

Disentangling co-occurring Bipolar Disorder in youth with OUD and other SUD

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**Opioid
Response
Network**

Working with communities.

- ✧ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✧ Technical assistance is available to support the evidence-based prevention, harm reduction, treatment and recovery of opioid use disorders and stimulant use disorders.

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Working with communities.

- ✧ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ✧ *ORN* accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

- ✦ To ask questions or submit a request for technical assistance:
 - Visit www.OpioidResponseNetwork.org
 - Email orn@aaap.org
 - Call 401-270-5900



Disclosures

- ✦ No ACCME conflicts of interest
- ✦ Off label use of medication will be discussed in this presentation



Learning Objectives

- ✦ Participants will be able to list questions to ask to assess youth for bipolar disorder in the context of an opioid use disorder (OUD) and/or other substance use disorder (SUD)
- ✦ Participants will be able to summarize the evidence supporting pharmacologic treatment for youth with co-occurring bipolar disorder and an OUD and/or other SUD
- ✦ Participants will be able describe key safety considerations when using medication to treat youth with co-occurring bipolar disorder and an opioid use disorder and/or other substance use disorder



Co-occurring Bipolar Disorder and SUD is common in youth

✦ Among adolescents with a SUD, **8 to 32%** have co-occurring Bipolar Disorder

Wilens 1997, Stowell 1992, Bukstein 1992, Subramaniam 2009

✦ Among adolescents with Bipolar Disorder, **9 to 39%** have a SUD

Goldstein 2010, Findling 2001, Delbello 2007, Geller 2008, West 1996, Strober 1995



Significant morbidity associated with Youth SUD and Bipolar Disorder

- ✦ ↑ More severe SUD (OUD and cocaine use disorder)
- ✦ ↑ Lifetime psychiatric hospitalization
- ✦ ↑ Lifetime suicide attempts
- ✦ ↑ Past year legal difficulties
- ✦ ↑ Unplanned pregnancy and abortions among females



Bipolar Disorder Criteria

✧ Episodes of depression and at least **one** episode of mania or hypomania

✧ Mania:

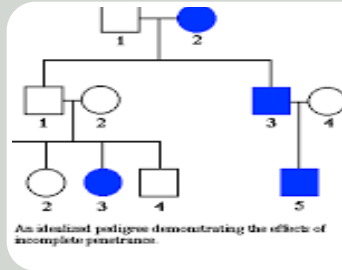
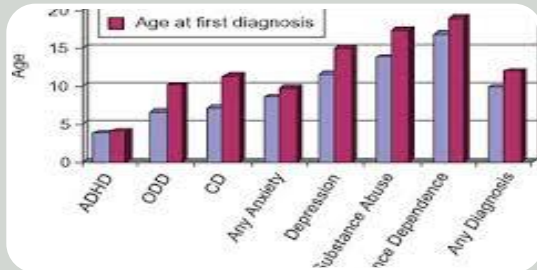


AND 3 to 4+:

- ↑ self-esteem/grandiosity
- ↓ need for sleep
- More talkative
- Thoughts racing/flight of ideas
- ↑ distractibility
- ↑ goal-directed activity or agitation
- Involved in atypical risky behaviors and indiscretions



