Co-Occurring Disorders: Bipolar Disorder and Schizophrenia

Lori Raney, MD
Principal, HMA

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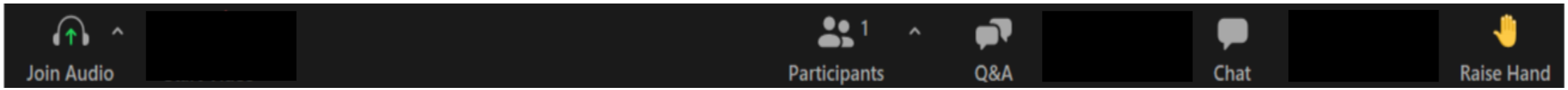
DISCLAIMER

- This session was conducted for members of county-based teams in CA that are working to expand access to Medications for Addiction Treatment in jails and drug courts. The project is funded through California's Department of Health Care Services with State Opioid Response funding from SAMHSA. The content is being made available to all interested parties.
- Please note this content has not been professionally edited and the session was conducted using Zoom.

ZOOM FEATURES

- The preferred audio is using “Phone Call”. Please enter your participant ID so that your name is associated with your phone number
- Use the “Q&A” and “Chat” features to type in a question or make a comment
- Use the “Raise Your Hand” feature by going to Manage Participants. You will see your name and can raise your hand
- Polling questions will be used



Take a moment and list in the chat box your name, organization you work for, and your job title

LEARNING OBJECTIVES

List	List the core diagnostic features of bipolar disorder and schizophrenia
Describe	Describe the interaction between substance use disorders and the symptoms associated with SMI
Know	Know common medication approaches for SMI
Recognize	Recognize key therapeutic and psychosocial interventions

KEY THEMES OF CO-OCCURING DISORDERS (COD)

- COD is a mental health condition and substance use condition “co-occurring” meaning at the same time
- CODs are common in correction settings – 50-60 % and screening for both is necessary
- CODs lead to enormous dysfunction, repeat incarceration (68%), suffering and death if not treated concurrently
- CODs are treatable inside and outside correction settings

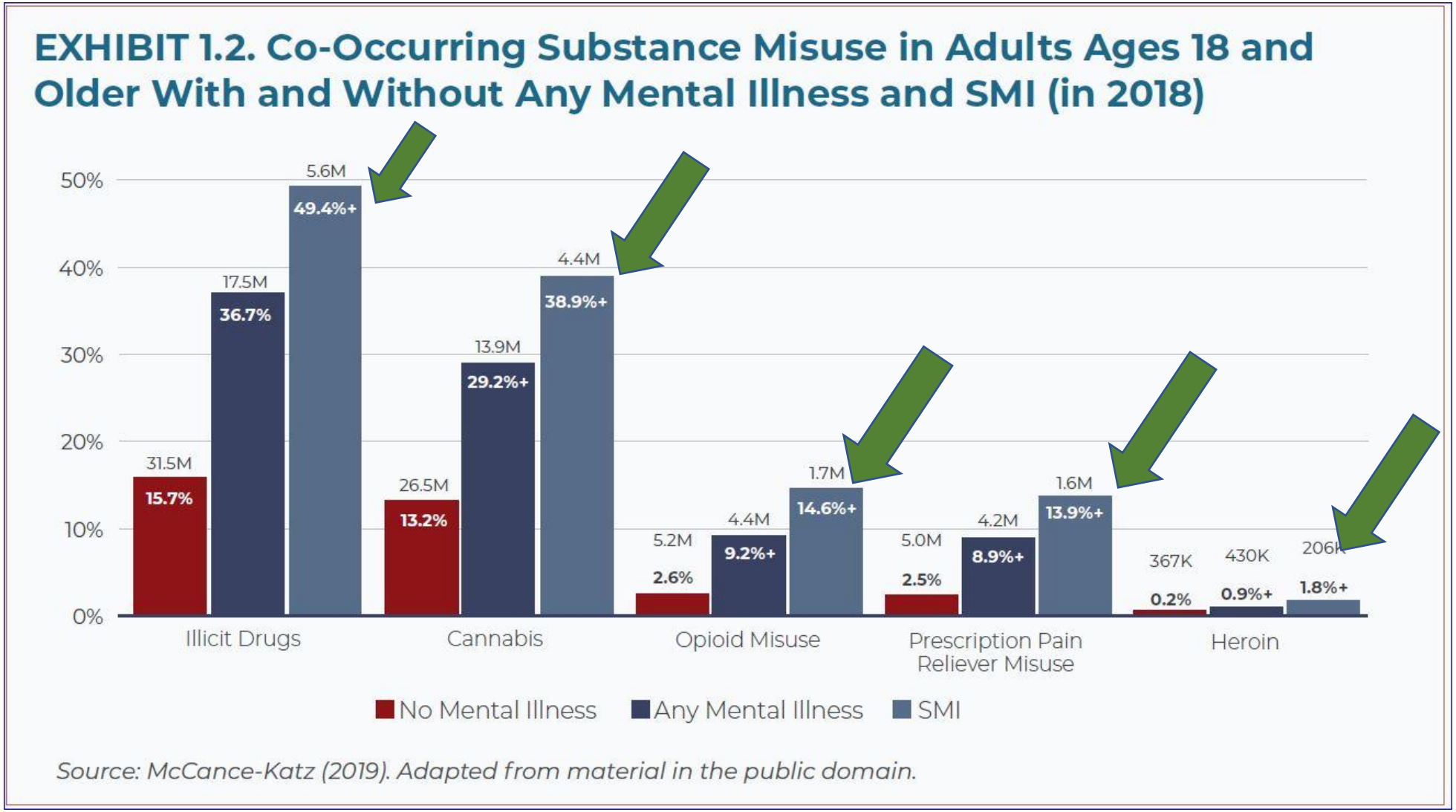
PREVALENCE OF BEHAVIORAL HEALTH AND COD CONDITIONS IN CORRECTIONS SETTINGS

- 75-65% of all prison and jail inmates have some type of mental illness
  - 30% have SMI
    - Schizophrenia
    - Schizoaffective DO
    - Bipolar DO
  - 25-30% depression
  - 17% anxiety
  - 11% personality disorders
  - 65% have substance use disorder

