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Clinical differences between cocaine-induced psychotic disorder and psychotic symptoms in cocaine-dependent patients



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ABSTRACT

The aim of this study is to compare the clinical characteristics of three groups of patients in treatment for cocaine dependence: patients without any psychotic symptoms (NS), patients with transient psychotic symptoms (PS) and patients with cocaine-induced psychotic disorder (CIPD). An observational and retrospective study of 150 cocaine-dependent patients undergoing treatment in the Drug Unit of the Psychiatry Department of University Hospital Vall d'Hebron in Barcelona (Spain) using these three groups, NS, PS and CIPD, was performed. All patients were evaluated with the PRISM interview. ANOVA, χ^2 tests and multivariate multinomial regression analysis were used to perform statistical analyses. Seven patients with a primary psychotic disorder were discharged. Forty-six patients (32.1%) did not report any psychotic symptoms. Ninety-seven patients (67.9%) presented with a history of any cocaine-induced psychotic symptom and were considered as the cocaine-induced psychotic (CIP) group. Among them, 39 (27.3%) were included in the PS group and 58 (40.6%) were included in the CIPD group. A history of imprisonment was found significantly more frequently in the PS group than in the NS group. The distribution of age at onset of dependence, lifetime cannabis abuse or dependence and imprisonment were significantly different between the NS and CIPD groups. We conclude that in cocaine-dependent patients, clinicians should be advised about the risk of development of psychotic symptoms. The presence of some psychotic symptoms could increase the potential risks of disturbing behaviours.

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1. Introduction

Cocaine consumption in Europe has been increasing, achieving a higher prevalence than in the United States, although a mild stabilization has been detected in recent years (European Monitoring Centre for Drugs Addiction, 2012; United Nations Office on Drug and Crime, 2012). Co-morbidity of cocaine use disorders with psychiatric disorders has been extensively reported (Brady et al., 1991; Satel and Edell, 1991; Bartlett et al., 1997; Kalayasiri et al., 2006a; Tang et al., 2007; Herrero et al., 2008; Roncero et al., 2012, 2013a). One of the most serious co-morbidities with cocaine use disorders is the presence of psychotic symptoms. Cocaine-Induced Psychotic Disorder (CIPD) has been found in 5% of young cocaine users (Herrero et al., 2008), and

in cocaine-dependent patients treated in therapeutic community, the prevalence of CIPD was 11.5% (Vergara-Moragues et al., 2012). In clinical settings, psychotic symptoms have been found to occur in between 29% and 86.5% of cocaine-dependent patients (Brady et al., 1991; Satel and Edell, 1991; Bartlett et al., 1997; Kalayasiri et al., 2006a; Tang et al., 2007; Roncero et al., 2012, 2013a; Vorspan et al., 2012), but actual figures remain unclear because the samples are not similar, and the instruments and approach used in the evaluation process are not comparable (Roncero et al., 2012).

There is a controversy between the diagnosis of psychotic symptoms secondary to cocaine intoxication and the DSM-IV diagnosis of CIPD (Boutros and Bowers, 1996; Caton et al., 2007). Some authors, after studying the psychotic symptoms in cocaine users, classified the induced psychotic episodes into two types. The first, called “transient psychotic episodes”, is experienced during consumption. In this case, the symptoms are gone after a binge or a crash phase. The other type is named “persistent psychotic episodes”, in which the psychotic symptomatology can

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persist for as long as days after a crash phase and the severity of the symptoms is higher than in transient psychotic symptoms. This type is considered authentic CIPD (Satel and Edell, 1991).

The DSM-IV describes substance-induced psychotic disorders as being associated with prominent hallucinations or delusions and specifies that hallucinations should not be included if the person has insight that they are substance induced. They also should not be included when there is evidence that the symptoms developed during or within a month of substance intoxication. This diagnosis should be made instead of a diagnosis of substance intoxication only when the symptoms are sufficiently severe to warrant independent clinical attention. The criteria between substance-induced psychotic disorders and substance intoxication are differentiated as the duration of symptoms, their severity and hallucinations occur in the absence of intact reality testing. There are some criticisms about the narrow definition of CIPD, and this has led to the suggestion of a broader classification based on association rather than causation for DSM-5 (Mathias et al., 2008). Cocaine-induced psychosis (CIP) has been suggested for psychotic symptoms related to cocaine use (Brady et al., 1991; Satel and Edell, 1991; Roncero et al., 2012).

Some risk factors are associated with transient psychosis related to cocaine use: amount of cocaine consumed (Floyd et al., 2006; Kalayasiri et al., 2006a; Mahoney et al., 2008; Vorspan et al., 2012; Roncero et al., 2013a), age of onset of use (Cubells et al., 2005; Kalayasiri et al., 2006a, 2010; Floyd et al., 2006; Vorspan et al., 2012) and co-morbidity with attention deficit hyperactivity disorder (ADHD) (Tang et al., 2007; Roncero et al., 2013b). With respect to borderline personality disorder (BPD), antisocial personality disorder (APD) (Kranzler et al., 1994; Roncero et al., 2013a) and drug use (smoked or intravenous) (Mooney et al., 2006; Kalayasiri et al., 2006b; Vorspan et al., 2012; Roncero et al., 2013c), the association remains unclear. Some authors have linked psychotic symptoms with these variables, but others reject these associations. The clinical factors associated with transient cocaine-induced psychotic symptoms are well-described in the current literature, but studies about the clinical factors associated with CIPD are lacking.