Considerations when diagnosing co-occurring Bipolar Disorder & SUD



Onset of psychiatric illness

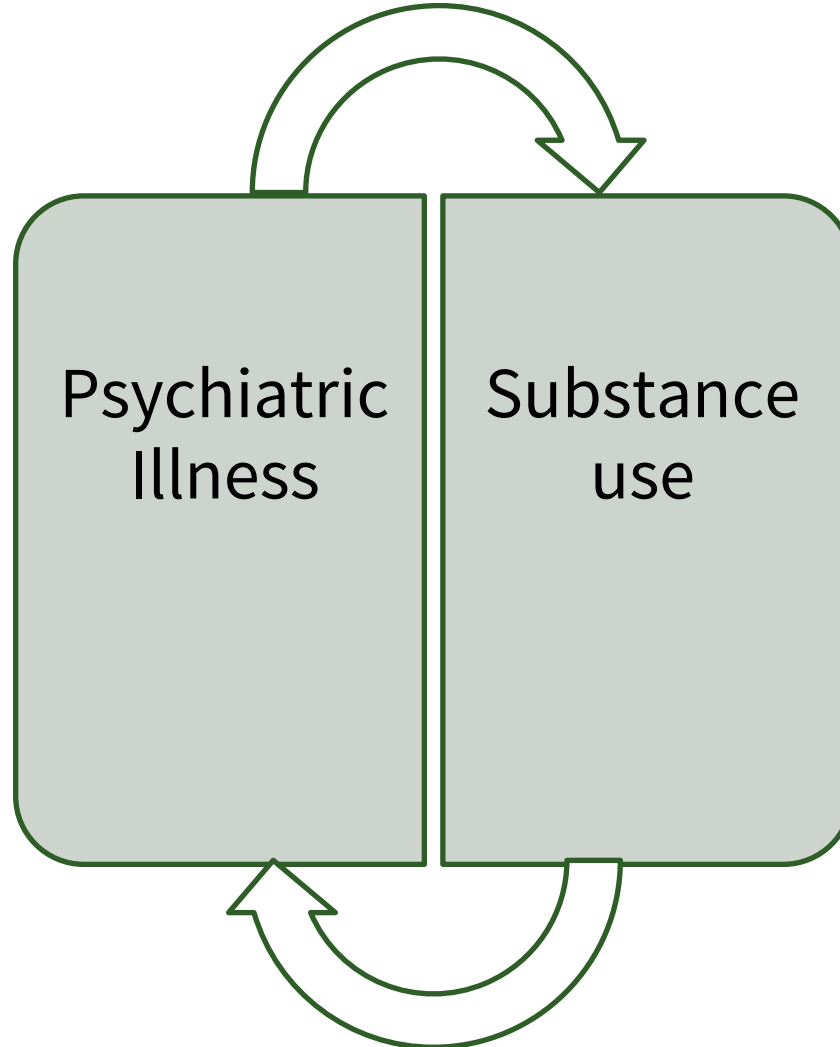
Family history of psychiatric illness

Relationship between substance use and psychiatric symptoms



Need to assess psychiatric symptoms in the **CONTEXT** of substance use

self
medicate—
cope with
specific
psychiatric
symptoms
with
substance use



Psychiatric symptoms associated with substance:

