

Provider Tip Sheet – Co-Occurring SA/MH Disorders

Identifying Patients With Co-Occurring Substance Abuse/Mental Health Disorders:

Primary care providers, such as physicians, physician's assistants, and nurse practitioners, are in an excellent position to help their patients with both substance abuse disorders and mental health disorders. These disorders may exacerbate or be related to other health problems, such as headaches, cardiovascular disease, high blood pressure, diabetes, digestive disorders, and cirrhosis,^{3, 4} so patients with co-occurring disorders may often seek medical care from primary care providers. Hence, primary care providers may have established a relationship with their patients conducive to discussing substance abuse disorders and mental health disorders.

Barriers to identifying and treating co-occurring disorders in the primary care setting include the following:

- **Low rates of screening,**^{5, 6} **correct diagnosis,**^{7, 8} and **appropriate referral.**⁵
- **Patient denial.**⁹ Patients may not realize they have a problem. Approximately one-third of patients do not disclose self-perceived substance abuse disorders and mental health disorders to their primary care provider.¹⁰
- **Patient reluctance to talk to the provider.** Stigma and shame of co-occurring disorders still exist, and many patients are afraid to admit they have a problem.³
- **Provider attitudes.**^{7, 11} Providers may fail to make the possible link between physical symptoms and substance abuse disorders and/or mental health disorders when assessing a physical problem. Providers' preconceptions and attitudes can also hinder identification of such disorders.
- **Inadequate training.** Many providers receive inadequate education on co-occurring disorders and their effects on other medical conditions.³
- **Time constraints due to short appointment times.**⁹

Some barriers can be overcome by incorporating three components into the primary care practice: (1) obtaining an annual patient history on substance use and mental health issues, (2) being aware of warning signs that may be related to substance abuse disorders or mental health disorders, and (3) screening routinely for co-occurring disorders

Patient History

All patients should complete an annual health history, including questions about personal and family history of substance use and mental health issues.¹² Questions about victimization, trauma, personal, and social issues (e.g., unemployment, legal problems, homelessness, financial or marital difficulties) should be included because these can be related to substance abuse disorders and mental health disorders.^{11, 12, 13} Primary care providers should ask questions about substance use and mental health symptoms, preferably in the context of other lifestyle questions so that these potentially sensitive topics seem less threatening to patients.¹⁴ An open, empathetic, and nonjudgmental attitude is essential to encouraging patients to talk about their symptoms.¹¹

Warning Signs

Most patients will not visit a primary care setting with obvious, immediate signs of a mental health disorder, such as delirium, confusion, or disorientation, or a substance abuse disorder such as odor of alcohol on the breath or marijuana on clothing, dilated pupils, slurred speech, or needle marks. However, warning signs—“red flags”—for SUDs and MDs can manifest in subtle physical or behavioral symptoms ([see below](#)). For example, many patients with co-occurring disorders present with physical complaints, such as insomnia, fatigue, chest pain, cardiac arrhythmia, headaches, or impotence. When other physical or psychological causes cannot be found, a substance abuse disorder or a mental health disorder, or a co-occurring disorder should be considered. These disorders should also be considered when a patient with a chronic disease, such as chronic pain, diabetes, heart disease, gastrointestinal disorders, or hypertension, fails to respond to treatment.¹⁵

Although primary care providers should not immediately identify mental disorder symptoms as being caused by a substance abuse disorder, it is important to note that many mental disorders, including mood, anxiety, sleep, and sexual disorders, can be induced by substance use. The only difference between substance-induced mental disorders and independent mental disorders is that all or most of the symptoms of a substance-induced disorder are a direct result of substance use, abuse, or withdrawal rather than mental illness. When substance-induced disorders are suspected, primary care providers should continue to evaluate psychiatric symptoms and their relationship to abstinence or ongoing substance abuse over time.¹¹

Co-occurring Disorders Red Flags*^{11, 13, 15, 16}

- Nasal irritation (substance abuse disorder only)
- Unexplained bruises (substance abuse disorder only)
- Enlarged liver or spleen, abnormal liver function, hepatitis, or cirrhosis in later stages (substance abuse disorder only)
- Withdrawal symptoms (substance abuse disorder)
- Headaches
- Chest pain or cardiac arrhythmia
- Gastrointestinal symptoms
- Hypertension
- Sexual dysfunction
- Fatigue
- Apathy or flat affect
- Social withdrawal
- Changes in concentration, mood, activity level, sleeping, appetite, or weight
- Feeling of worthlessness or inappropriate guilt
- Fear, worry, or repetitive, intrusive thoughts or actions
- Problems with cognition or impulse control
- History of physical or mental trauma

*These symptoms appear in combination and may indicate other problems as well as co-occurring disorders.

