Co-occurring Psychiatric Illness and Substance Use in Youth

Diana Deister, MD
Pamela Gonzalez, MD, FAAP
American Academy of Pediatrics
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Providers’ Clinical Support System Opioid Therapies (PCSSO)

- Grant funded by SAMHSA
- Coalition of professional organizations
- Overarching goal: To offer evidence-based trainings on the safe and effective prescribing of opioid medications in the treatment of pain and/or opioid addiction.
- AAP = 2 Webinars per grant year (6 total)
- www.pcss-o.org

CME

CME credit is available for this Webinar upon completion of an evaluation.

More information will be provided near the end of this presentation.

Speakers

Diana Deister, MD
Pamela Gonzalez, MD, FAAP

The speakers have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.
Dr. Deister does intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Educational Objectives

At the conclusion of this activity participants should be able to:

- Quickly screen for mental health symptoms in youth to identify the most common psychiatric problems
- Use screening tools when prescribing opioids for youth
- Incorporate both mental health and substance use screening into routine pediatric settings

Mental Health Facts

1 in 5 children ages 12-19 have, or will have, a serious mental illness.

- 20% of youth ages 13-19 have a mental health condition
- 11% of youth have a mood disorder
- 10% of youth have a behavior or conduct disorder
- 8% of youth have an anxiety disorder

Source: NAMI.org
Half of Americans will have a diagnosable mental illness in their lifetime.
- 50% of cases occur by age 14
- 75% of cases occur by age 24
- Median age of onset:
  - Anxiety d/o and impulse-control d/o – 11 years
  - SUD’s – 20 years
  - Mood d/o – 30 years
- Lifetime prevalence:
  - Anxiety d/o – 29%
  - Impulse control d/o – 25%
  - Mood d/o – 21%
  - SUD’s – 15%

ADHD
- ADHD diagnosis is associated with almost doubled risk of accidental injury (and potential need for pain medication).
  - Medication treatment of ADHD is associated with decreased rates of injury (Dalsgaard, 2015)
- ADHD diagnosis is associated with increased rates of SUD development.
  - Research is inconsistent regarding effect of medication treatment for ADHD on eventual risk of SUD development (Kantak, 2016).
- ABUSE of stimulant medication is associated with increased risk of accidents and ER visits.

Substance use disorder (SUD) in the past year among individuals aged 12 or older: 2013
Past Year Drug Use. US Students

2015: Monitoring the Future Data

- Inhale (Grade 12)
- Narcotics Other than Heroin (Grade 10)
- Any Rx Drug (Grade 8)
- Synthetic Marijuana (Grade 12)
- Marijuana/Hashish (Grade 10)

Age at First Use and Later Risk


Past Year Substance Use Disorders and Major Depressive Episode in the Past Year among Youths Aged 12 to 17: 2014

- MDE and SUD: 0.9 Million
- MDE: 1.3 Million
- SUD: 2.0 Million

Genetic vulnerability for psychosis following adolescent cannabis use

Percentage of sample who met criteria for Schizophreniform Disorder at age 26

Bruce: 15 y.o. boy using EtOH, MJ, cigarettes, s/p surgery

- What factors will you consider in prescribing for Bruce?
- How can you manage your concerns when discussing pain control with his parents while maintaining his confidentiality?
- Is there more information you need to make a plan?

Case: Acute Pain

- Bruce is a 15 year old boy with ADHD with a displaced femur fracture who will need post-op pain management
- He tells you confidentially he has been “experimenting” with alcohol, marijuana, and cigarettes for 6 months, although his parents are not aware.
- His parents are concerned that he will be in pain and not able to do his physical therapy to make a full recovery.

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Risk Factors for SUD development

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Domain</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Aggressive Behavior</td>
<td>Individual</td>
<td>Self-Control</td>
</tr>
<tr>
<td>Lack of Parental Supervision</td>
<td>Family</td>
<td>Parental Monitoring</td>
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<tr>
<td>Substance Abuse</td>
<td>Peer</td>
<td>Academic Competence</td>
</tr>
<tr>
<td>Drug Availability</td>
<td>School</td>
<td>Anti-drug Use Policies</td>
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<tr>
<td>Poverty</td>
<td>Community</td>
<td>Strong Neighborhood Attachment</td>
</tr>
</tbody>
</table>

S2BI: Screen to Brief Intervention

Use FREQUENCY to assess RISK

Severe SUD

Mild/ Moderate SUD

No SUD

No Use

In the past year, how many times have you used

- Tobacco?
- Alcohol?
- Marijuana?

STOP if all “Never.” Otherwise, CONTINUE.

- Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- Illegal drugs (such as cocaine or Ecstasy)?
- Inhalants (such as nitrous oxide)?
- Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)?

No Use

Positive Reinforcement

Mild Use

Weekly Use

Monthly Use

Ask for Follow-Up on SUD Questions

Brief Advice

Reduce use and risky behaviors

Reduce use and risky behaviors

Criteria Standard Dx

Screen Frequency

Sensitivity

Specificity

Any SUD

> Monthly use

90%

94%

Severe SUD

> Weekly use

100%

94%


Bruce: 15 y.o. boy using EtOH, MJ, cigarettes, s/p surgery

- Using the S2BI screener, Bruce reports:
  - Using cigarettes once at a party (it was "gross")
  - Using alcohol 3 times to "get buzzed"
  - Using marijuana 2 times
  - He denies use of all "follow up" drug questions.

Give positive reinforcement for non-use of other drugs. Then move on to brief advice regarding current substances (covered in future webinar).

