CLINICAL PROFILE OF PATIENTS WITH DUAL DISORDERS IN AN OUTPATIENT ADDICTION CENTER FOLLOW UP. AN OBSERVATIONAL STUDY

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INTRODUCTION

The comorbidity between a substance use disorder (SUD) and other psychiatric disorder, known as Dual Disorder, is common in patients who seek for help to an outpatient addiction center. Patients with Dual Diagnosis have worse outcomes, with more clinical and social severity, compared to patients with either mental health or substance use disorders in isolation, resulting in a high cost to the healthcare services.
It is crucial to understand better the profile of patients with dual diagnosis in order to develop more efficient treatments and address them correctly.

OBJECTIVE

To describe the clinical characteristics of dual diagnosis patients seeking care in an outpatient addiction center (CAS Santa Coloma).

METHODS

A descriptive analysis was carried out in a sample of patients with dual diagnosis, under treatment at Santa Coloma out-patient addiction center, between January 2017 and August 2018. We obtained the data from the review of medical records.

RESULTS

From the 304 patients in follow-up in the center, we identified 139 (45.7%) subjects with comorbid dual diagnosis, by DSM-5 criteria. The majority were men (73%). The average age was 43 years (21-76).

Alcohol represents the most common primary drug in patients with dual disorders who sought for treatment in our outpatient addiction center (41%), followed by heroine (21%), cocaine (19%), cannabis (13%), benzodiazepines (4%) and inhalants (0.7%) (Table 1).
The prevalence of HBV, HCV and HIV infections was 2.2%, 19.4% and 6.5% respectively, and its prevalence was lower than in non-Dual Diagnosis group. Regarding psychiatric non-SUD comorbidity, the diagnoses were: primary depression (18.7%), adjustment disorders (14.4%), primary psychotic disorders (10%) borderline personality disorder (8.6%), and anxiety disorders (7.2%). Psychotic and affective induced disorders cases were 3% and 1.4% respectively. A 10% of the sample were diagnosed with more than 1 comorbid disorder (71.4% men). Most frequent syndromes are described in Table 2; detailed non-SUD diagnoses are specified in Graphic 1.

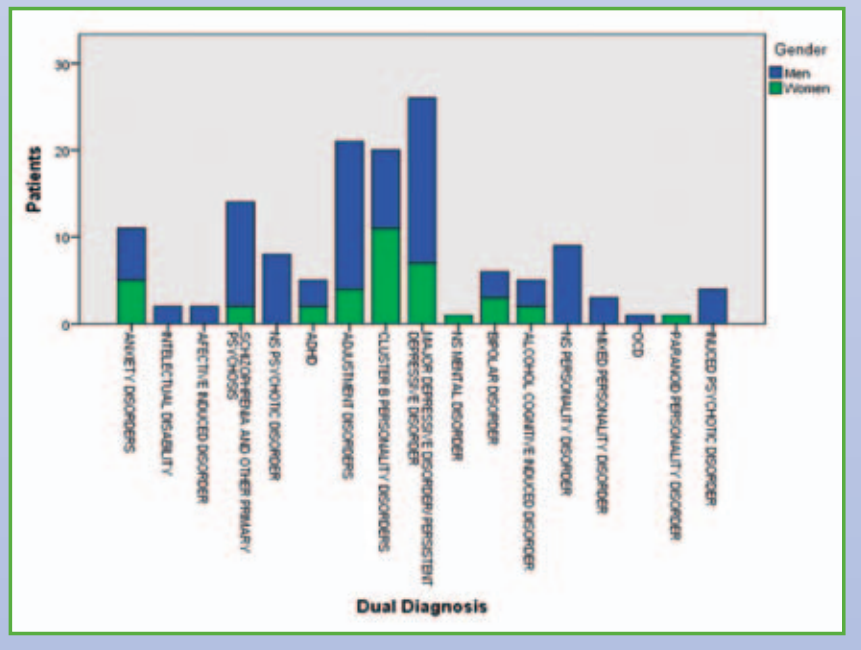
Table 1. Dual Diagnosis vs Non Dual Diagnosis patients comparison

	DD (%) N=139	Non DD (%) N=165	Total (%)	*p*
Gender *Men*	101 (73)	137 (83)	238 (78)	0.036
Mean age (SD)	43 (11)	45 (10.4)	44 (10.7)	NS
HBV+	3 (2.2)	0	3 (0,9)	
HCV+	27 (19.4)	48 (29,1)	75 (25)	<0.001
HIV+	9 (6.5)	19 (11.5)	28 (19)	
Most frequent main drug used:				
Heroin	30 (21.6)	70 (42.4)	100 (33)	
Alcohol	57 (41)	43 (26)	100 (33)	
Cocaine	26 (19)	35 (21)	61 (20)	0.003
Cannabis	18 (13)	12 (7.3)	30 (10)	
Others	8 (6)	5 (3)	13 (4.2)	
Psychologic follow up	22 (16)	8 (5)	30 (10)	< 0.01

Table 2. Descriptive analysis of Dual Diagnosis Patients

	Men (%) N= 101 (73)	Women (%) N= 38 (27)	Total (%) 139 (100)	*p*
Mean age (SD)	42.5 (10.5)	44 (12.2)	43 (11)	NS
HBV+	3 (3)	0	3 (2.2)	
HCV+	23 (23.5)	4 (10.5)	27 (19.4)	NS
HIV+	8 (8)	1 (2.6)	9 (6.5)	
Most frequent Dual Diagnosis				
Anxiety Disorders	25 (25)	7 (18.4)	32 (23)	NS
Afective Disorder	24 (23.8)	10 (26.3)	34 (24.5)	
Adjustment Disorders	17 (17)	4 (10.5)	21 (15)	
Psycotic Disorders	5 (5)	0 (0)	5 (3.6)	
Personality Disorders	21 (21)	11 (29)	32 (23)	
Others	9 (9)	6 (6)	15 (10.8)	
More than one diagnosis	10 (10)	4(10)	14 (10)	NS

Graphic 1. Non-SUD Diagnosis by gender (%)



CONCLUSIONS

Patients with dual disorders represent a high percentage of patients who seek for help in outpatient addiction centers and this comorbidity raises the complexity of their treatment. Their clinical profile is a middle-age man, who often seeks treatment for alcohol-related problems. It is important to be aware of the presence of sexually acquired infections and blood–borne viruses related to risk behaviours. The presence of comorbid psychiatric symptoms should be explored from the beginning of follow-up, especially affective symptoms, given the high frequency of comorbid depressive and/or adjustment disorders, and the possibility of more than one comorbid disorder should be considered.

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