

Mood Disorders & Substance Use Disorders

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Back to NSMHWB 2007

Table 3. Lifetime, 12 month and 30 day prevalence of mental disorders

	Lifetime		12 month		30 day	
	EPC ('000)	% (95%CI)	EPC ('000)	% (95%CI)	EPC ('000)	% (95%CI)
Any affective disorder	2405.3	15.0 (14.1–16.0)	995.9	6.2 (5.5–6.9)	381.6	2.4 (1.9–2.8)
Any anxiety disorder	4205.0	26.3 (24.9–27.6)	2303.0	14.4 (13.4–15.3)	1239.2	7.7 (7.0–8.5)
Any substance use disorder	3960.3	24.7 (23.5–26.0)	819.8	5.1 (4.5–5.8)	285.2	1.8 (1.4–2.1)
Any mental disorder	7286.6	45.5 (44.1–46.9)	3,197.8	20.0 (18.9–21.0)	1608.3	10.0 (9.3–10.8)

CI, confidence interval; EPC, estimated population count. EPCs are rounded to the nearest 100.

Slade T, Johnston A, Oakley Browne MA, Andrews G, Whiteford H. 2007 National Survey of Mental Health and Wellbeing: methods and key findings. *Aust N Z J Psychiatry*. 2009 Jul;43(7):594-605. doi: 10.1080/00048670902970882. PMID: 19530016.

Comorbidity in Australia

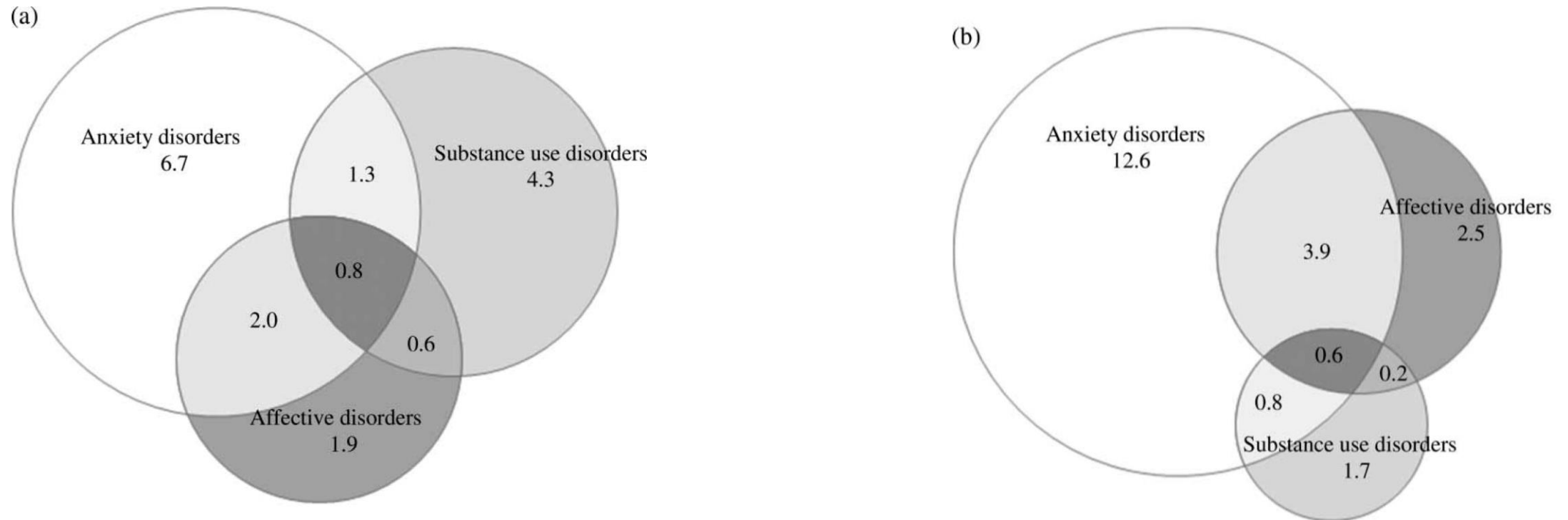
Table 1. Percentage with a comorbid 12 month mental disorder vs 12 month mental disorder class

Comorbid 12 month mental disorder class	12 month mental disorder class (%) (95%CI)			Total population
	Any affective disorder	Any anxiety disorder	Any substance use disorder	
Any affective disorder	–	25.4 (20.4–30.4)	21.4 (14.9–28.0)	6.2 (5.5–6.9)
Any anxiety disorder	58.5 (50.7–66.3)	–	33.5 (27.0–40.3)	14.4 (13.4–15.3)
Any substance use disorder	17.6 (12.2–23.0)	11.9 (8.4–15.5)	–	5.1 (4.5–5.8)

CI, confidence interval.