Therefore, knowledge of the clinical features of cocaine-dependent patients who have developed transient psychotic symptoms or CIPD may be relevant not only for diagnostic information but also for evaluating therapeutic interventions to be applied in each case.

The aim of this study is to compare the clinical characteristics of three groups of patients in treatment for cocaine dependence: patients without any psychotic symptoms (NS), patients with transient psychotic symptoms (PS) and patients with CIPD. We hypothesized that there is a gradient of severity in which the presence of PS is more severe than NS, and the presence of CIPD is more severe than both NS and PS.

2. Methods

2.1. Design

We used a cross-sectional design in an observational study. Patients were assessed during two visits. Initially, patients were evaluated by a psychiatrist, who collected demographic and consumption data, and (if applicable) gave a diagnosis of cocaine dependence disorder according to DSM-IV-TR criteria. Subsequently, they were interviewed by a psychologist trained in the administration of the diagnostic interview described below.

2.2. Sample

The 151 participants were patients undergoing treatment at the Drug Unit of the Department of Psychiatry at the University Hospital Vall d'Hebron in Barcelona (Spain) between February 2007 and August 2010. Inclusion criteria included being over 18 years of age, having a diagnosis of cocaine dependence and following a treatment regimen as an outpatient or an inpatient at the drug unit of the hospital.

Each patient signed the corresponding informed consent approved by the ethics committee of the hospital and received no financial compensation for their participation. Exclusion criteria included the presence of primary psychotic or bipolar I disorders, being intoxicated at the time of the interview, having severe somatic disorders and not sufficient language proficiency. According to these criteria, one patient was not evaluated because they came intoxicated to the evaluation visit. Seven patients were excluded due to the existence of a primary psychotic disorder. The total sample of the study was composed of 143 patients.

2.3. Assessments and measures

In addition to socio-demographic and consumption variables, the Spanish Version of the Psychiatric Research Interview for Substance and Mental Disorders (PRISM) (Torrens et al., 2004; Hasin et al., 1996) was administered. This interview, based on DSM-IV, diagnoses approximately 20 Axis I and II disorders. It was designed specifically to differentiate primary mental disorders and induced effects of intoxication and withdrawal in subjects with high consumption of alcohol and other substances. The main feature of this instrument is to add specific guidelines for evaluation and classification requirements such as frequency, duration of symptoms and explicit exclusion criteria, to determine the temporal relationship between psychiatric symptoms and substance use. According to the psychotic disorders section of the instrument, the sample was divided into three study groups. In Group I, the patients had no psychotic symptoms (NS) in their lifetime. In Group II, the patients had psychotic symptoms but were aware that these symptoms were caused by substance use (PS) in their lifetime. In Group III, patients had psychotic symptoms and were not aware that they were caused by substance (CIPD) in their lifetime. Finally, we included the cocaine-induced psychosis group (CIP) if a patient was included in the PS or CIPD groups. According to PRISM criteria, to diagnose CIPD the delusions have to be clear, they have to last more than 1 h and disagree with the cultural context of the patients. To diagnose hallucinations, they have to be clear, last more than 1 h and disagree with the cultural context of the patients, but they do not have to be present while the patients are sleeping or awake; additionally, the patients have to act according to the hallucinations.

2.4. Statistical analysis

As psychotic symptoms were included in the definition of study groups, they were simply described in terms of frequencies. ANOVA and χ^2 tests were used to compare the socio-demographic and clinical characteristics of the sample and co-morbidities between study groups. The χ^2 test was considered not applicable, due to insufficient representation in the sample, when at least one cell content was less than 5.

To reduce the presence of some false positive effects, Bonferroni corrections for multiple tests were performed grouping socio-demographic and co-morbidity variables. Only the variables that exceeded the respective p values were entered in a second analysis. These variables were used in a multivariate multinomial regression analysis as predictors, using stepwise entrance of variables to perform an exploratory analysis including a polynomial variable including CIPD, PS or NS as dependent variables. To provide information on the adjustment of the resulting model, sensitivity (capacity to detect subjects among categories) and specificity (capacity to detect subjects not included in categories) parameters were reported. All statistical tests were two-tailed. SPSS Version 18.0 for Windows was used in all analyses.

3. Results

Of the 143 participants, 46 patients (32.1%) in the sample did not report any psychotic symptoms, 97 (67.9%) presented with a history of any cocaine-induced psychotic symptom, 39 (27.3%) were included in the PS group and 58 (40.6%) in the CIPD group. Socio-demographic data were collected, as shown in Table 1. Statistically significant differences among study groups were found in the following variables: age at onset of cocaine addiction, duration of dependence, imprisonment and completion of primary studies.

We found that 37.1% of the sample presented three or more substance use disorders, and co-morbidities can also be observed in Table 1. Regarding other substances, cannabis, alcohol and hallucinogens were found to be statistically significant. No significant differences in Axis I disorder analysis were found. Differences that were statistically significant for both Axis II disorders (antisocial and borderline personality disorders) were found, but they were no longer statistically significant following the Bonferroni corrections.

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