- Intoxication
- Withdrawal
- Regular use



Substances associated with acute symptoms of depression

- ✦ Intoxication: opioids, alcohol
- ✦ Withdrawal: cocaine, methamphetamine



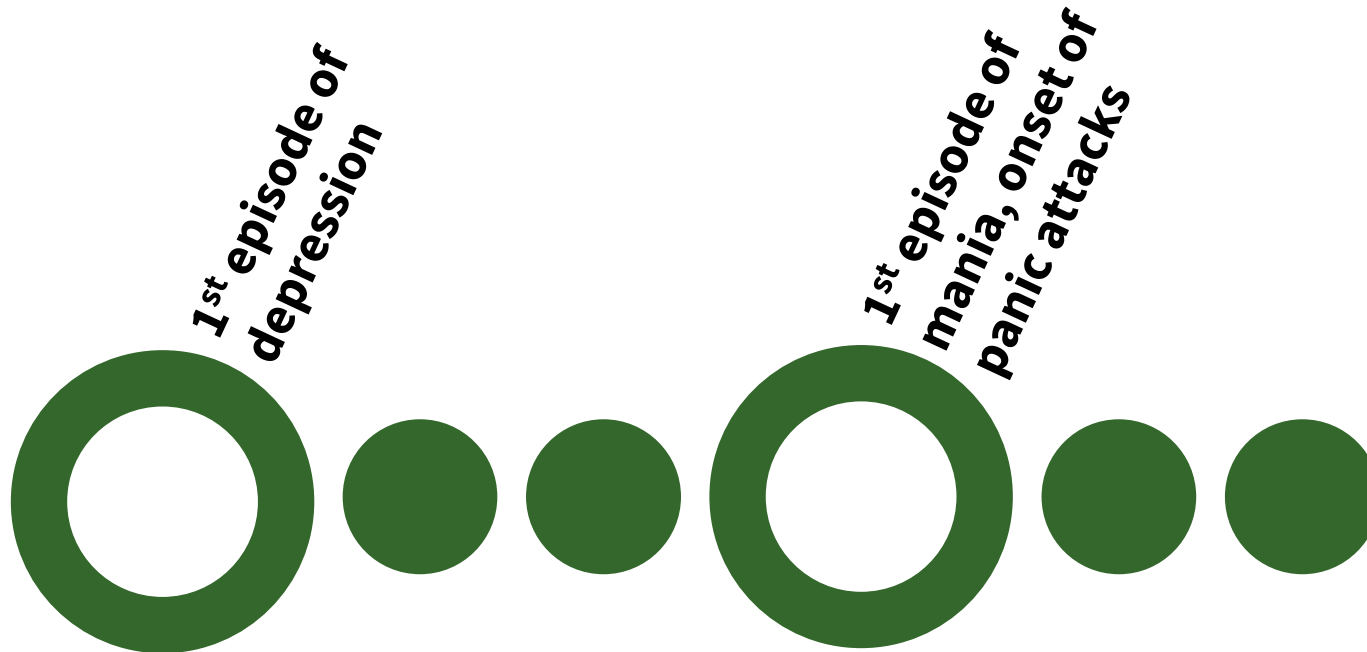
Substances associated with acute symptoms of mania

- ✦ Intoxication: cocaine, methamphetamines
- ✦ Withdrawal: opioids, alcohol, benzodiazepines



Assessment

✦ Detailed history and timeline!!

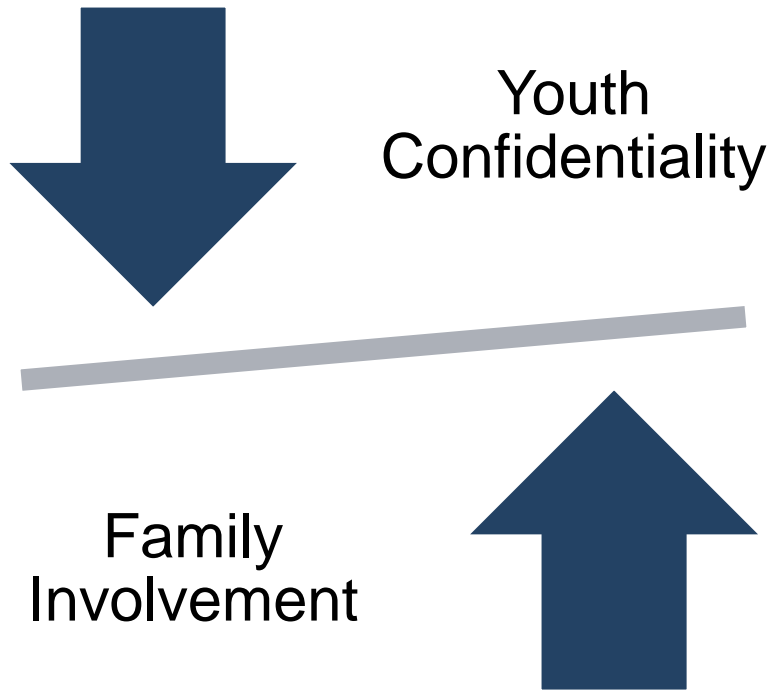


Continue to evaluate mental health symptoms as adolescents engage in care over time



Assessment

✧ Collateral information



- Youth may be reluctant to sign releases of information authorizing information to be shared with caregivers/family
- If youth are reluctant, it is important to understand why
- Consider limited/very structured releases of information



