- Are there benefits or a purpose to identifying which came first?

Assessment

Data gathering process:

1. Interview
2. Develop a Differential Diagnosis
3. Additional Assessment
4. Working Primary Diagnosis

Assessment

ASAM Dimension 3 – Cognitive, Behavioral, and Emotional Conditions

1. Are there current psychiatric or psychological, behavior, emotional or cognitive problems that need to be addressed because they create risk or complicate treatment?

2. Are there chronic conditions that affect treatment?

Assessment

ASAM – Dimension 3, continued

3. Do any emotional, behavioral, or cognitive problems appear to be a expected part of addictive disorder or so they appear to be autonomous?

4. Even if connected to the addiction, are they severe enough to warrant specific mental health treatment?

5. Is the person able to manage the activities of daily living?

6. Can the person cope with any emotional, behavioral, or cognitive problems?

Assessment

DSM-V

Mental Health Disorders

Substance Use Disorders

Organic Disorders

Assessment

Mental Health Disorders

Mood Disorders

Anxiety Disorders

Psychosis

Assessment: Substance Use Disorders

Substance-Induced Disorders
- Intoxication
- Withdrawal

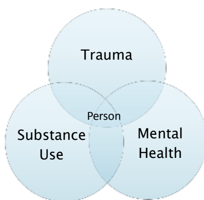
Substance/Medication-induced Mental Disorders
Substance/Medication-induced Psychotic Disorder
Substance/Medication-induced Neurocognitive Disorder

Assessment

Organic Disorders, for example

- Dementia
- Alzheimer's
- Traumatic Brain Injury
- HIV
- Wernike-Korsakoff Syndrome

Overlapping symptoms



Overlapping Symptoms

"Trauma is defined by the American Psychological Association (APA) as the emotional response someone has to an extremely negative event."

https://www.psychguides.com/guides/trauma-symptoms-causes-and-effects/

Overlapping Symptoms

Trauma – cognitive symptoms

- Shaken (especially if the event is recent)
- Disoriented
- May not respond to questions normally
- Withdrawn
- Disoriented
- Disconnected
- Poor concentration

https://wwPw.psychguides.com/guides/trauma-symptoms-causes-and-effects/

Overlapping Symptoms

Trauma – emotional symptoms

- Anxiety such as nightmares, night terrors, edginess,
- Anger and irritability
- Mood swings
- Intense sadness
- Emotional outbursts

https://www.psychguides.com/guides/trauma-symptoms-causes-and-effects/

Overlapping Symptoms

TABLE 1 Diagnoses associated with substance class

	Psychotic disorders	Bipolar disorders	Depressive disorders	Anxiety disorders	Obsessive-compulsive and related disorders	Sleep disorders	Sexual dysfunctions	Delirium	Neurocognitive disorders	Substance use disorders	Substance intoxication	Substance withdrawal
Alcohol	I/W	I/W	I/W	I/W		I/W	I/W	I/W	I/W/P	X	X	X
Caffeine				I		I/W					X	X
Cannabis	I			I		I/W		I		X	X	X
Hallucinogens												
Phencyclidine	I	I	I	I				I		X	X	
Other hallucinogens	I*	I	I	I				I		X	X	
Inhalants	I		I	I				I	I/P	X	X	
Opioids			I/W	W		I/W	I/W	I/W		X	X	X
Sedatives, hypnotics, or anxiolytics	I/W	I/W	I/W	W		I/W	I/W	I/W	I/W/P	X	X	X
Stimulants**	I	I/W	I/W	I/W	I/W	I/W	I	I		X	X	X
Tobacco						W				X		X
Other (or unknown)	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W/P	X	X	X

Note. X = The category is recognized in DSM-5.
I = The specifier "with onset during intoxication" may be noted for the category.
W = The specifier "with onset during withdrawal" may be noted for the category.
I/W = Either "with onset during intoxication" or "with onset during withdrawal" may be noted for the category.
P = The disorder is persisting.
*Also hallucinogen persisting perception disorder (flashbacks).
**Includes amphetamine-type substances, cocaine, and other or unspecified stimulants.

