

# Managing Co-Occurring Mental Health Disorders

<p>For all patients with substance use problems, take a brief mental health history</p>	<ul style="list-style-type: none"> <li>• Have you ever been diagnosed with a mental health or emotional disorder such as depression, anxiety or ADHD?</li> <li>• Are you taking medications for any of the above?</li> <li>• Are you seeing a counselor or a psychiatrist? If so, why were you referred?</li> <li>• Administer PHQ2 and GAD2 screens for anxiety and depression.</li> <li>• Screen for acute SI or HI</li> </ul>
<p>Mental Health Effects from Substance Use.</p>	<ul style="list-style-type: none"> <li>• Alcohol use can cause symptoms of depression, sleep disturbance and problems with memory.</li> <li>• Cannabis use is associated with symptoms of anxiety and psychosis.</li> <li>• Nicotine use can result in symptoms of inattention, aggression, and anxiety.</li> <li>• Withdrawal from substance use – including cannabis - can result in irritability, mood or anxiety symptoms.</li> <li>• Substances may be used to alleviate mental health symptoms in the short term though in the long term they often worsen underlying symptoms (for example, chronic cannabis use is associated with increased risk of depression, anxiety, and psychosis).</li> </ul> <p>Determining onset of symptoms (before or after substance use initiation) may help distinguish between substance induced vs primary mental health problem</p>
<p>Advise that <b>NOT USING</b> is healthiest for your brain and body; Suggest a quit trial</p>	<ul style="list-style-type: none"> <li>• Quitting may relieve mental health symptoms in the long term, though symptoms may get worse before they get better.</li> </ul>
<p>Treatment</p>	<ul style="list-style-type: none"> <li>• Consider medication treatment for co-occurring depression, anxiety, sleep, appetite or and other symptoms to help support quit or reduced use trial.</li> <li>• Choose medications with the lowest potential for misuse and addiction. <b>Avoid benzodiazepines, anti-convulsants and other medications with high misuse potential when treating co-occurring disorders or withdrawal symptoms.</b></li> <li>• Treatment may be short term as successful abstinence may reduce the need for ongoing or long-term treatment.</li> </ul>

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<p>Most common non-addictive options/classes</p>	<ul style="list-style-type: none"> <li>• Depression: SSRI, SNRI, mirtazapine</li> <li>• Anxiety: SSRI, antihistamine (i.e hydroxyzine), and antihypertensive (Clonidine).</li> <li>• Panic attacks: antihistamine (i.e hydroxyzine), B-blocker (i.e Propranolol), and antihypertensive (Clonidine). <b>AVOID USING MORE THAN 1 ANTIHYPERTENSIVE.</b></li> <li>• ADHD: antihypertensive (Clonidine or Intuniv ER) and antidepressant (Wellbutrin XL)</li> <li>• Insomnia/sleep problems: melatonin, hydroxyzine, magnesium, trazodone</li> <li>• Stimulate appetite: H1 receptor antihistamines (i.e cetirizine, fexofenadine, cyproheptadine, desloratadine)</li> <li>• Depress appetite: antidepressant (i.e Wellbutrin XL) and opiate antagonist (i.e Naltrexone)</li> </ul>
<p>Offer supportive counseling</p>	<ul style="list-style-type: none"> <li>• Teens with mental health symptoms can benefit from supportive counseling to manage symptoms.</li> </ul>

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