Assessment

✦ Toxicology testing

- It is important to be clear why you are doing the toxicology test
- Youth may be unintentionally/unknowingly exposed to adulterants in substances that are influencing their clinical presentation



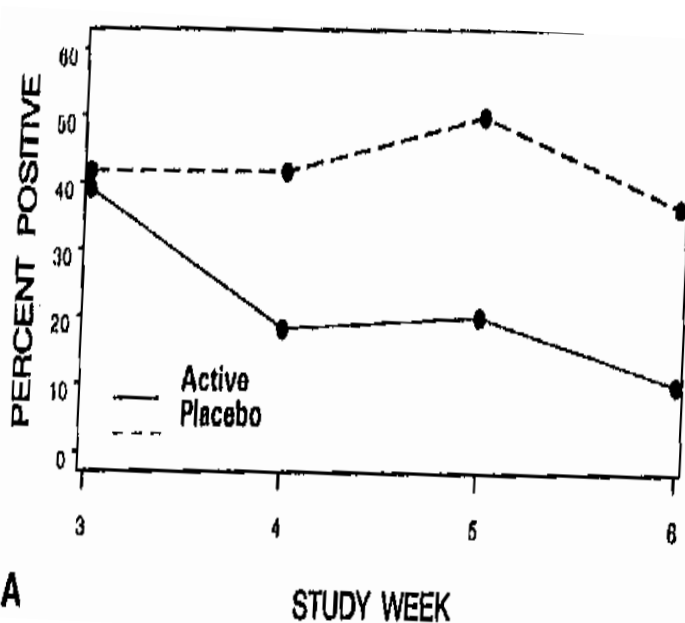
Medication Treatment

✧ RCT with Lithium (target level 0.9, N=25)

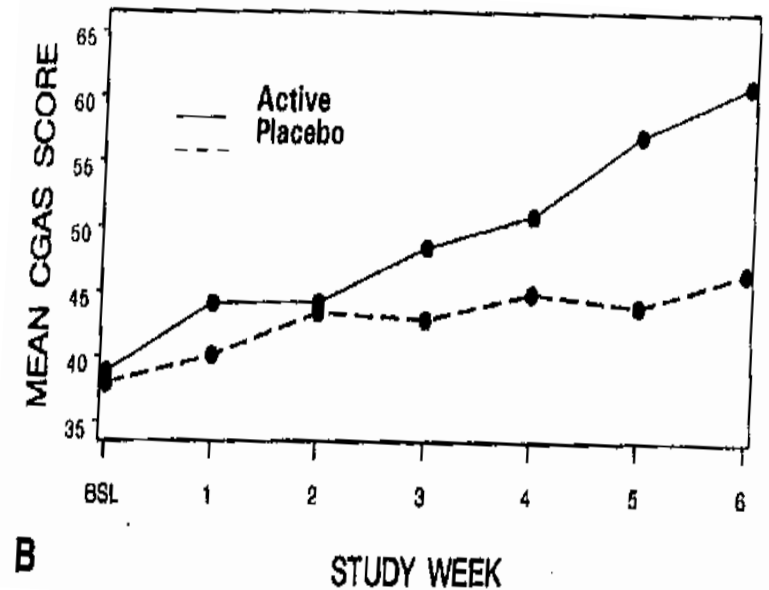
No difference between groups for **mood symptoms**

Greater improvement in **substance use** on Lithium

Greater improvement in **functioning** on Lithium



P=0.04



P=0.03

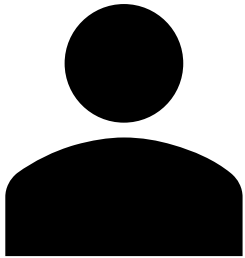


Medication Treatment— Recent Clinical Trial

- ✦ Evaluate the effect of **quetiapine** through a randomized double-blind placebo-controlled trial over eight weeks
 - **Aim 1—SUD outcomes** (days of substance use, toxicology testing, craving)
 - **Aim 2—Bipolar Disorder outcomes** (symptoms of mania and depression)