Teesson M, Slade T, Mills K. Comorbidity in Australia: findings of the 2007 National Survey of Mental Health and Wellbeing. Aust N Z J Psychiatry. 2009 Jul;43(7):606-14. doi: 10.1080/00048670902970908. PMID: 19530017.

Comorbidity in Australia: Men and Women



Teesson M, Slade T, Mills K. Comorbidity in Australia: findings of the 2007 National Survey of Mental Health and Wellbeing. *Aust N Z J Psychiatry*. 2009 Jul;43(7):606-14. doi: 10.1080/00048670902970908. PMID: 19530017.

Comorbidity in Australia: Impairment Severity

Table 2. Severity of 12 month comorbid mental disorders

	Mild % (95%CI)	Moderate % (95%CI)	Severe % (95%CI)
Affective disorder only	23.0 (13.9–32.2)	48.3 (36.2–60.3)	28.7 (18.1–39.4)
Anxiety disorder only	67.0 (57.2–76.8)	28.2 (23.0–33.5)	4.8 (2.0–7.6)
Substance use disorder only	86.3 (66.8–105.8)	12.3 (6.3–18.2)	1.4 (0.0–2.9)
One mental disorder only	64.6 (57.7–71.6)	27.9 (23.9–31.8)	7.5 (5.3–9.8)
2 + disorder classes	(5.5–13.4)	36.5 (29.5–43.6)	54.0 (44.6–63.5)

CI, confidence interval.

Comorbidity in Australia: Disability

Table 3. Days out of role in the last 30 days for people with single and comorbid 12 month mental disorders

	Prevalence (95%CI)	Days out of role in the last 30 (mean) (95%CI)
No mental disorder	80.0 (79.0–81.1)	1.4 (1.3–1.6)
One mental disorder		
Affective disorder only	2.2 (1.8–2.6)	4.2 (2.5–5.9)
Anxiety disorder only	9.7 (8.9–10.6)	3.1 (2.6–3.6)
Substance use disorder only	3.0 (2.5–3.5)	1.7 (0.7–2.7)

Table 3. Days out of role in the last 30 days for people with single and comorbid 12 month mental disorders

Two or more mental disorders		
Affective and anxiety disorder	3.0 (2.5–3.4)	7.6 (6.1–9.0)
Affective and substance use disorder	0.4 (0.2–0.6)	2.0 (0.2–3.7)
Anxiety and substance use disorder	1.0 (0.8–1.3)	4.7 (2.1–7.2)
Affective and anxiety and substance use disorders	0.7 (0.5–0.9)	9.2 (5.6–12.8)
Total sample	100	1.9 (1.8–2.1)

