

Comorbid Treatment Necessary for Sustainable Addiction Recovery

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It may not come as a complete surprise that many individuals with drug addiction also suffer from a mental disorder like depression. In fact, you may intuitively just assume well, of course, people drown their sorrows with alcohol to dull their sadness. You may have even drowned your own sorrows with a drink or two sometime in your life. Well, drowning your sorrows is very different from a schizophrenic, addicted to crack, or is it? It's possible you are both trying to do the same thing.

What is interesting is that drowning your sorrows to mask temporary grief, is somewhat socially acceptable. So if this is a practice that we are familiar with, why has it taken so long for us to realize that it is unlikely, that addiction rehabilitation will cure a major depressive disorder? Obviously this is a tongue and cheek comment, but the reality is that drug rehab will not be effective if there is an untreated comorbid mental illness.

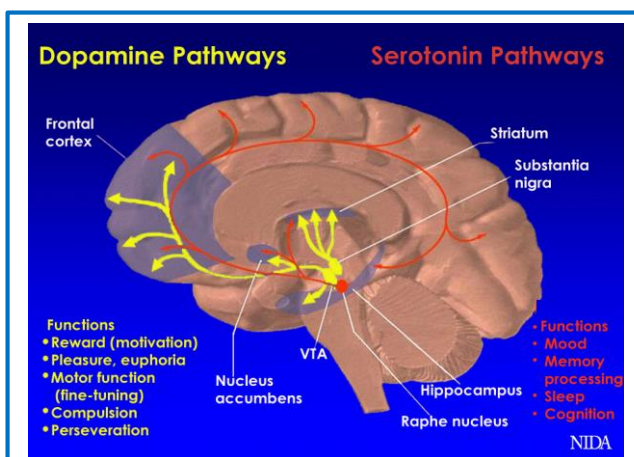
Aggregated studies demonstrate that less than 40% of those starting an addiction treatment program, complete the program. Of that 40%, 6 in 10 experience a relapse (within 12 months). According to the NIH National Institute on Drug Abuse, compared to the general population, people addicted to drugs are twice as likely to suffer from mood and anxiety disorders.

Drug addiction is a complex brain disease characterized by compulsive drug craving and use. These behaviors stem from drug-induced changes in brain structure and function. These changes occur in some of the same brain areas that are disrupted in other mental disorders, like depression, anxiety, and schizophrenia.

It is not surprising that surveys show a high rate of co-occurrence between drug addiction and other mental illnesses. While scientists have not proven causality, we do know that drug abuse is an established risk factor for subsequent mental disorders.

Current studies indicate that approximately 50% of those in drug abuse treatment also have an additional mental illness. Unfortunately, it is difficult to acquire an accurate account of comorbid occurrences because non-addiction mental health issues are often treated separately by family physicians.

Therefore, comorbidity is likely much higher. The areas of the brain that overlap for drug use disorders and other mental illnesses suggest that brain changes resulting from one, may affect the other. Drug abuse that precedes a mental illness may produce changes in the brain structure and function that has kindled an underlying propensity to develop that mental illness.



Common areas of the brain are affected by both drug use disorders and other mental illnesses. The circuits in the brain that use the neurotransmitter dopamine typically affected by addictive substances are also involved in depression, schizophrenia, and other psychiatric disorders.

If a mental disorder develops first, associated changes in the brain may increase the vulnerability of substances abuse. Drugs will produce positive effects, reducing awareness of negative effects. Thus, an individual begins to self-medicate to alleviate the effects of mental disorders like depression or schizophrenia.

The high rate of comorbidity between drug abuse and other mental disorders demonstrates the need for comprehensive approaches to interventions that identify and evaluate each disorder concurrently, providing treatment as needed for each disorder.

At present, there has not been a drug identified that can address comorbid disorders, therefore both disorders must be treated with separate therapies or medications.

Correct diagnosis is critical to ensure appropriate and effective treatment. Failure to treat each comorbid disorder will jeopardize a patient's chance of sustainable recovery.

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