Demographics



	Total Sample (N=19)
Age (years)%	20.6 ± 1.9
Female (N, %)	12, 63%
White (N, %)	12, 63%
Non-Hispanic Latino (N, %)	15, 79%

No statistically significant difference in demographic characteristics between the placebo and quetiapine groups

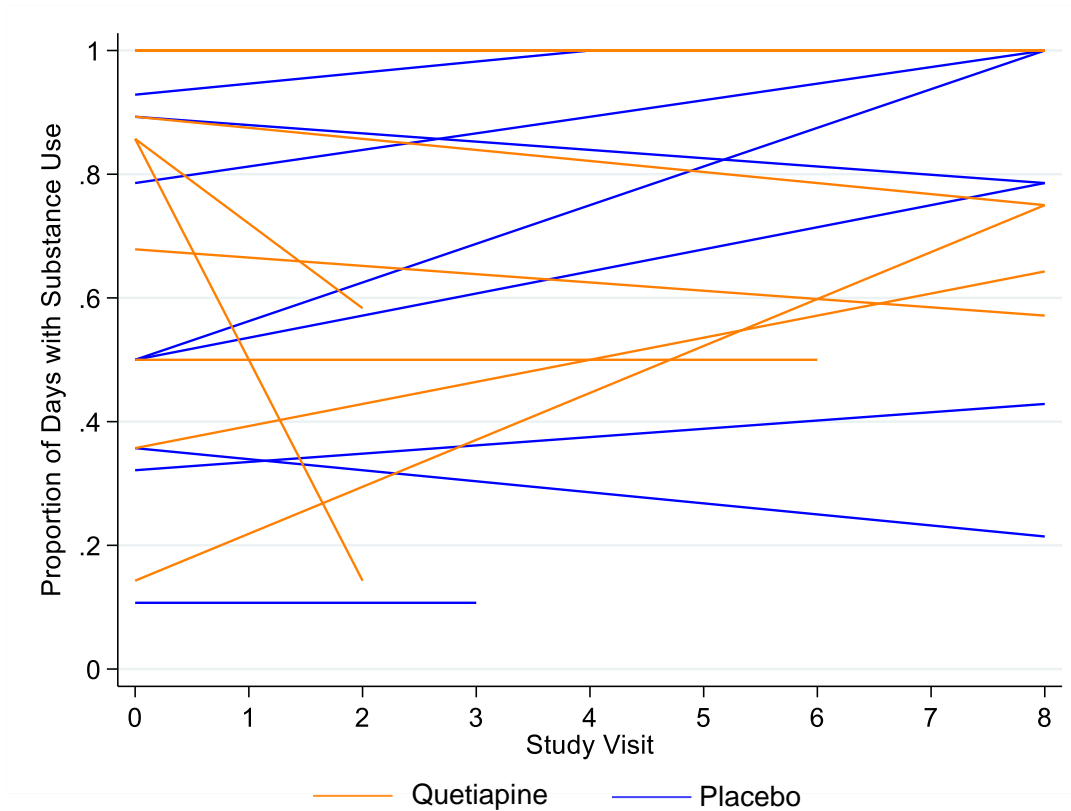


Baseline Clinical Characteristics

	Placebo (N=9)	Quetiapine (N=10)
Substance Use		
Primary SUD—Cannabis (N, %)	7 (78%)	8 (80%)
Days of substance use/past 28 days*	15.4 ± 8	20.4 ± 8
Bipolar Disorder		
Young Mania Rating Scale (YMRS)*	14.3 ± 5	18.8 ± 5
Beck Depression Inventory—II	25.9 ± 9	25.0 ± 9
Functioning		
Global Assessment of Functioning	55.7 ± 4	54.6 ± 3



