

# Descriptive study of patients admitted in a dual diagnosis unit with co-occurrence of bipolar disorder and substance use disorder

G. Mateu-Codina<sup>1</sup>, A.M. Coratu<sup>1</sup>, R. Sauras-Quetcuti<sup>1</sup>, A. Garcia-Guix<sup>1</sup>, L.M. Oviedo-Penuela<sup>1</sup>, F. Dinamarca-Cáceres<sup>1</sup>, M. Garcia-Jimenez<sup>1</sup>, M. Roldan-Berenguer<sup>2</sup>, M.G. Hurtado-Ruiz<sup>2</sup>, R. Sánchez-González<sup>2</sup>, J. Martí-Bonany<sup>2</sup>, E. Carrió-Díez<sup>2</sup>, C. Castillo-Buenaventura<sup>1</sup>, M.F. Fonseca<sup>1</sup>, M. Torrens<sup>1</sup>

<sup>1</sup>Addiction Program. Institute of Neuropsychiatry and Addiction (INAD). Parc de Salut Mar. Barcelona (Spain).

<sup>2</sup>Psychiatric Hospitalization Program. Centres Assistencials Emili Mira i López (CAEM). Institute of Neuropsychiatry and Addiction (INAD). Parc de Salut Mar. Barcelona (Spain).

E-mail: [gmateu@psmar.cat](mailto:gmateu@psmar.cat)

## BACKGROUND

The comorbidity of substance use disorders in bipolar disorder is among the highest in psychiatric disorders<sup>1</sup> and contribute to high rates of disability, morbidity, and treatment non-adherence.<sup>2</sup> Individuals with both disorders have a more severe course of bipolar disorder, including earlier onset, more frequent episodes, and more complications, including anxiety- and stress-related disorders, aggressive behavior, legal problems, and suicide.<sup>3</sup>

## AIMS AND OBJECTIVES

The purpose of this study was to describe the characteristics of a sample of patients with comorbidity of bipolar disorder and substance use disorder hospitalized in a dual diagnosis unit.

## METHOD

Data on demographic, family, and clinical factors were gathered among subjects admitted to our dual diagnosis unit during 3-year period. Psychiatric diagnosis was made according to DSM-IV-R criteria. To explore the psychometric characteristics, we used the Temperament and Character Inventory-Revised (TCI-R). Statistical analysis was performed by using SPSS program.

## RESULTS

This sample included 66 subjects, mainly male (84,8%) with a mean age of 37,7±11,7 years and a duration of 24,9±17,9 income days. Most were single (65,2%) and unemployed (83,3%) and 36,4% of them had criminal record.

In our sample, most common substances of abuse were cannabis (34,8%), cocaine (33,3%), alcohol (24,2%), and sedatives (6,1%). Most prevalent non-SUD psychiatric disorders were Personality disorder (16,7%) and Psychotic disorder (4,5%). Main reason for admittance were Conduct disorder (33,3%), Mania (25,8%), Hallucinations/delusions (15,2%), Depression (12,1%), Suicide ideation/attempt (9,1%), and Agitation/aggression (4,5%).

In respect to serology status, 10,6% were HIV positive, 16,7% were HCV positive and 10,6% had HCV-HIV comorbidity.

Only 22,7% of subjects adhered to their treatment regimen and 34,8% of subjects accomplished their outpatient follow-up. 34,8% had a history of aggressive behavior and 27,3% had previously attempted suicide.

Family aggregation was high, showing a prevalence of 56,1% of family psychiatric history and a 36,4% of family substance use disorders history.

Global Assessment of Functioning (GAF) Scale revealed remarkable clinical severity showing an initial score (at admission) of 39,7±10,3.

Most frequent prescript treatment at discharged were a combination of antipsychotic + antiepileptic drugs (34,8%), followed by antipsychotic + antiepileptic + sedative drugs (21,2%), antipsychotic + sedative drugs (7,6%) and, finally, sedative drugs only (7,5%). The mean doses of benzodiazepines prescribed were 18,7±35,8 in terms of diazepam milligram equivalents.

In respect to use of antipsychotic medications, the mean doses of antipsychotics prescribed were 504,6±336 in terms of Chlorpromazine milligram equivalents. Most frequent combinations of antipsychotic prescribed at discharged were second-generation oral antipsychotic only (69,7%), first-generation and second-generation oral antipsychotics (15,2%), no antipsychotics (7,6%) and first-generation antipsychotic depot (1,5%).

## CONCLUSIONS

Our sample of dually diagnosed bipolar subjects consumed mainly cannabis and cocaine and had high rates of HIV and HCV infections. We found relatively high prevalence of suicide attempts and aggressive behavior among these subjects who also showed a relevant clinical severity and a noteworthy treatment non-adherence. Finally, a very high family aggregation of psychiatric and substance use disorders was also confirmed.

## REFERENCES

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