AETC AIDS Education & Training Center Program
Mountain West

Psychosis in the Context of Substance Use – Diagnostic Considerations, Safety, and Treatment Approach

Nadejda Bespalova, MD
Department of Psychiatry and Behavioral Sciences, University of Washington

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Objectives

1. Describe the epidemiology of comorbid substance use and psychotic symptoms
2. Identify distinguishing features of substance included psychosis vs primary psychotic disorders and appropriate treatment for each
3. Develop an evaluation and treatment approach for patients presents with substance use and psychotic symptoms

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HIV, Substance Use, and Psychosis

- People with HIV are at a higher risk of psychosis (this decreases with ART)
- Schizophrenia alone does not increase the risk of HIV but schizophrenia along with substance use does
- Co-occurrence of HIV and psychosis is associated with poorer access to healthcare, lower quality of life, poorer retention in care, and prolonged hospitalizations
- Mortality risk in individuals with co-occurring HIV and schizophrenia is substantially higher than in individuals with either HIV or schizophrenia
- Among people with HIV, having a co-occurring psychiatric and SUD diagnosis substantially increases risk of death

Yazdani et al., 2022; Helleberg et al., 2015

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Psychosis in the Context of Substance Use

- Psychotic symptoms more common among people who use substances
  - Amphetamines, cocaine, alcohol, and cannabis associated with greatest risk
  - Severity, duration of use, age at first use, vulnerability to psychosis influence risk
  - Pts with diagnosis of SIPD in Swedish registry followed for mean of 84 months
    - 11.3% converted to schizophrenia
    - Lowest risk for alcohol-induced, highest risk of cannabis-induced
    - Predicted by early age of SIPD dx, male sex, further substance use, family history of psychotic illness

Kendler et al., 2019

Prevalence of Psychotic Symptoms Among Users of Specific Substances

- Compared to incidence of psychotic symptoms (NOT schizophrenia) in general population – 4.8% to 8.3%

Substance	Use w/o SUD diagnosis	Users w/ severe dependence
Cannabis	12.4%	80%
Cocaine	6.7%	88.7%
Opioids	6.7%	58.2%
Amphetamines	5.2%	100%

Smith et al., 2009

Substance Use in the Context of Psychosis

- Substance use is more common among people with psychotic disorders than the general population
  - Individual with Schizophrenia diagnosis – up to 50% lifetime prevalence of SUD
  - SUD associated with poor outcomes (increased symptoms and lower treatment adherence)
  - Nicotine, alcohol, cannabis, cocaine are common

So Which Is It?

- Difficult to distinguish substance-induced psychotic disorder (SIPD) from primary psychotic illness (PPD)
- DSM V Definition of S/MIPD
  - Hallucinations and/or delusions
  - Developed within 1 mo of intox/withdrawal
  - Not better explained by a psychotic disorder
  - Not exclusively during a delirium

Distinguishing SIPD from PPD

- Studies comparing SIPD to PPD + SUD found that those with SIPD have
  - Weaker family history of psychosis
  - Greater degree of insight
  - Fewer symptoms (positive and negative)
  - More depression and anxiety symptoms

Wilson et al., 2017

TABLE. A comparison of the clinical features of idiopathic versus cannabis-induced psychosis

Primary psychosis (eg, schizophrenia)	Cannabis-induced psychosis
Cannabis urine toxicology sometimes positive	Positive cannabis urine toxicology
Variable reported cannabis use (25% prevalence of positive cannabis urine toxicology in schizophrenia)	Heavy cannabis use within past month
Symptoms appear before heavy substance use	Symptoms appear only during periods of heavy substance use/sudden increase in potency
Symptoms persist despite drug abstinence	Symptoms abate or are reduced with drug abstinence
Antipsychotics markedly improve symptoms	Antipsychotics may/may not improve symptoms
Most often presents with delusions, hallucinations, and thought disorder	Often associated with visual hallucinations and paranoid ideation (eg, features of an "organic" psychosis)
Less insight about psychotic state	More aware of symptoms/insight about disease
Disorganized thought form (eg, loose associations, tangential or circumstantial speech)	Thought form more organized and sequential

Grewal and George 2017

Why Does It Matter?

- Correct diagnosis = correct treatment
  - PPD –continue medication, outpatient mental health treatment including regular psychiatry visits
  - SIPD – SUD treatment, may taper off medication when stable, continue close monitoring for psychotic symptoms

- Unnecessary exposure to antipsychotic medication/side effect burden for those with SIPD

Approach to a Patient Presenting With Psychotic Symptoms and Substance Use

- Assess safety
  - Need for hospitalization/inpatient SUD treatment?
- Careful history when possible
  - Timing of symptoms
  - Periods of abstinence?
    - Psychotic symptoms may continue if substance use continues
  - Atypical presentation may suggest SIPD
  - Dx of primary psychotic disorder doesn’t rule out SIPD

Treatment of Psychosis in the Context of Substance Use

- Treatment guidelines less clear for SIPD than for PPD
  - SUD treatment and psychiatric monitoring for persistent/recurrent psychotic symptoms at minimum for SIPD
- Treatment likely needed before diagnosis is established
  - Treat SUD
  - Assess need for antipsychotic medication
    - Degree of impairment, pt preference
    - Is period of observation w/o antipsychotic possible/safe?
- Dual diagnosis treatment programs are ideal for those with PPD and SUD
- Psychoeducation and building rapport are key

Medication Selection

- No evidence that certain medications are more effective (either in SIPD or PPD with comorbid substance use)
- Evidence for increased risk of tardive dyskinesia in people who use substances
- 2nd generation antipsychotics first line
- No consensus about duration of medication treatment for suspected SIPD
  - Consider risk factors, functioning, patient preference

Amphetamine-Induced Psychosis

- RCT data for olanzapine, haloperidol, aripiprazole, quetiapine, risperidone
  - All reduced psychotic symptoms
  - No drug clinically superior
  - Some but not all studies showed more side effects with haloperidol

Fluyau et al., 2019

Role Of Psychotherapy/Psychosocial Interventions

- Best treatment for substance induced psychosis is abstaining from that substance
- Psychotherapy and other psychosocial interventions (NA/AA, other groups, etc) are the best and often only treatments for SUD
- Delay in intensive psychosocial treatment associated with more negative symptoms compared to delay in antipsychotic medication in people with psychosis
- RCT of MI in addition to TAU in young people with psychosis who use cannabis
  - Participants who received MI had a greater reduction in cannabis use and greater confidence to change cannabis use at 3 and 6 mo, not at 12 mo

Bonsack et al., 2011

Questions?

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- Psychiatry Consultation Line – Department of Psychiatry & Behavioral Sciences (uw.edu)

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