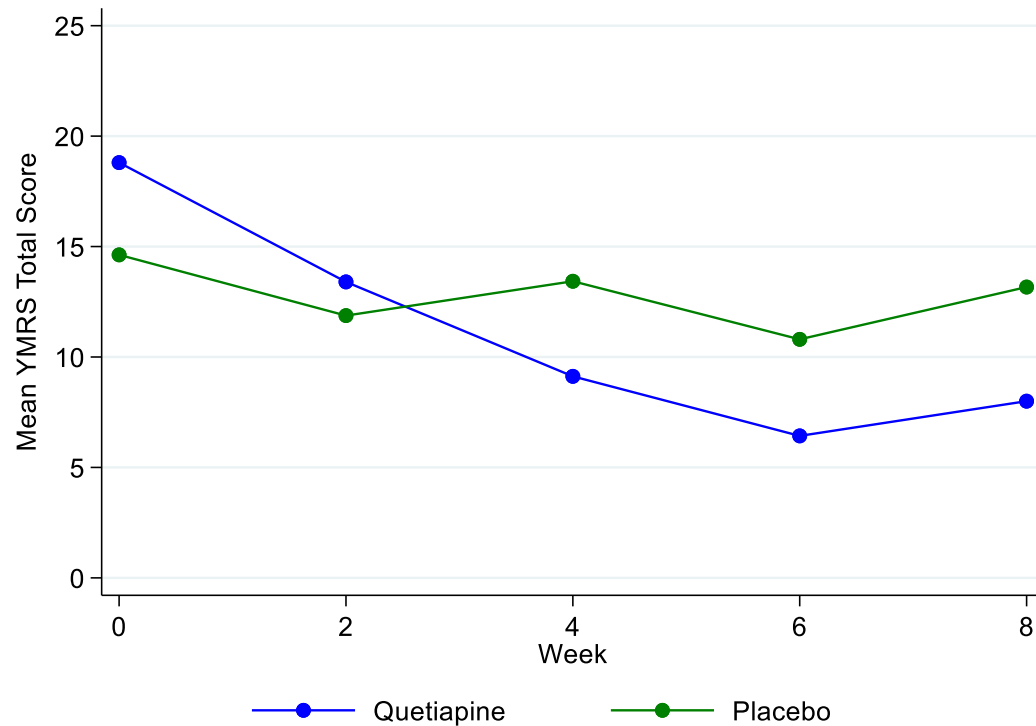
Substance Use Outcomes



- **No difference between groups in:**
 - The proportion of past 28 days with substance use
 - Severity of cravings
 - The proportion of negative urine toxicology screens



