

#CHAIR2017

10TH ANNUAL
CHAIR SUMMIT

neuroscience CME

Master Class for Neuroscience Professional Development

November 16 - 18, 2017 | Hotel Monteleone | New Orleans, LA

Provided by
CME
Outfitters



Dual Diagnosis Case Discussion

Mark S. Gold, MD, DLFAPA, DFASM

Washington University School of Medicine

St. Louis, MO

RiverMend Health

17th University of Florida Distinguished Alumni Professor

Gainesville, FL



Mark S. Gold, MD, DLFAPA, DFASAM

Disclosures



- **Consultant:** Chairman, Scientific Advisory Board for RiverMend Health

Learning Objective 1

Develop a treatment strategy to address dual disorders.



National Survey on Drug Use and Health Data from 2008-2014: Unmet Treatment Needs of Adults with Mental Health and Substance Use Disorders

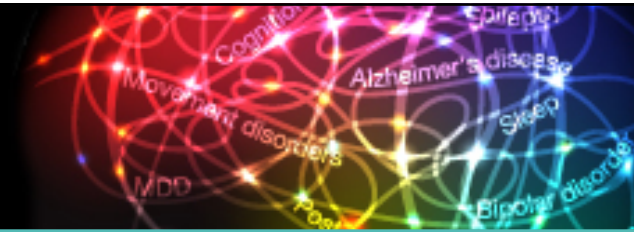
- 3.3% of the adult US population, or 7.7M people suffer from both a mental health and substance abuse disorder
- But only 9.1% of adults with co-occurring mental health and substance use disorders receive treatment for both disorders in past year
- 52.5% of adults did not receive treatment for either
- Those with co-occurring disorders who did not receive treatment
 - Had higher rates of serious psychiatric problems and medical ailments
 - More likely to be in the criminal justice system
- Barriers to treatment
 - Inability to afford treatment
 - Lack of knowledge about where to seek treatment
 - Low perceived need

Kurt Cobain

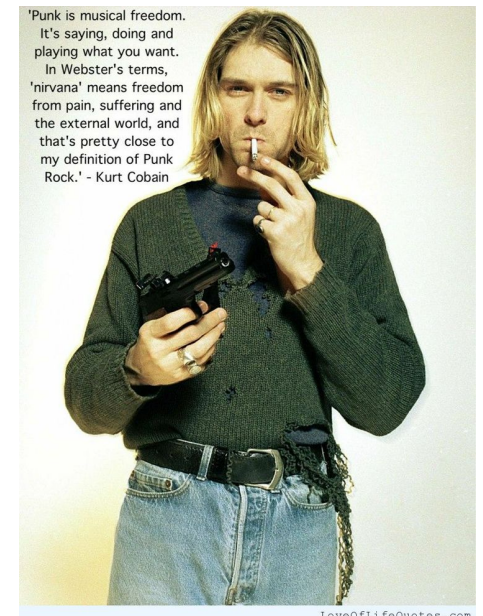
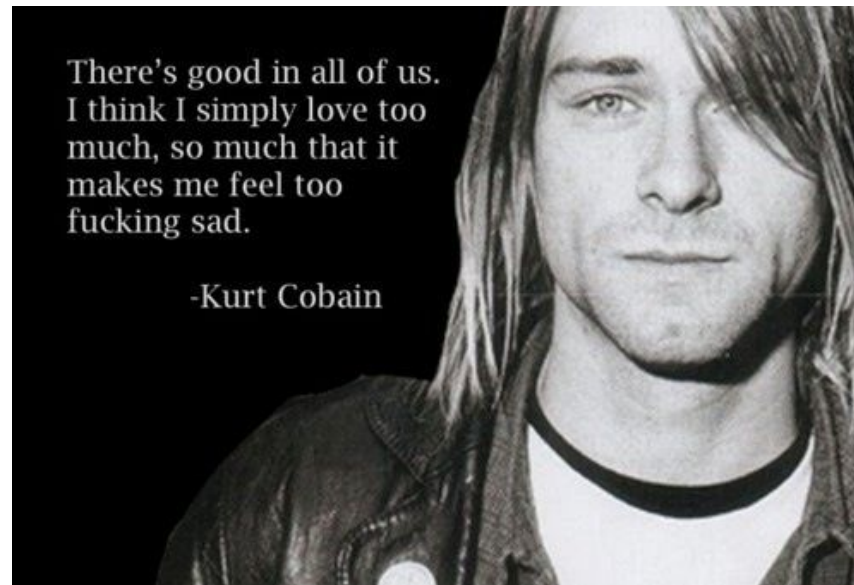
Case discussion



