

Substance Use Disorders in Patients with Schizophrenia

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Prevalence and Impact

- Lifetime prevalence of substance abuse was 48% for schizophrenia and 56% for bipolar disorder in the Epidemiologic Catchment Area
- Substance use disorders in patients with SPMI begin early in the course of illness and lead to poorer social and functional outcomes

SPMI=serious and persistent mental illness.
Morrens M et al. Eur Addict Res. 2011;17:154-163.

Consequences of Comorbid Substance Use Disorder

- More severe symptoms of mental illness
- More frequent relapses and hospitalizations; poorer course of illness
- Higher rates of violence, incarceration, suicide, and homelessness
- Greater rates of service use and cost of health care, poorer treatment adherence and treatment outcome; higher mortality

Cannabis Use in Schizophrenia

- Cannabis use contributes to the onset of schizophrenia and to poor outcome
- Patients with psychosis use cannabis for the same reasons the general population does, to “get high,” relax, and have fun
- There is little support for the “self-medication” hypothesis; the literature points more toward an “alleviation of dysphoria” model

Effects of Antipsychotic Medications

- Patients treated with risperidone reported significantly more craving compared with patients treated with clozapine ($Z=-3.19$, $P=.001$) or olanzapine ($Z=-2.24$, $P=.025$)
- No significant differences in craving between clozapine and olanzapine

Treatment of Patients with Schizophrenia and Substance Use

- Integration of both psychiatric and substance abuse treatment
- Conceptualizing treatment as an ongoing process in which motivation to reduce substance use waxes and wanes
- A harm reduction model is more appropriate than an abstinence model