

Substance use in severe mental illness: self-medication and vulnerability factors

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Abstract

The aim of this article is to examine the onset and clinical correlates of substance use in patients with psychotic disorders. One hundred and eight inpatients and outpatients with DSM-IV psychotic disorders were evaluated with the SCI-SUBS, an instrument designed to explore the spectrum of substance use and its clinical correlates. Comparisons were made between subjects with ($n=47$) and without ($n=61$) a DSM-IV diagnosis of substance use disorder (SUD). In patients with an early onset of psychosis (<17 years), the onset of SUD was subsequent. Patients with SUD had higher substance sensitivity, higher sensation-seeking traits and were more likely to self-medicate than patients without SUD. The reasons for self-medication endorsed by patients with SUD included relieving depression, achieving or maintaining euphoria, improving self-confidence and social abilities. Our results, based on a cross-sectional study, suggest that early onset of psychosis, substance sensitivity and sensation-seeking traits represent vulnerability factors for SUD. The relationships between SUD and psychosis should be examined systematically and clarified in longitudinal studies.

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1. Introduction

The high occurrence of substance use disorders (SUD) in patients with severe mental illness is well-documented in the literature both in Europe (Wittchen et

al., 1996; Fioritti et al., 1997; Verdoux and Tournier, 2004) and in the United States (Regier et al., 1990; Kessler, 2004; Addington and Addington, 2007) with a lifetime prevalence of up to about 50%. Alcohol, cannabis, cocaine and stimulants are the most used substances.

Several studies have tried to elucidate the mechanisms underlying and sustaining the co-occurrence between SUD and severe psychiatric disorders (Verdoux et al., 1996; Mueser et al., 1998; Strakowski et al., 2000;

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Degenhardt and Hall, 2001; Kessler, 2004; Buckley, 2006). However, many aspects are still unclear (Gregg et al., 2007).

The original *Self-medication* hypothesis (Khantzian, 1985; Khantzian, 1997) posits that individuals with severe mental illness seek specific substances to reduce positive and negative psychiatric symptoms. In any case, there is little or no direct research support for the self-medication model (Mueser et al., 1998). A more general model postulated that the attempt to alleviate dysphoria could explicate the increased comorbidity (Dixon et al., 1991). Because individuals with severe mental illness are particularly prone to distress or depression, they are likely to use substances to alleviate these symptoms and have a high risk of developing SUD. The literature supports this model but does not suggest a consistent relationship between substance use and specific diagnoses (Sonne et al., 1994; Addington and Duchak, 1997; Weiss et al., 2004; Sbrana et al., 2005).

Various authors have explored the reasons for substance use in patients with psychotic disorders and have found that they frequently justified the use as for relieving depressive and anxiety symptoms, as well as to alleviate boredom and to socialize (Dixon et al., 1991; Addington and Duchak, 1997; Bradizza and Stasiewicz, 2003; Schofield et al., 2006). Moreover, the relationship between the onset of psychiatric disorders and SUD is not univocal. Even though in many cases SUD follows or is contemporary with onset of psychiatric disorders, in a sub-group of patients, SUD precedes and could precipitate an earlier onset of psychiatric conditions (Hambrecht and Häfner, 1996; Strakowski et al., 1996, 1998; Winokur et al., 1998; Wilens et al., 1997, 2004; Haehy et al., 2002; Schuckit, 2006).

In addition, a number of studies identified some vulnerability factors associated with SUD such as substance sensitivity, Attention Deficit and Hyperactivity Disorder (ADHD) and sensation-seeking traits, that might interact with psychiatric symptoms and favour the onset of SUD (Zubin and Spring, 1977; Lieberman et al., 1987; Clure et al., 1999; Liraud and Verdoux, 2000; Schubiner et al., 2000; Henry et al., 2001; Dervaux et al., 2001; Conway et al., 2002; Wilens, 2004; Kessler et al., 2006; Bizzarri et al., 2007).

The present study aims to elucidate the relationships between substance use and potential vulnerability factors in patients with affective and non-affective psychosis. The specific aims of this study are:

1) to analyse the prevalence of SUD and the pattern of substance use in patients with psychotic disorders;

2) to investigate the relationship between age of onset of SUD and affective and non-affective psychotic disorders;

3) to compare scores on self-medication, substance sensitivity, sensation-seeking, attention deficit/hyperactivity symptoms domains and the reasons for substance use between patients with and without SUD, using data collected with the Structured Clinical Interview for the Spectrum of Substance Use (SCI-SUBS) (Sbrana et al., 2003).

We hypothesized that, among patients with severe mental illness, those with SUD are more likely to self-medicate and have higher levels of substance sensitivity, sensation-seeking and ADHD symptoms, in line with our previous study specifically focused on patients with bipolar disorder (Bizzarri et al., 2007).

Moreover, we hypothesized that in patients with an early onset of psychosis, substance use follows as an attempt to cope with psychiatric symptoms, in line with previous studies (Hambrecht and Häfner, 1996; Strakowski et al., 1996, 1998; Wilens et al., 1997).

2. Materials and methods

2.1. Participants

Patients were recruited from adult inpatients and outpatients in treatment for psychotic disorders in partial or full remission. The recruitment phase was carried out between April 2003 and March 2006 at the Psychiatric Clinic of the University of Pisa. The aims of the study were thoroughly explained to potential candidates and an appointment was arranged for the clinical interview, after obtaining their written consent to participate. Study procedures were approved by the Ethical Committee of the Azienda Ospedaliero-Universitaria di Pisa, according to the code of Ethics of the World Medical Association (Declaration of Helsinki). Six patients out of 114 (6.8%) who had consented to participate did not complete the diagnostic assessment. Therefore, the final sample included 108 subjects with psychotic disorders. Of the 108 participants, 30 (27.8%) met DSM-IV criteria (American Psychiatric Association, 1994) for a schizophrenia spectrum disorder, 68 (63%) for bipolar disorders, 10 (9.2%) for major depression with psychotic features. Forty-seven patients (43.5%) met criteria for at least one lifetime DSM-IV diagnosis of SUD: 24 (22%) had alcohol use disorder and 41 (38%) substance use disorders (34 cannabis, 14 sedatives, 11 cocaine, 7 hallucinogens, 6 stimulants, 5 opioids). Participants were divided into two groups based on the

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