DAWN FARM'S POSITION ON ADDICTION AND MOOD DISORDERS

Dawn Farm recognizes that the chemical dependency field once had a poor track record of identifying and treating psychiatric disorders. For many years the field reflexively viewed too many other problems as secondary to addiction and ignored them with blind faith that they would dissipate with ongoing abstinence. However, we now believe that mood disorders are grossly over-diagnosed in the addicts and alcoholics that we see. We routinely see people who have been diagnosed with a psychiatric disorder while they are still under the influence or very shortly after their last use. When they receive this diagnosis they are generally experiencing an intense crisis (more accurately, several crises) and are often baffled by their life circumstances and their inability to control their use in spite of the countless reasons to stop. Often receiving a psychiatric diagnosis is a relief; it provides an answer to many of the questions that have been baffling them. Addicts and alcoholics often say they would rather be crazy than an addict. When a prescription is coupled with this diagnosis it offers both a simple answer and a simple solution. Additionally, many addicts cling to hopes that this may mean that their substance use problems are secondary to a psychiatric disorder, and therefore they may be able to use safely again after their other problems are addressed. Physicians, social workers and psychologists should recognize how seductive these diagnoses can be to baffled addicts who can't imagine life with or without alcohol and drugs.

1. It is not unusual for addicts and alcoholics to meet the diagnostic criteria for mood disorders.
   - Heavy AOD use can cause temporary symptoms of depression, hypomanic states and anxiety disorders even in people with no prior history of mental illness.[1, 2, 4]
   - Depression and anxiety can be considered a part of the natural course of addiction.
     - A grief reaction in early recovery is to be expected. Drug use is a way of life and most addicts in early recovery can't imagine life with or without AOD.[3]
     - Our clients are generally experiencing very intense bio-psycho-social stress. Intense sadness and anxiety are natural reactions to this experience. These reactions are generally a significant factor in their decision to enter treatment.
       - It has been argued that depression and anxiety, in this context, are part of the healing process and that disrupting this process with psychotropic interventions should be done cautiously as it may have the potential to do more harm than good.[4]
       - This concern has been supported by a recent study found that higher Beck Depression Index (BDI) scores were significantly associated with efforts to reduce alcohol use and these higher BDI scores did not predict increased drinking above baseline at follow-up.[5]
2. Our experience is that DSM-IV-TR diagnostic criteria are often not accurately or completely applied.
   - The diagnostic criteria for Major Depression and Bipolar Disorder specifically exclude symptoms attributable to substance use. [6]
     - The majority of our clients with an Axis 1 diagnosis were diagnosed within 72 hours of their last use. At this point an addict is still experiencing physiological effects of their AOD (alcohol and other drug) use.
   - Many of our clients are shocked to learn about the diagnostic criteria and immediately determine that they don't meet them. Most often, they don't meet the required intensity or duration of symptoms.
3. Many doctors fail to recognize the existence of Post Acute Withdrawal Syndrome (PAWS)[7] and mistake PAWS for an independent disorder.
   - PAWS symptoms include:
     - *Inability to think clearly* – Difficulty concentrating, impairment in abstract reasoning, rigid repetitive thinking
     - *Memory problems* – Short-term memory problems, occasional difficulty remembering significant events, difficulty learning new information
     - *Emotional overreactions or numbness* – Reacting at level 10 when the situation is a level 2 situation, shutting down emotionally to stressful situations
     - *Sleep disturbances* – difficulty falling asleep, difficulty staying asleep, nightmares
     - *Physical coordination problems* – Less common: dizziness, loss of balance, coordination problems with hands and eyes and slow reflexes. This is where the term "dry drunk" came from.[7]

- *Stress sensitivity* – Difficulty distinguishing between low-stress and high-stress situations, treat all situations as high-stress situations, stress then intensifies other symptoms of PAWS which causes more stress

4. Research finding high rates of psychiatric comorbidity in addicts often have design flaws.
   - Much of the research is done using clinical populations. One would expect to find higher than normal rates of comorbidity in these populations. [1, 4]
   - Most of these studies make no attempt to differentiate between substance induced disorders and independent mood disorders. [1, 14, 8]
   - Research that controls for these factors finds rates of comorbidity that match those of the general population.[8]
5. Some research indicates that the concept of self-medication is mythology. Some research has indicated that people with independent mood disorders actually drink less than the general population. This makes sense as a self-preservation tactic; as is frequently pointed out, consuming a depressant for depression will only increase symptoms.[8, 14]
6. Psychiatric symptoms often abate before psychotropic medication is likely to take effect. [9]
   - One study found that 42% of participants had clinically significant levels of depression at intake and only 6% remained clinically depressed after 4 weeks of abstinence.[10]
   - Another study found that 32% of alcoholics met criteria for major depression at admission but reported a 50% reduction in symptoms after 3 weeks of abstinence.[11]
   - Symptoms of anxiety can be expected to be markedly reduced during the first several days to five weeks of abstinence.[2, 4, 12]
7. It has been Dawn Farm's experience that addicts and alcoholics not engaged in a program of recovery often experience some symptoms of Anxiety and Depressive disorders (even while abstinent). These symptoms may include fatigue, restlessness, irritability, muscle tension, sleep disturbance, social isolation, sadness, diminished or inflated self-esteem and excessive or diminished interest in pleasurable activities. We believe that these symptoms are sobriety-based symptoms of addiction. They can either be part of the early recovery process or as part of a relapse process. We find that there is such a clear relationship between participation in a program of recovery and these symptoms that we are generally able to determine their cause by asking questions not only about their symptoms, but also about their participation in a recovery program and the chronology of the symptoms.
   - Gorski's work supports this experience. He finds that PAWS reemerges when recovering addicts and alcoholics stop working programs of recovery. [7]
   - Alcoholics Anonymous describes the alcoholics as restless, irritable and discontented prior to a relapse.[3]
8. Given all of this data, caution should be used before making a mood disorder diagnosis.
   - With the frequency of depressive symptoms in addicts and alcoholics and the pace at which these symptoms generally abate, clients can generally expect relief before psychotropics can take effect anyway. [9]
   - Waiting until clients have four to five weeks of confirmed abstinence is recommended before making a psychiatric diagnosis. [4, 12, 14]
   - Even advocates of aggressive psychiatric care recommend waiting at least two weeks before making a diagnosis of bipolar.[13]
   - It is also important to remember that symptoms are not diagnoses. Just as alcohol problems do not always signal diagnosis of Alcohol Abuse of Alcohol dependence, sadness and depressive symptoms do not always indicate a mood disorder. [14]

The findings mentioned above match Dawn Farm's experience working with addicts and alcoholics. Therefore we take a conservative approach to dual diagnosis. In the absence of a clear independent psychiatric disorder we generally ask client to discontinue psychotropic treatment for an evaluation period. We monitor the client's symptoms and safety (if that has been an issue in the past). If after 2 to 6 weeks the client is not finding relief through abstinence and involvement in a program of recovery we will evaluate the client for psychiatric treatment. If a client is determined to need psychiatric treatment our staff will also determine if Dawn Farm can meet this client's needs or if a referral to a dual diagnosis program is appropriate.

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