Screening:

To screen for alcohol problems using a self-administered written questionnaire, a brief instrument like the **AUDIT** is appropriate, particularly where the expected reading level and comprehension of written English are not likely to be problematic. The **AUDIT** takes about 2 minutes to answer (Hays et al., 1993) and about 15 seconds to score. If the screen will be administered by a clinician, the CAGE, supplemented by the first three quantity/frequency questions from the **AUDIT**, is recommended. This combination will increase sensitivity for detection of both problem drinking and alcohol dependence because it includes questions about both alcohol consumption and its consequences. Self-administering the CAGE alone takes about 30 seconds (Hays et al., 1993).

Although screening for drug use in the primary care setting can make patients and clinicians uncomfortable, asking about illicit drug use is as important as asking about other personal practices (such as sexual practices that put patients at higher risk for sexually transmitted diseases) that can affect a patient's health.

Of the drug abuse screening instruments, CAGE-AID (CAGE Adapted to Include Drugs) is the only tool that has been tested with primary care patients (Brown and Rounds, 1995). Like the CAGE, CAGE-AID, focuses on lifetime use. While those patients who are drug dependent may screen positive, adolescents and those who have not yet experienced negative consequences as a result of their drug use may not. For this reason, it is recommended that physicians ask patients, "Have you used street drugs more than five times in your life?" A positive answer indicates that drugs may be a problem and suggests the need for in-depth screening and possibly assessment.

Because the questions were originally developed for alcohol, the CAGE-AID will not apply to every illicit drug or drug user. It is, however, a useful starting point. As with the CAGE, the recommendation is that one positive answer prompt further evaluation or referral to behavioral health facility for in depth assessment.

SCREENING INSTRUMENTS:

- **AUDIT: The Alcohol Use Disorders Identification Test (AUDIT)**

<http://www.ncbi.nlm.nih.gov/books/NBK64829/#A45987>

- **The CAGE and CAGE-AID Questionnaires**

1. Have you ever felt you ought to cut down on your drinking *or drug use*?
2. Have people annoyed you by criticizing your drinking *or drug use*?
3. Have you ever felt bad or guilty about your drinking *or drug use*?
4. Have you ever had a drink *or used drugs* first thing in the morning to steady your nerves or to get rid of a hangover?

Note. The plain text shows the CAGE questions. The italicized text was added to produce the CAGEAID. For this study, the CAGE-AID was preceded by the following instruction: "When thinking about drug use, include illegal drug use and the use of prescription drugs other than as prescribed."

Table from "The prevalence and detection of substance use disorder among inpatients ages 18 to 49: An opportunity for prevention"

The CAGE and CAGE-AID Questions

The original CAGE questions appear in plain type. The CAGE questions Adapted to Include Drugs

(CAGE-AID) are the original CAGE questions modified by the *italicized text*.

The CAGE or CAGE-AID should be preceded by these two questions:

1. Do you drink alcohol?
2. Have you ever experimented with drugs?

If the patient has experimented with drugs, ask the CAGE-AID questions. If the patient only drinks alcohol, ask the CAGE questions.

CAGE and CAGE-AID Questions

1. In the last three months, have you felt you should cut down or stop drinking or *using drugs*?
Yes No
2. In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or *using drugs*?
Yes No
3. In the last three months, have you felt guilty or bad about how much you drink *or use drugs*?
Yes No
4. In the last three months, have you been waking up wanting to have an alcoholic drink or *use drugs*?
Yes No

Each affirmative response earns one point. One point indicates a possible problem. Two points indicate a probable problem.

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