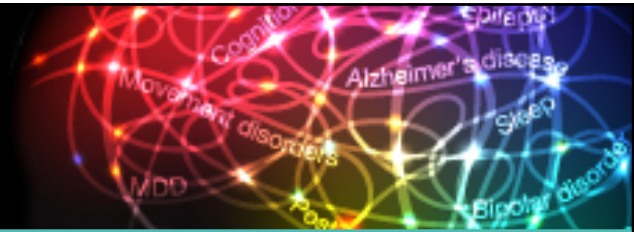
Kurt Cobain



Kurt Cobain escaped from a detox program in Marina Del Rey California on April 1, 1994 and was later reported missing. As you probably know, he was found dead in Seattle just seven days later.

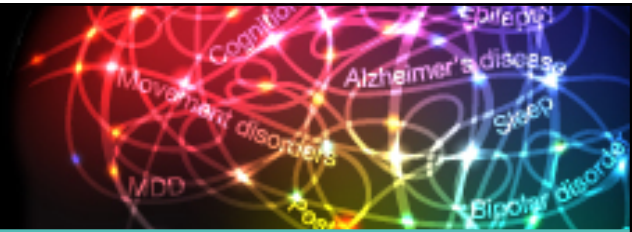


Kurt Cobain



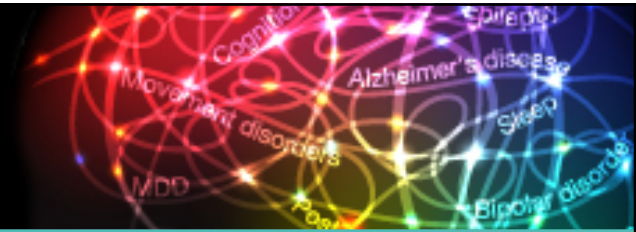
- Like Morrison, Joplin, Hendrix, Cobain too was just 27 when he was found dead from a self inflicted gun shot wound
- He left behind a suicide note and the autopsy revealed a high concentration of heroin and traces of diazepam in his body
- He had previously overdosed and been revived by naloxone. His wife carried naloxone with her and rescued him on a number of occasions
- He is often the poster tragedy for dual disorders or SUD plus major depression

Family History



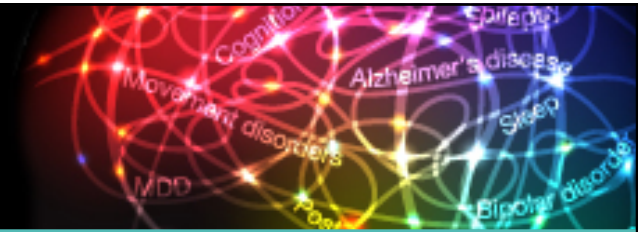
- Kurt's family history of suicide was significant
- Two of his uncles took their own lives, and his great-grandfather committed suicide in front of his family.
- Also a family history of depression and alcohol abuse, and many in the field feel there is a strong genetic component to depression and addiction.
- In Kurt's case, he had so much suicide in his family and in his hometown, he was already talking about taking his own life as a young teen.

Exposure



- Kurt came upon a suicide victim himself when he was in middle school, discovering a man who had hanged himself in a tree.
- That vision was most certainly indelible in Kurt's young brain—he extensively talked about it with his childhood friends—and the sheer happenstance of that discovery became yet another horrific part of his history.
- Suicide is the second leading cause of death for adults of either gender 27 years of age, after only car accidents.

