

Clinical characteristics of psychotic patients treated in a community centre for substance abuse disorders in Barcelona

Claudio Castillo*, Mònica Astals, Francina Fonseca, Marta Torrens
CAS Barceloneta, IAPS-Hospital del Mar, IMAS, Barcelona, Spain

Introduction

Comorbidity between substance abuse disorders and other mental illness, usually known as Dual Diagnosis (DD), is notably prevalent¹. DD is associated with poor outcomes of both, substance use and non-substance use disorders. Available data about prevalence of psychiatric disorders in addicted patients suggests that affective and anxiety disorders are the most frequent diagnoses, whereas personality and psychotic disorders are less frequent. Psychotic disorders that co-occur with substance use include both primary psychotic disorders, such as schizophrenia, and substance-induced psychotic disorders.

Numerous negative outcomes, such as more frequent use of the hospital, more frequent suicide attempts, violent behaviour, and residential instability and homelessness have been reported².

CAS Barceloneta is an outpatient community centre for treatment of patients with any substance abuse or dependence disorder in Barcelona (Spain). Placed in a general hospital, attends about 300 new patients each year and the main substances of abuse/dependence are: alcohol (45%), cocaine (30%) and heroin (15%).

Objective

To describe the main demographical and clinical characteristics of the psychotic patients treated for any substance use disorder in an outpatient community centre.

Method

From the total of 503 patients (73% males, mean age 43 years) who were in treatment in the last 6 months in the CAS Barceloneta, data on 32 patients with the clinical diagnosis of psychosis were recorded. The following variables were assessed: sociodemographical data, type of referral, main drug of abuse, main psychotic disorder diagnosis, length on treatment, serological status (HIV, HCV and HBV), control in Mental

Health out-patient centre and use of other Mental Health and Addiction resources in the last 6 months. Furthermore, subjects were classified as Responders (R) and Nonresponders (NR) to treatment according illicit substance consumption detected in random urinalysis in the last 6 months: those with less than 20% of positive controls were classified as R and those with 20% or more of positive controls were classified as NR.

Results

From the overall sample, 32 (6%) patients had a diagnosis of psychotic disorder (27 males; mean age 37). Characteristics of psychotic patients are described in table 1. The main drug disorder diagnosis was opiate dependence (Figure 1); and the most

prevalent psychotic disorder was Paranoid Schizophrenia (Figure 2). A total of 27 (84%) patients were classified as R and the remaining 5 (16%) as NR (Table 2). One third of patients required other Mental Health or Addiction resources (Table 3).

Table 1. Demographic, toxicologic and serologic characteristics of the sample (n=32)

Variable	
Sex	
Male	27 (84%)
Age. Mean (range)	37 (25– 59)
Type of referral	
Self referral	14 (44%)
General Practitioner	4 (12,5%)
Mental Health center	7 (22%)
Psychiatric Hospital	4 (12,5%)
Emergency Room	1 (3%)
Justice	2 (6%)
Time in treatment. Months (range)	63 (2 – 206)
Simultaneous treatment in mental health centre	20 (62%)
Serological status	
Positive HIV Ab	7 (22%)
Positive HB Ab	5 (16%)
Positive HC Ab	11 (34%)

Table 2. R and NR to treatment according to urinalysis (last 6 months)

Urine control (main drug)	n
Responders (Positive < 20%)	27 (84%)
Non responders (Positive ≥ 20%)	5 (12%)

Table 3. Use of Mental Health or Addiction resources (last 6 months)

Resource	n
Dual Diagnosis Unit	3 (9%)
Psychiatric Hospital	4 (13%)
Day Hospital	3 (9%)
Therapeutic Community	1 (3%)
No other resources	21 (66%)

Conclusions

1. The rate of psychosis disorders diagnosed in the sample was similar to those described in similar studies^{3,4}.
2. One third of patients needed combined treatment in Addiction and Mental Health resources involving more complexity and two thirds of them require attention in a community out-patient centre.
3. Most of the psychotic disorders were detected in the opioid dependence disorder group.