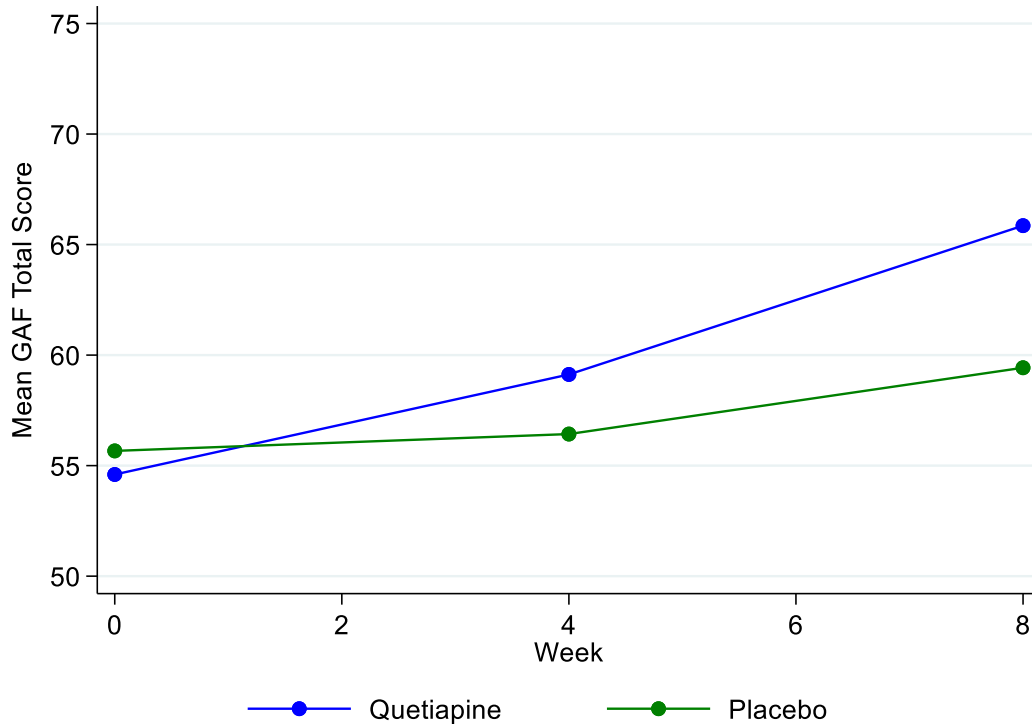
Bipolar Disorder Outcomes



- Youth on quetiapine had a **greater decrease in symptoms of mania**
Cohen's d 1.08 (0.06, 2.07), $p=0.005$
- No difference between groups in symptoms of depression



Functional Outcomes



Youth on quetiapine had a **greater improvement in functioning**
Cohen's d 1.30(.28, 2.28),
p=0.009

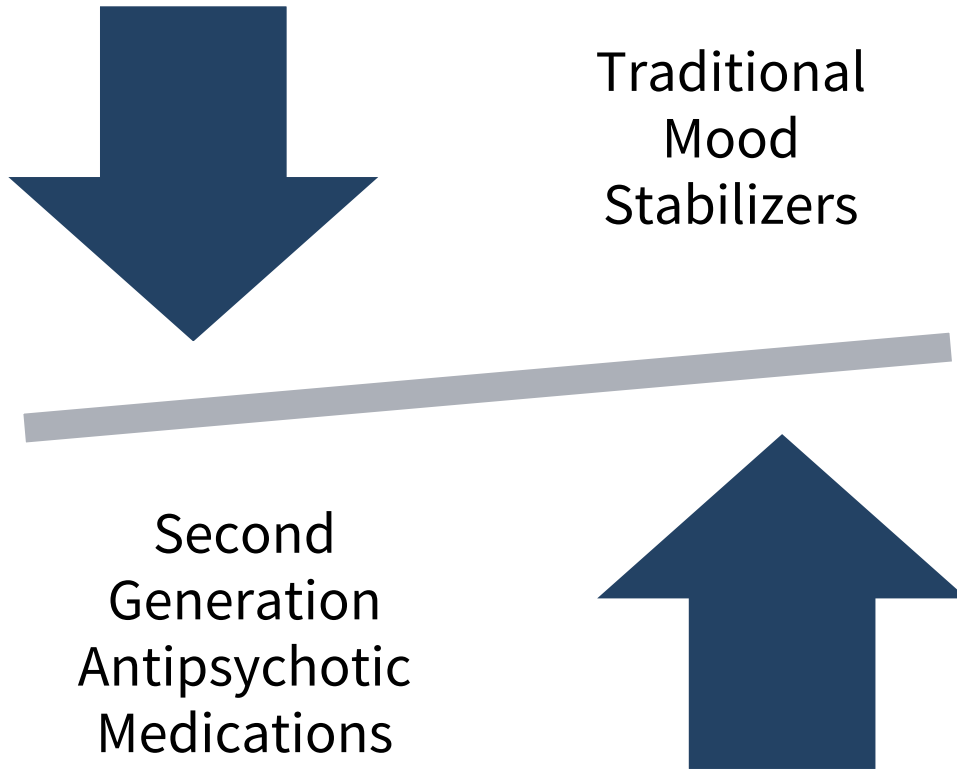


Overall findings

- ✦ Limitations—small sample size
- ✦ Treatment with quetiapine resulted in **greater improvement in symptoms of mania** and **overall functioning** among youth with co-occurring bipolar disorder and SUD
- ✦ Decreased symptoms of mania may help youth more successfully engage in outpatient behavioral health and substance use treatment