Overlapping symptoms: Alcohol

Intoxication and/or withdrawal

- Psychotic Disorders
- Bipolar Disorders
- Depressive Disorders
- Anxiety Disorders
- Sleep Disorders

Overlapping symptoms: Alcohol

Observed symptoms

- Paranoia
- Agitation, combativeness
- Anxiety – persistent worry
- Insomnia
- Lack of appetite
- Hallucinations
- Confusion
- Depression
- Restlessness

Overlapping symptoms: Alcohol

When the presenting issue is Depression….

And the person is using alcohol…

What else would you want to know?

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Overlapping symptoms: Stimulants

Intoxication and/or withdrawal

- Psychotic Disorders
- Bipolar Disorders
- Depressive Disorders
- Anxiety Disorders
- Sleep Disorders

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Overlapping symptoms: Stimulants

Observed symptoms

- Paranoia
- Agitation, combativeness
- Anxiety – persistent worry
- Insomnia
- Lack of appetite
- Hallucinations
- Confusion
- Depression
- Restlessness
- Obsessive/compulsive repetitive behaviors

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Overlapping symptoms: Stimulants

When the presenting issue is Depression….

And the person is using Stimulants…

What else would you want to know?

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Overlapping symptoms: Opioids

Intoxication and/or withdrawal

- Depressive Disorders
- Anxiety Disorders
- Sleep Disorders

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Overlapping symptoms: Opioids

Observed symptoms

- Anxiety – persistent worry
- Insomnia
- Lack of appetite
- Confusion
- Depression
- Restlessness
- Thoughts of suicide

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Overlapping symptoms: Opioids

When the presenting issue is Depression….

And the person is using Opioids…

What else would you want to know?

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Case studies:

What would be possible diagnosis(es)?

What else do you want to know?

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Treatment: Epidemiology

Figure 1: Past Year Treatment Among Adults Aged 18 or Older With Both Serious Psychological Distress (SPD) and a Substance Use Disorder, 2005.

53.0% No treatment

34.3% Treatment for only mental health

8.5% Treatment for both mental health and substance abuse

4.1% Treatment for both mental health and substance abuse

5.2 Million Adults with Co-Occurring SPD and Substance Use Disorder

Source: (SAMHSA, 2006)

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Treatment

Consecutive – a person completes one type of treatment and then completes the other type of treatment

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Treatment

Concurrent – the person is enrolled in both SUD and MH treatment at the same time with two separate clinicians

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Treatment

Integrated – the individual is receiving treatment for both SUD and MH from the same clinician in one location.

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Treatment: Language and Bias

- MICA: mentally ill chemical abuser
- MICAA: mentally ill chemical abuser or affected
- MISA: mentally ill substance abuser
- MISU: mentally ill substance using
- CAMI: chemically abusing mentally ill
- SAMI: substance abusing mentally ill
- MICD: mentally ill chemically dependent
- DD: dually diagnosed, dually disordered
- CD: co-morbid disorders, chemical dependency
- ICOPSD: individuals w/ co-occurring psychiatric and substance disorders
- SMI: seriously mentally ill
- SPMI: serious and persistent mental illness
- COD: co-occurring disorders
- SU D/O: substance use disorder
- MH D/O: mental health disorder

Credit: Michael Gaudet, LICSW, LCDP, 2018

Treatment Issues

The Problem List: What am I treating?

What is within my scope of practice?

What is within the agency's scope of practice?

Treatment Issues

Stages of change

- What issue brought the client to your agency?
- What does the client want to change?

Treatment Issues

What do you do if the client does not want to address a significant issue that would likely interfere with progress in treatment?

Treatment Issues

Psychiatric medications

What behaviors and/or symptoms would prompt a referral to a prescriber regarding psychiatric medications?

Treatment issues

SUD medications

What behaviors and/or symptoms would prompt a referral to a prescriber regarding SUD medications such as Suboxone, methadone, acamprosate, naltrexone, etc.?

Case studies

What level of care would you recommend?

What are the key treatment issues?

Grand Rounds

Cases from your current practice that you would like to discuss

Wrap up

What do I bring to my practice on Monday morning?