Mental Health Screening and Assessment Tool From AAP

PHQ-9 / PHQ-2

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Smoking or using other substances so heavily that other people could have noticed? Or the opposite — being so negative or irritable that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or of hurting yourself in some way

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult - Somewhat - Very - Extremely

Pediatric Symptom Checklist

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child’s behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark the heading that best fits your child.

- Complains of aches/pains
- Spends more time alone
- Tires easily, has little energy
- Fidgety, unable to sit still
- Has trouble with a teacher
- Auto as if driven by a motor
- Daydreaming too much
- Distracts easily
- Is afraid of new situations
- Feels sad, unhappy
- Is irritable, angry
- Feels hopeless
- Has trouble concentrating
- Less interested in friends
- Fights with others
- Absent from school
- School grades dropping
- Is down on him/herself
- Visits doctor with doctor finding nothing wrong
- Has trouble sleeping
- Worsens a lot
- Wants to be with you more than before
- Feels he or she is bad
- Takes unnecessary risks
- Guts hurt frequently
- Seems to be having less fun
- Acts younger than children his or her age
- Does not listen to rules
- Does not show feelings
- Refuses to share
- Gives or takes other people’s feelings
- Teases others
- Surprised, excited by his or her troubles
- Takes things that do not belong to him or her
- Refuses to share
Bruce: 15 y.o. boy using EtOH, MJ, cigarettes, s/p surgery

- You continued opioid pain medications for 1 week and asked Bruce to follow up with you.
- At the follow up visit, PHQ-9 scored as moderate symptoms
  - "feeling down, depressed, or hopeless" was marked "nearly every day."
  - Bruce reports feeling "down." He denies thoughts of harming himself or killing himself.
  - He denies substance use since his last visit. You advise Bruce to continue avoiding drugs and alcohol during his recovery due to potential for making depression worse and slowing healing.
  - You make a plan with Bruce and his parents. If he feels worse or has thoughts of self-harm he will tell his parents (or a teacher if at school) and call your office or go to the ER.

- You make a follow up visit in 2 weeks to check in again on depressive symptoms to see if they are improving as Bruce discontinues pain medications and resumes his regular activities.
  - You ask your office staff to give Bruce and his parents Pediatric Symptom Checklists to fill out in the waiting room prior to the next visit.

Therapeutic Use Is Still Exposure

Any legitimate opioid use prior to 12th grade confers:

- one-third higher risk of non-medical use in emerging adulthood (19-23 years)
- 2.7 fold higher risk of nonmedical use for the purpose of "getting high"


Psychiatric Symptoms Enhance Vulnerability

Youth with preexisting mental health diagnoses had

- 2.4-fold increased risk of receiving long-term opioids versus no opioids and
- 1.8-fold increased likelihood of receiving long-term opioids versus some opioids


Transition to Heroin Use

Nonmedical Rx opioid use initiated at 10-12 years confers 1.84 fold increased risk of IV heroin use in emerging adulthood

Nonmedical Rx opioid use initiated at 13-15 years confers 1.59 fold increased risk of IV heroin use in emerging adulthood


Pediatric Screening Resources

- AAP Bright Futures Periodicity Schedule: [http://pediatrics.aappublications.org/content/pediatrics/133/3/568/F1.large.jpg](http://pediatrics.aappublications.org/content/pediatrics/133/3/568/F1.large.jpg)
- AAP SBIRT Policy: [http://pediatrics.aappublications.org/content/128/5/e1330](http://pediatrics.aappublications.org/content/128/5/e1330)
- Pediatric Substance Use Education and Tools: [www.teensubstancescreening.org](http://www.teensubstancescreening.org)
Risk Scales for Chronic Opioid Prescribing

- www.partnersagainstpain.com/printouts/Opioid_Risk_Tool.pdf
- http://integratedcare-nw.org/DIRE_score.pdf

Changes You May Wish to Make in Practice

- Weigh both effectiveness and need to reduce suffering against future risk: are opioids the best option?
- If you don’t already, screen for mental health symptoms at every pediatric visit at least beginning by age 11
- If you don’t already, screen for substance use, at least beginning by age 11, at any encounter where opioids are being prescribed

Q&A

- Please use the chat box to submit a question for the speakers.
- Next Webinar: June 29, 2016
  - “Rational Pain Management in Children With Chronic Medical Conditions”
- Obtaining CME
  - After the event, you will receive a link taking you to an evaluation. Upon completion, you will be emailed your CME certification.

PCSS-O Colleague Support Program and Listserv

- PCSS-O Colleague Support Program is designed to offer general information to health professionals seeking guidance in their clinical practice in prescribing opioid medications.
- PCSS-O Mentors comprise a national network of trained providers with expertise in addiction medicine/psychiatry and pain management.
- Our mentoring approach allows every mentor/mentee relationship to be unique and catered to the specific needs of both parties.
- The mentoring program is available at no cost to providers.

For more information on requesting or becoming a mentor visit: www.pcss-o.org/colleague-support

PCSS-O is a collaborative effort led by American Academy of Addiction Psychiatry (AAAP) in partnership with Addiction Technology Transfer Center (ATTCC), American Academy of Neurology (AAN), American Academy of Pain Medicine (AAPM), American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Dental Association (ADA), American Medical Association (AMA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA), American Society for Pain Management Nursing (ASPMN), International Nurses Society on Addictions (INNSA), and Southeast Consortium for Substance Abuse Training (SECSAT).

For more information visit: www.pcss-o.org
For questions email: pcss-o@aaap.org

Twitter: @PCSSProjects

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