

Characterization of women with and without dual diagnosis attended in an outpatient addiction center in Barcelona during the period between 2017-2022

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Background

While substance use disorder (SUD) is more prevalent in men, dual diagnosis (DD) is more likely to occur in women. In addition, when SUD appears in women, they tend to present greater physical and psychological impairment, and have less social support than men do. Despite the importance of addressing SUD and DD in women at an early stage, gender inequalities hinde their access to treatment.

Aim and methods

To describe and compare the sociodemographic and clinical data between women with and without dual diagnosis attended in an outpatient addiction center in Barcelona (CAS Santa Coloma) from 2017 to 2022. Data obtained from patients medical records.

Results

Of the total 972 patients treated between 2017 and 2022, 191 (20%) were women, of whom 99 (51%) had DD. The global mean age was 46 years (21-81). Women with DD were more often unemployed than those without DD (64% vs 48% respectively, $p=0.017$) (table 1). The most frequent main SUD were alcohol use disorders (48%) and stimulants use disorder (20%). Women with DD required follow-up by another mental health center more frequently than those without DD (30% VS 4.3%, $p= 0.001$). At the end of 2022, there were 96 women under follow-up at the center, of which 42 (42,4%) were women with DD and 54 (60%) were women without DD ($p=0.018$) (table 2). Of these, 62% of women with DD had a good outcome, compared to 41% of those without DD ($P=0.032$) (graphic 1). The most frequent comorbid diagnoses were cluster B personality disorders (26%), depressive disorders (15%), stress-related disorders (14%) and anxiety disorders (11%) (graphic 2). The most common reason for discharge in women with and without DD was abandonment of follow-up, (55% and 44% respectively) (table 2).

Conclusions

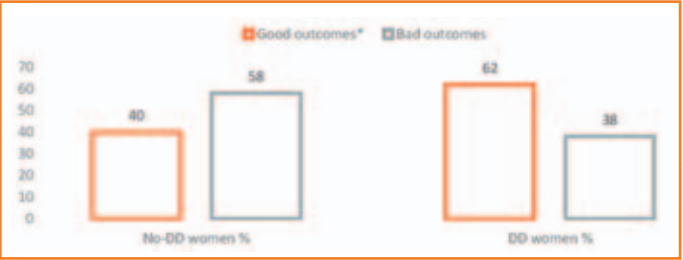
Women seeking treatment represent only 20% of the patients treated for an addiction problem, and half of them have a psychiatric comorbidity. When DD occurs, these women often require more complex treatments, so close coordination between the centers that care for them is essential. Although patients without DD are more likely to continue follow-up care, when women with DD do, they have good outcomes. Efforts should be focused on ensuring that women with addictions with and without comorbid psychiatric disorders enter and stay in treatment.

Table 1.- Sociodemographic characteristics of women with and without DD attended at CAS Santa Coloma between 2017-2022.

		No DD % n=92 (48%)	DD % n=99 (51%)	Total % N=191	P
Nacionality	Spanish	86	89	87	ns
Mean age (SD)		44,8 (12,09)	46,22 (10,7)	46	ns
Marital status	Single	48	48	48	ns
	Married	12	23	18	
	Separated/Divorced	12/20	8,1/19	10/19,5	
	Widowed	3,7	0,5	4,2	
Employment situation	Working	48,4	64,6	57	0,017
	Not working	51,6	35,4	43,2	
Living situation	No-housing problems	94	91	92	ns
	With housing problems	5,2	9	7,3	
Incomes	With incomes	13,2	13,4	13,3	ns
	Without incomes	86,8	86,6	86,7	
Eduacional level	No studies	5,6	9,3	7,5	ns
	Elementary and highschool higher education	86	81	83	
Criminal records		9	10,3	9,7	ns
		24	31	28	ns

$p<0,05$

Graphic 1.- SUD outcomes in women with and without DD who stayed on treatment at the end of 2022 (n=96%)



* $p=0,032$

Good outcomes:< 20% positive urine controls for main substance in the last 6 months

Bad outcomes:< 20% positive urine controls for main substance in the last 6 months

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Table 2.- Clinical characteristics of women with and without DD attended at CAS Santa Coloma between 2017-2022.

		No DD% 92	DD % 99	Total % 191	P
Family history of SUD		59	71	65	ns
Serologic status	HBV+	0	0	0	ns
	HCV+ (ARN+)	11 (2,2)	14 (4)	12 (3,1)	
	HIV	8,2	3,3	5,5	
Average age drinking problem onset (SD)		29,6 (13)	30,1 (9,5)	29,89(11,8)	ns
Consumption pattern	diary	76	67	71	ns
	binge	21	33	27,3	
Main substance of use	Alcohol	44,6	51,5	48	ns
	Cocaine	22,8	29,2	20,9	
	Opioid	15	9	12	
	CNN	13	14	13,6	
	Ansiolitics	2,2	5,1	3,7	
	Others	2,2	0,5	1,7	
Problematic drinking triggers	Social/improve state	23	10	26	ns
	Coping emotional distress	45	47	47	
	Conformity	4,3	3	3,6	
Treatment	Combined: psychotherapy+ pharmacological Treatment	76	71	73,8	ns
Follow-up	Adicional follow-up from Mental Health network	4,3	30	18	0,001
Drop out rate %*		28	34	31,4	ns
Motives of discharge	Abandonment	44	55	49	ns
	Geographical change	10	5	7,4	
	Other (transfer, exitus, medical release, expulsion, unknown)	46	40	43	
Women on treatment at the end 2022 (n= 96)		59	42	50	0,0018

$p<0,05$

*Dropout rate: % of patients who have stopped attending due to dropout out of the total number of patients under follow-up.



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Graphic 2.- Main psychiatric diagnoses in women with DD treated at the center between 2017 -2022 (n=99%)