Medication Treatment



- ✧ Need to balance risk/benefit
- ✧ Initial focus:
 - Acute stabilization
 - Engagement
 - Safety



Medication specific considerations

Medication	Short term considerations
Second Generation Antipsychotic Medication	<ul style="list-style-type: none">• High risk for weight gain (olanzapine>>>quetiapine/risperidone>aripiprazole)• Sedation• Risk for extrapyramidal symptoms
Lithium	<ul style="list-style-type: none">• NARROW therapeutic index
Valproic acid	<ul style="list-style-type: none">• Avoid in females—high risk for neural tube defects• Hepatic metabolism (co-occurring acute hepatitis C)
Lamotrigine	<ul style="list-style-type: none">• Very slow titration to minimize risk for Steven Johnson Syndrome



General Medication Guidance



✦ When first engaging in care:

- Clear written directions on how to take medication
- Frequent appointments (often every 1 to 2 weeks)
- Small quantities of medication
- If possible, have caregiver hold medication and monitor adherence
- Involve patient supports for collateral and to support treatment engagement



General Medication Guidance



- ✧ **Offer medication to treat the co-occurring SUD as well!**
 - Medications for bipolar disorder are generally safe when given with MOUD including buprenorphine



Integrated Group Treatment

Integrated Group Therapy for Bipolar Disorder and Substance Abuse

Roger D. Weiss and Hilary Smith Connery

- ✧ Manualized cognitive-behavioral group therapy for adults with bipolar disorder and SUD
- ✧ Focuses on the relationship between the two disorders and similarities in thoughts/behaviors involved in recovery from each disorder
- ✧ Check-in focused on substance use, mood, medication adherence, and high-risk situations



Peer support



Depression and Bipolar
Support Alliance

- ✧ Peer support from other youth
- ✧ Tools/resources such as the “Wellness Wheel”



Youth not ready to stop substance use—Harm Reduction



- ✦ It is important that youth not use substances alone
- ✦ Encourage youth to designate someone to monitor for overdose (alcohol and other drugs)



Youth not ready to stop substance use-Harm Reduction



- ✧ Discuss naloxone with all youth and their caregivers regardless of history of prescription medication misuse
- ✧ *“I like to talk to all families about how to recognize and respond to an opioid overdose. I hope that you will never need to use this information, but want to make sure that you are prepared just in case”*



Youth not ready to stop substance use-Harm Reduction



✦ Decrease alcohol content of alcoholic drinks

Standard drink



Youth not ready to stop substance use-Harm Reduction



- ✦ Decrease THC content of the cannabis product that they are using



Take home regarding treatment



- ✧ The overall goal is to get the youth to come back!
- ✧ Stay patient and family-centered and engage them around their concerns
- ✧ Youth and their parents can have waxing/waning motivation to change



Disentangling co-occurring Bipolar Disorder in youth with OUD and other SUD

- ✧ Bipolar disorder and OUD/SUD commonly co-occur in youth
- ✧ It is important to get a detailed history of psychiatric and substance use symptoms to inform the diagnosis of bipolar disorder
- ✧ When prescribing medication for bipolar disorder when co-occurring with OUD/SUD, need to balance risk/benefit of medications with an initial focus on acute stabilization, engagement, and safety



Key references

- ✦ Goldstein B, Birmaher B, Carlson GA, et al. The International Society for Bipolar Disorders Task Force report on pediatric bipolar disorder: Knowledge to date and directions for future research. *Bipolar Disorders*. 2017; 1-20
- ✦ SAMHSA (2016). An Introduction to Bipolar Disorder and Co-Occurring Substance Use Disorders. *Advisory*, Volume 15, Issue 2.



ORN Evaluation Survey Link

Please scan the below QR code or use the link below to access a very brief survey.



Link to survey: <http://tinyurl.com/5ftumzpp>

The survey will ask about your satisfaction with the training program you just completed as well as some basic demographic information. Your responses will help the Opioid Response Network improve the services they provide.



Thank you in advance for completing this survey!