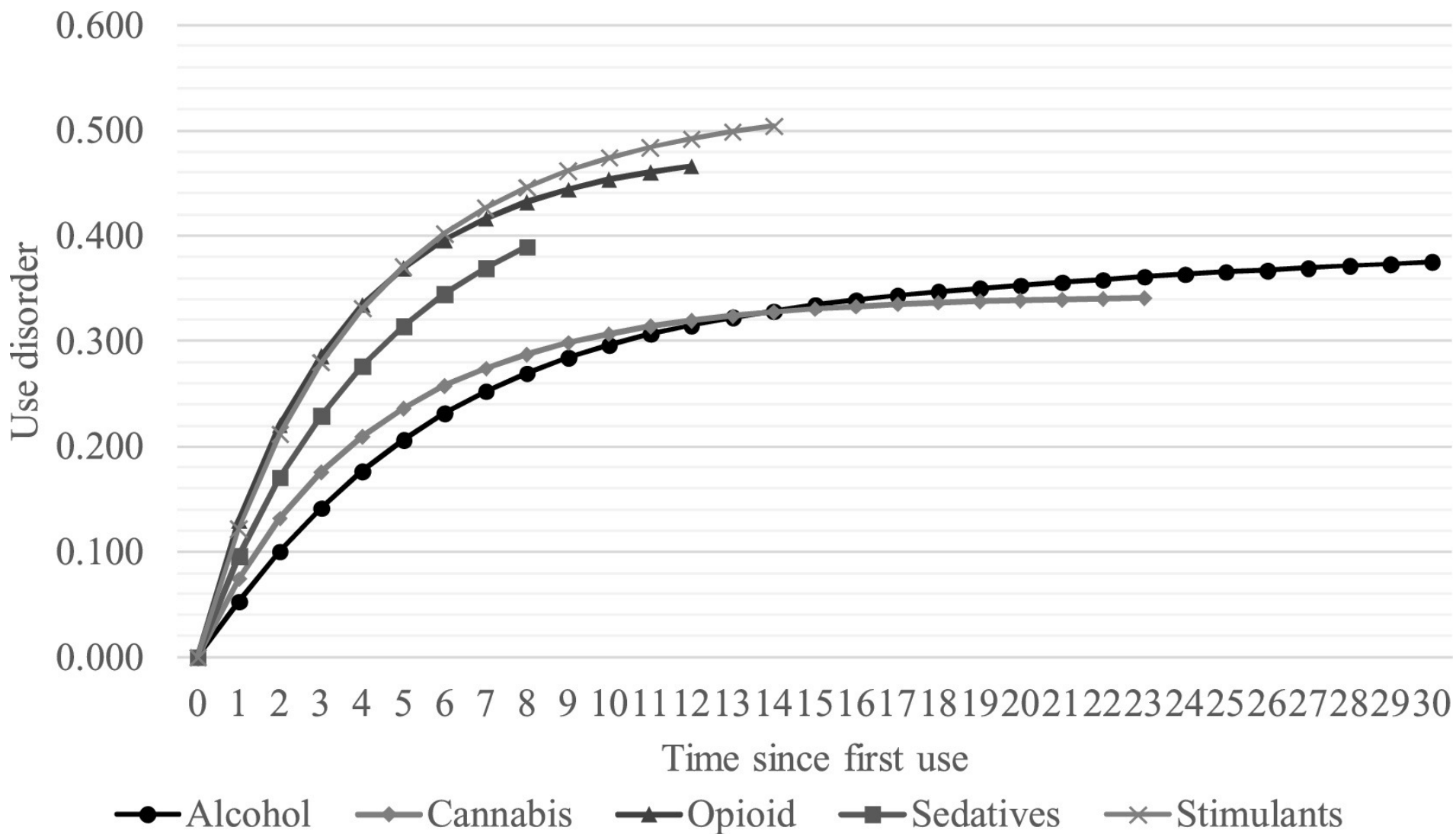
Which comes first?

Covariate	AUD; n = 5456		CUD; n = 1629		STUD; n = 579		SEUD; n = 137		OUD; n = 156	
	OR	95%CI	OR	95%CI	OR	95%CI	OR	95%CI	OR	95%CI
Major Depressive Episode	3.22	2.49 – 4.15	2.15	1.44 – 3.20	1.25	0.73 – 2.13	0.98	0.39 – 2.46	0.36	0.12 – 1.06
Bipolar Disorder	2.41	1.57 – 3.69	1.95	1.02 – 3.71	2.08	0.92 – 4.70	0.89	0.23 – 3.40	1.10	0.24 – 4.94
Generalised Anxiety Disorder	2.28	1.76 – 2.96	2.60	1.55 – 4.35	3.89	2.01 – 7.53	4.24	0.95 – 18.82	2.31	0.61 – 7.33
PTSD	2.63	1.92 – 3.62	1.79	1.16 – 2.72	2.51	1.58 – 3.99	2.19	0.74 – 6.49	1.27	0.27 – 5.99
Any affective	3.30	2.55 – 4.28	2.32	1.62 – 3.32	1.29	0.72 – 2.31	1.13	0.42 – 3.02	0.36	0.12 – 1.13
Any anxiety	2.17	1.75 – 2.68	2.90	2.11 – 3.99	2.13	1.35 – 3.36	2.55	1.02 – 6.36	2.35	0.85 – 6.46

Marel C, Sunderland M, Mills KL, Slade T, Teesson M, Chapman C. Conditional probabilities of substance use disorders and associated risk factors: Progression from first use to use disorder on alcohol, cannabis, stimulants, sedatives and opioids. Drug Alcohol Depend. 2019 Jan 1;194:136-142. doi: 10.1016/j.drugalcdep.2018.10.010. Epub 2018 Nov 3. PMID: 30439610.