Personal History



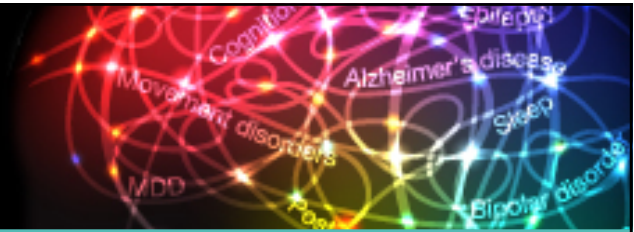
- Kurt Cobain is better known now for his suicide than for anything else. Even those who know nothing about Nirvana, or music, or Kurt's personal artistry know he took his own life in April 1994 with a shotgun. He is one of the most famous people to ever commit suicide. Any search for suicide on the Internet immediately yields Kurt's name near the top, along with Sylvia Plath, Vincent Van Gogh, and Hunter S. Thompson.
- Kurt's suicide made front-page news around the world, made the cover of many magazines (*Newsweek's* headline read "Suicide: Why do people kill themselves?"), was reported on every major television news broadcast, was the subject of round-the-clock coverage on MTV, and was the topic of days of discussions on talk radio.

The Role of Medication Assisted Treatment

Case discussion

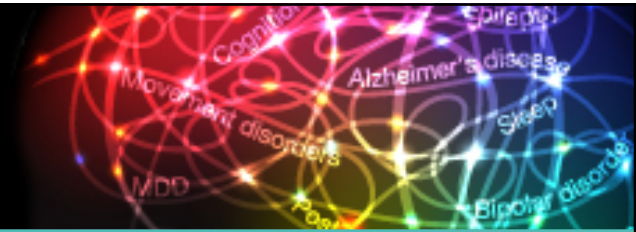


The Case of Dr. R



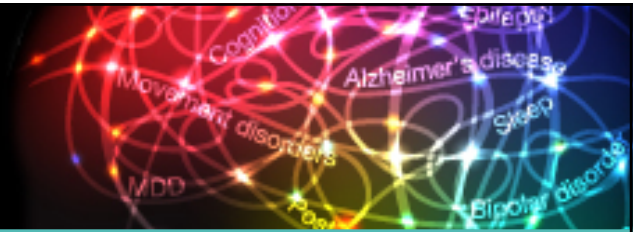
- 37 year-old male anesthesiologist practicing at a hospital in Baltimore found unresponsive in the on-call room
- Needle found prompting medical staff to administer naloxone and Dr. R was successfully resuscitated
- Toxicology report identified the substance as fentanyl
- Dr. R. was immediately suspended pending evaluation and reported to the Board of Medicine per hospital protocol

Psychiatric Evaluation



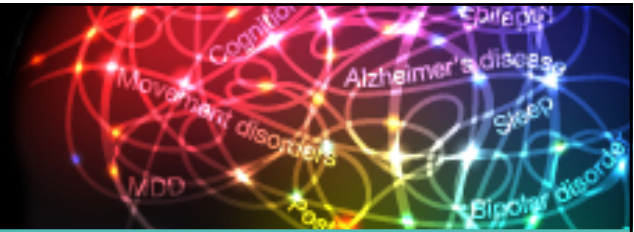
- During medical school, episodes of anxiety and depression related to pressure to match to anesthesiology
- Reports that recent divorce and custody battle has affected his mood
- Use of amphetamines during medical school and residency to “sharpen concentration” while studying
- Alcohol and cannabis use considered social use as a way to relax after long surgeries
- Progressed to oxycontin and subsequent fentanyl use

Discussion Questions



- Should this have been noticed by medical staff?
- What to treat first? Depression/anxiety or substance abuse?
Or both?
- Is he a candidate for medication assisted treatment (MAT)?
- If so, what would be your choice?

Call to Action



- After a naloxone overdose rescue, develop a strategy for individuals with a dual diagnosis of opioid use disorder and depression that addresses both illnesses
- Match individuals with opioid use disorder to the appropriate MAT strategy that will promote abstinence and decrease relapse

Questions & Answers



Don't forget to fill out your evaluations to collect your credit.