References

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Figure 1. Distribution of main drug dependence diagnoses

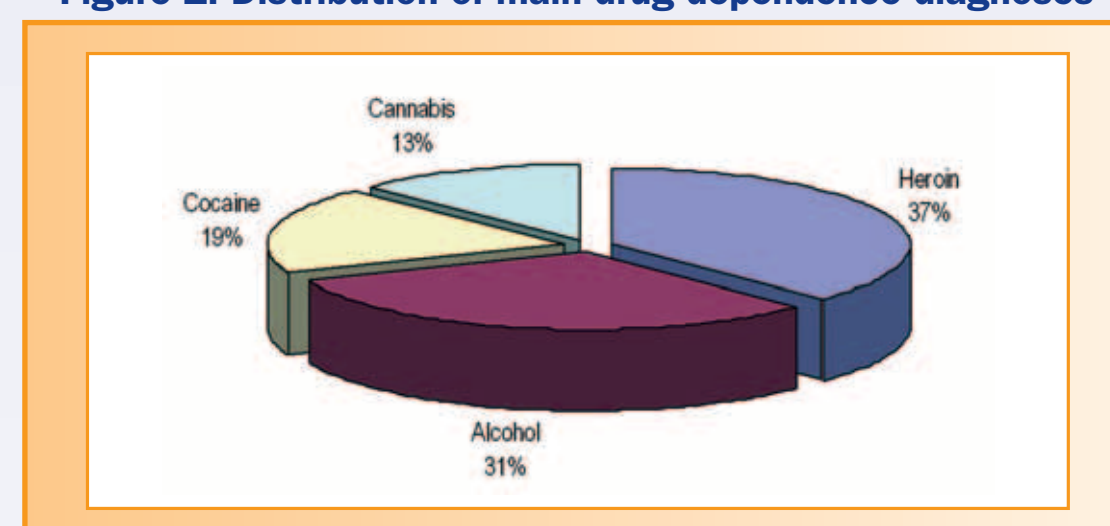
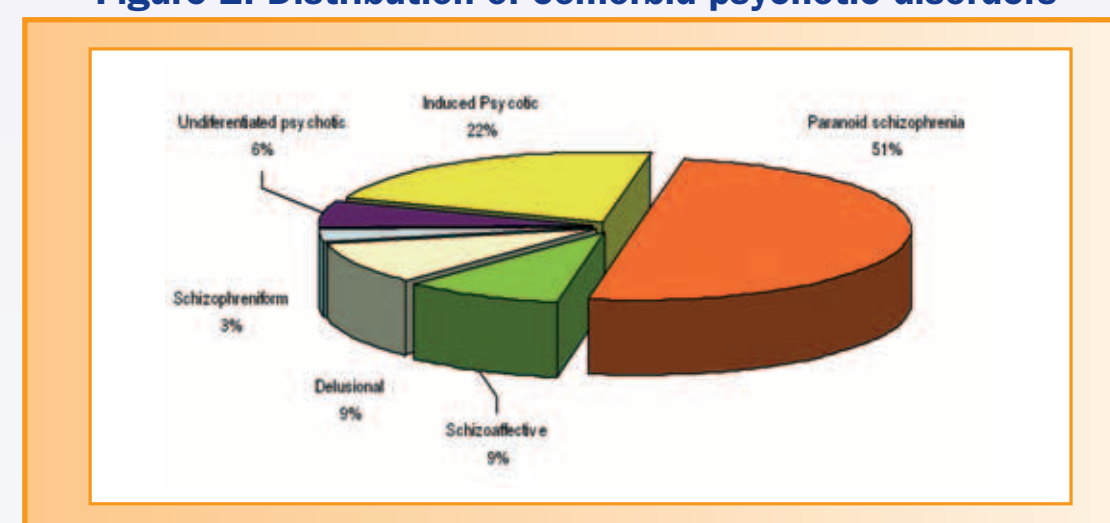


Figure 2. Distribution of comorbid psychotic disorders



*Corresponding author:

Claudio Castillo, CAS Barceloneta, IAPS-Hospital del Mar
Passeig Marítim 25-29, Barcelona E-08003, Spain
Tel. +34932483107; Fax. +34932483445
E-mail: ccastillo@imas.imim.es