Which comes first?

- Estimated cumulative conditional probability of substance use disorder was highest for stimulant users (50.4%), followed by opioid (46.6%), sedative (39%), alcohol (37.5%) and cannabis users (34.1%)
- Transition from use to use disorder occurred fastest for opioids, stimulants, closely followed by sedatives, cannabis and alcohol (those who will go on to develop a use disorder, half will do so within the first two to four years of first use).
- **Pre-existing PTSD and GAD** were significantly associated with increased risk of disorder onset across all three drug classes – **AUD, CUD and STUD** (PTSD: ORs 1.79–2.63; GAD: 2.28–3.89).
- **Pre-existing major depression** was associated with increased risk of transitioning from **alcohol use to AUD** (OR 3.22) and **cannabis use to CUD** (OR 2.15), as was social anxiety disorder (AUD: OR 1.59; CUD: OR 2.45).
- People with a depressive disorder that failed to respond to trial of one antidepressant may be at greater risk of developing SUD.



Marel C, Sunderland M, Mills KL, Slade T, Teesson M, Chapman C. Conditional probabilities of substance use disorders and associated risk factors: Progression from first use to use disorder on alcohol, cannabis, stimulants, sedatives and opioids. *Drug Alcohol Depend.* 2019 Jan 1;194:136-142. doi: 10.1016/j.drugalcdep.2018.10.010. Epub 2018 Nov 3. PMID: 30439610.

Are Aussies different?

- 48% of global population are current consumers of alcohol and 4.5% current users of illicit drugs.
- National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) 2001/2002 versus NSMHWB 1997.
 - Alcohol consumption in the previous year was higher for Australians aged 18-54 years (77.2% vs 56.5%) as was use of at least one of four rugs (cannabis, sedatives, opioids, and stimulants) (10.8% vs 5.2%).
 - 12-month alcohol dependence was no different (5.3% vs 5.1%), but drug dependence was four times higher (2.7% vs 0.7%).
 - Australian rates of conditional dependence were substantially higher than those in the United States for all substances apart from alcohol

McBride O, Teesson M, Slade T, Hasin D, Degenhardt L, Baillie A. Further evidence of differences in substance use and dependence between Australia and the United States. *Drug Alcohol Depend.* 2009 Mar 1;100(3):258-64. doi: 10.1016/j.drugalcdep.2008.10.011. Epub 2008 Nov 29. PMID: 19042096; PMCID: PMC3816520.

