

DUAL PATHOLOGY IN DRUG CARE CENTERS, WHAT WE DO

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EDUCATIONAL OBJECTIVES

1. To know the current state of the art concerning the treatment models for patients with substance use disorder (SUD) and mental health disorder (dual diagnosis): sequential, parallel or integrated treatment.
2. To be aware of the lack of a systematic approach and specific evidence-based programs for dual patients treatment in Europe.

PURPOSE

This project aims to increase the awareness of psychiatric comorbidity among patients with SUD and to highlight the need of specific programs that integrate both networks.

METHODS

To illustrate this, we present descriptive results from a community based center for SUD (CAS Barceloneta) that describes socio-demographic characteristics of the clinical population attended, percentage of dual diagnosis, main psychiatric diagnosis and treatments and facilities received.

RESULTS

- Clinical population; n=529.
- 304 (57.47%) patients present a dual diagnosis; 225 (42.53%) patients only present SUD (**figure 1**).
- 529 samples have specific diagnosis (**figure 2**):
 - Substance use disorder as main diagnosis:
 - Alcohol Use Disorder: 211 (40%) patients.
 - Opioid UD: 170 (32%) patients.
 - Cocaine UD: 67 (13%) patients.
 - Cannabis UD: 21 (4%) patients.
 - Nicotine UD: 16 (3%) patients.
 - Sedative UD: 8 (1.5%) patients.
 - Non-SUD as main diagnosis:
 - Affective Disorder: 21 (4%) patients.
 - Psychotic Disorder: 8 (1.5%) patients.
 - Other diagnosis: 7 (1.3%) patients.
 - 227 (43%) patients present coexisting personality disorder.
 - 34 (6.42%) patients are also attended at a Mental Health Community Center (parallel treatment).

Figure 1: Percentage of Dual Diagnosis

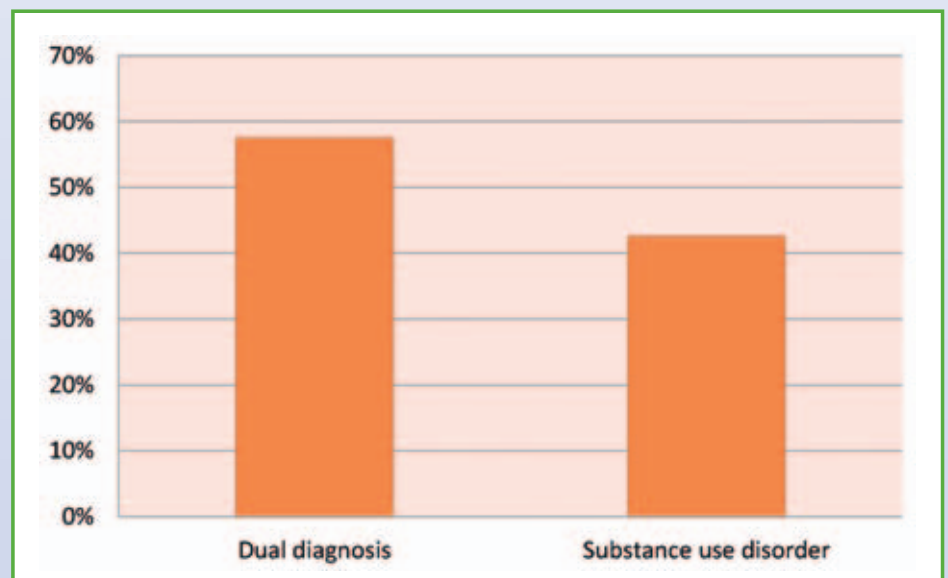
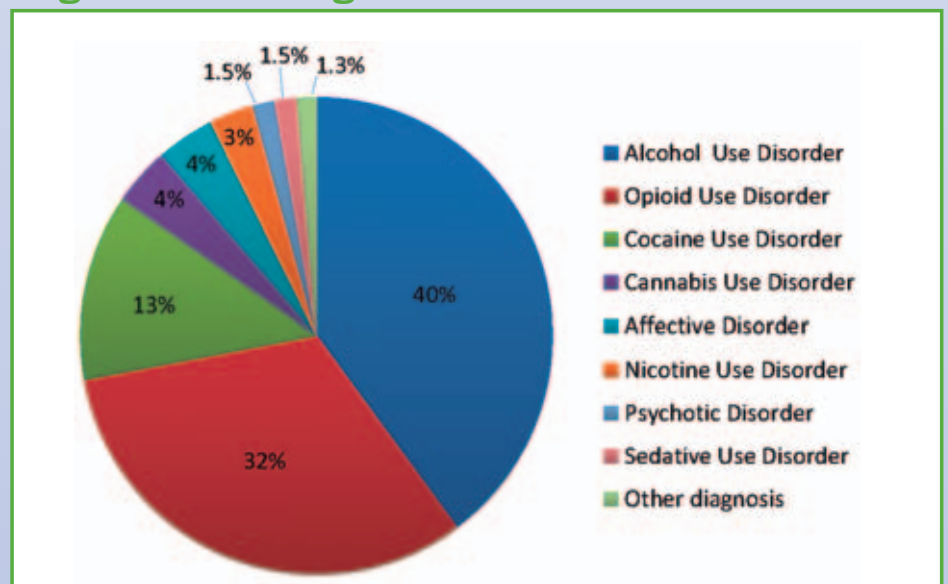


Figure 2: Main diagnoses



CONCLUSIONS

1. There is a high comorbidity ratio for SUD and non-SUD psychiatric disorders.
2. Integrated treatment model has been describe as the best model to attend these patients. However, it has not been achieved so far in our community based center for SUD.
3. Further systematic and rigorous studies should be conducted in order to establish whether or not an integrated model is viable in Europe and to prove its advantages compared to parallel and sequential networks in our specific population.

Literature References:

1. Torrens M, Mestre-Pintó JI, Montanari L, Vicente J, Domingo-Salvany A. Dual diagnosis: an European perspective. Adicciones 2017; 29:3-5.
2. Torrens M, Rossi P, Martínez-Riera R, Martínez-Sanvisens D, Bulbena A. Psychiatric co-morbidity and substance use disorders: treatment in parallel systems or in one integrated system? Subst Use Misuse 2012; 47: 1005-14.