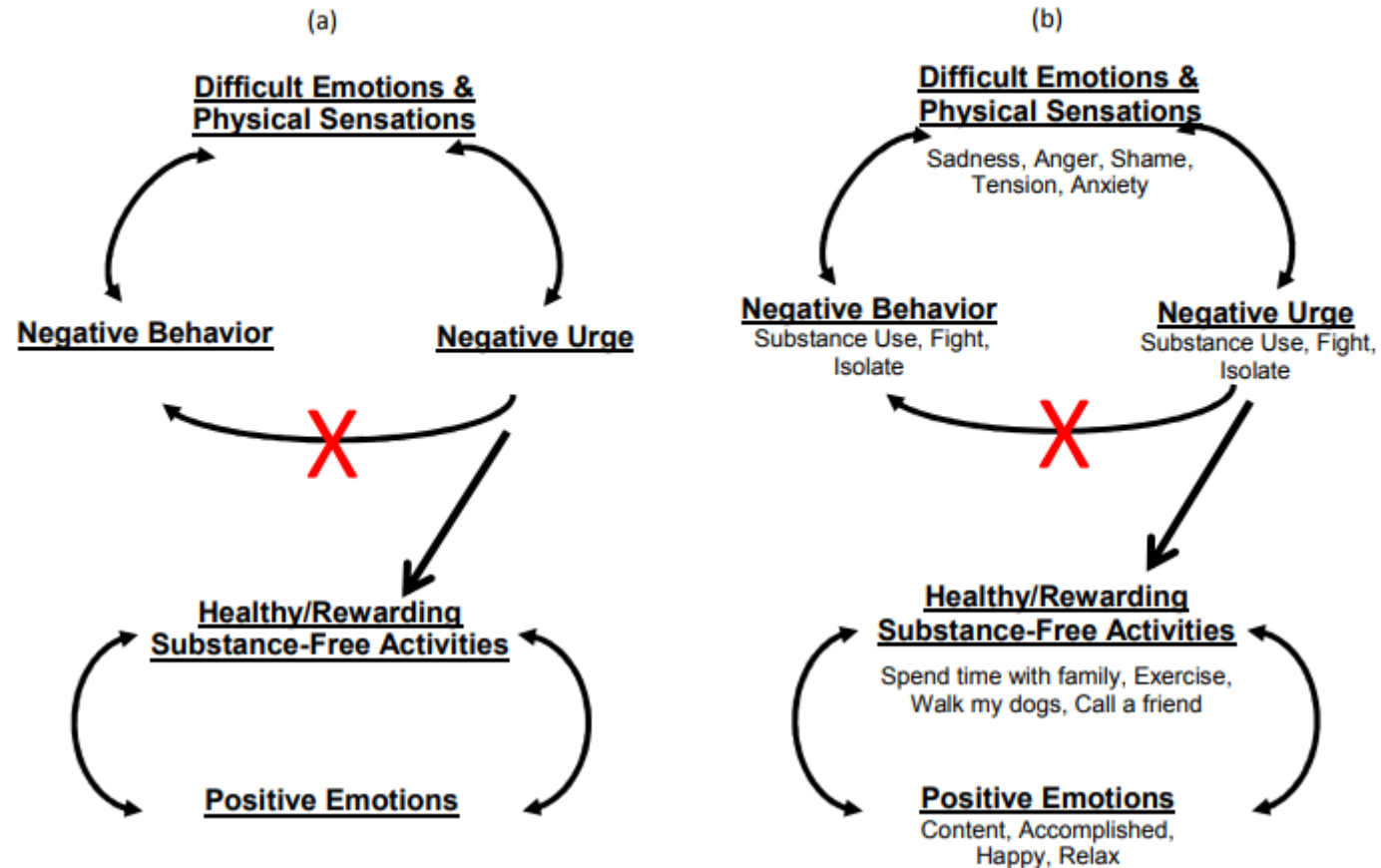
Treatments

- Combined motivational interviewing and cognitive behavioral therapy.
- Integrated Cognitive Behavioural Therapy (CBT for depression plus CB Coping Skills Training for Addiction)
- Behavioural activation (BA): Life Enhancement Treatment for Substance Use (LETS ACT)– 5-8 sessions (treatment rationale, daily monitoring, scheduling value-driven activities that are substance free, daily plan, contracts with others, relaxation and mindfulness)
- Mutual help meetings – AA etc.

McHugh RK, Weiss RD. Alcohol Use Disorder and Depressive Disorders. Alcohol Res. 2019 Jan 1;40(1):arcr.v40.1.01. doi: 10.35946/arcr.v40.1.01. PMID: 31649834; PMCID: PMC6799954.

Daughters SB et al. The effect of a behavioral activation treatment for substance use on post-treatment abstinence: a randomized controlled trial. Addiction. 2018 Mar;113(3):535-544. doi: 10.1111/add.14049. Epub 2017 Nov 19. PMID: 28963853; PMCID: PMC5807178.

Figure 1. A (a) Blank and (b) Patient example of the treatment rationale diagram. The therapist works sequentially through steps 1-5. The upper circle represents the “negative cycle”, and the lower cycle represents the “positive cycle,” which is the focus of the LETS ACT treatment.



Daughters SB, Magidson JF, Lejuez CW, Chen Y. LETS ACT: A behavioral activation treatment for substance use and depression. *Advances in Dual Diagnosis*. 2016 Jul 2.

Treatments

- Low quality evidence for clinical use of antidepressants in people with comorbid depression and alcohol dependence.
- Naltrexone appears to reduce drinking and depressive symptoms. Acamprosate might help.
- Some evidence for combining naltrexone and antidepressant.
- In one study of sertraline and naltrexone in which all participants received weekly psychotherapy, sertraline had no additive benefit.

Agabio R, Trogu E, Pani PP. Antidepressants for the treatment of people with co-occurring depression and alcohol dependence. *Cochrane Database Syst Rev*. 2018 Apr 24;4(4):CD008581. doi: 10.1002/14651858.CD008581.pub2. PMID: 29688573; PMCID: PMC6494437.

McHugh RK, Weiss RD. Alcohol Use Disorder and Depressive Disorders. *Alcohol Res*. 2019 Jan 1;40(1):arcr.v40.1.01. doi: 10.35946/arcr.v40.1.01. PMID: 31649834; PMCID: PMC6799954.