- **50-75% have co-occurring mental health and SUD**

Gottfried et al, Journal of Correctional Health 2006
SAMHSA Guide 2017

LEVEL SETTING – PREVALENCE OF CO-OCCURRING DISORDERS



Psychiatric Services

From: Patterns of Justice Involvement Among Adults With Schizophrenia and Bipolar Disorder: Key Risk Factors https://doi.org/10.1176/appi.ps.201300044

Psychiatric Services

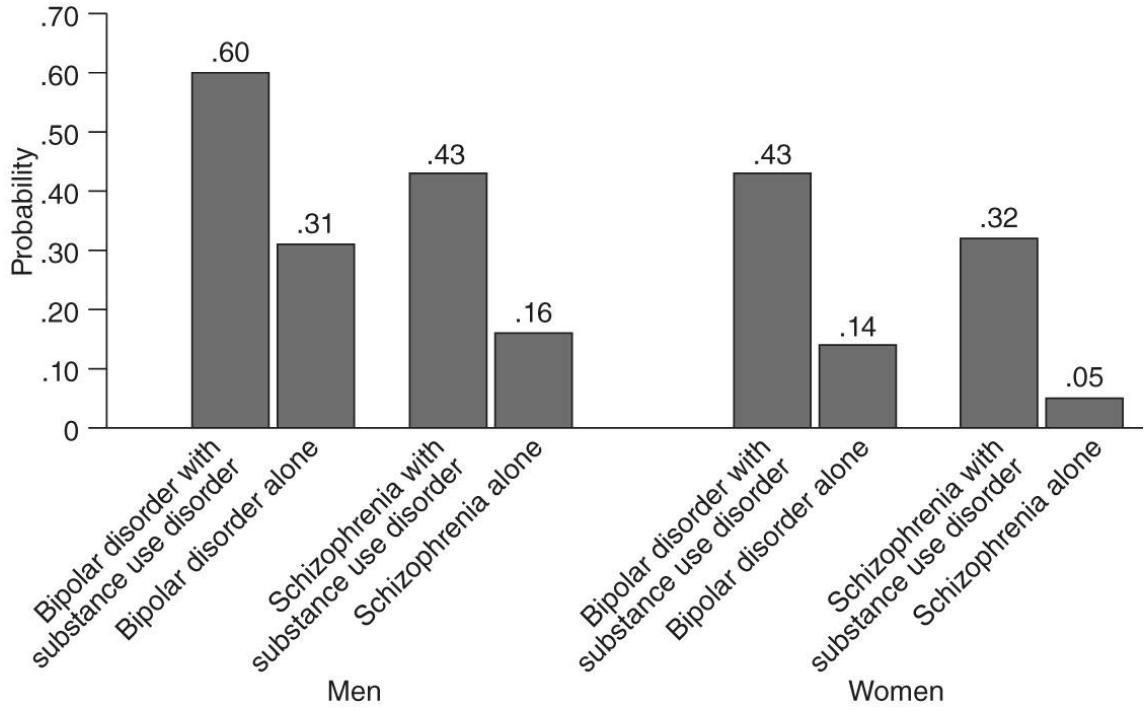


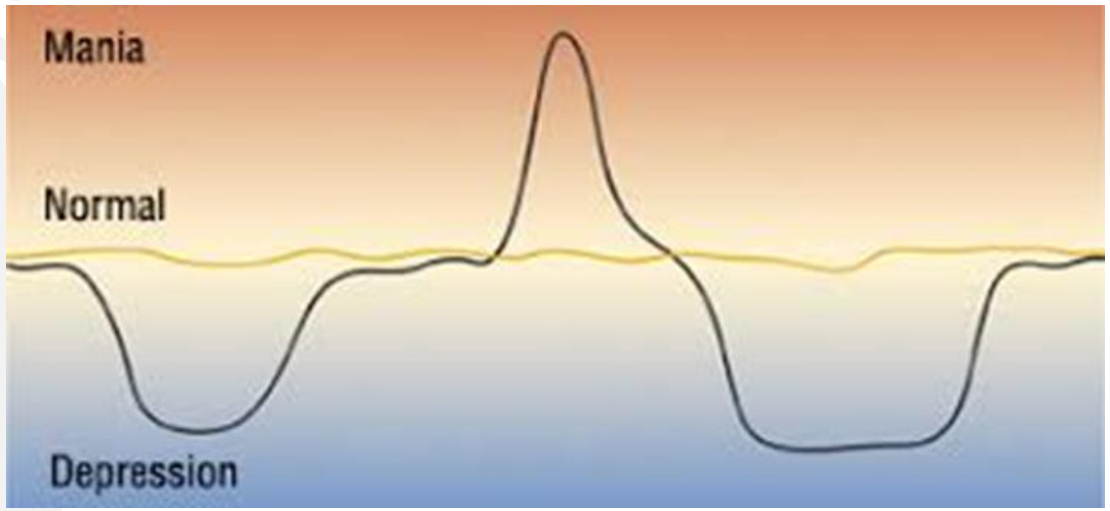
Figure 1 Predicted probabilities of any criminal justice involvement among 25,133 adults with schizophrenia or bipolar disorder

BIPOLAR DISORDER

LANGUAGE

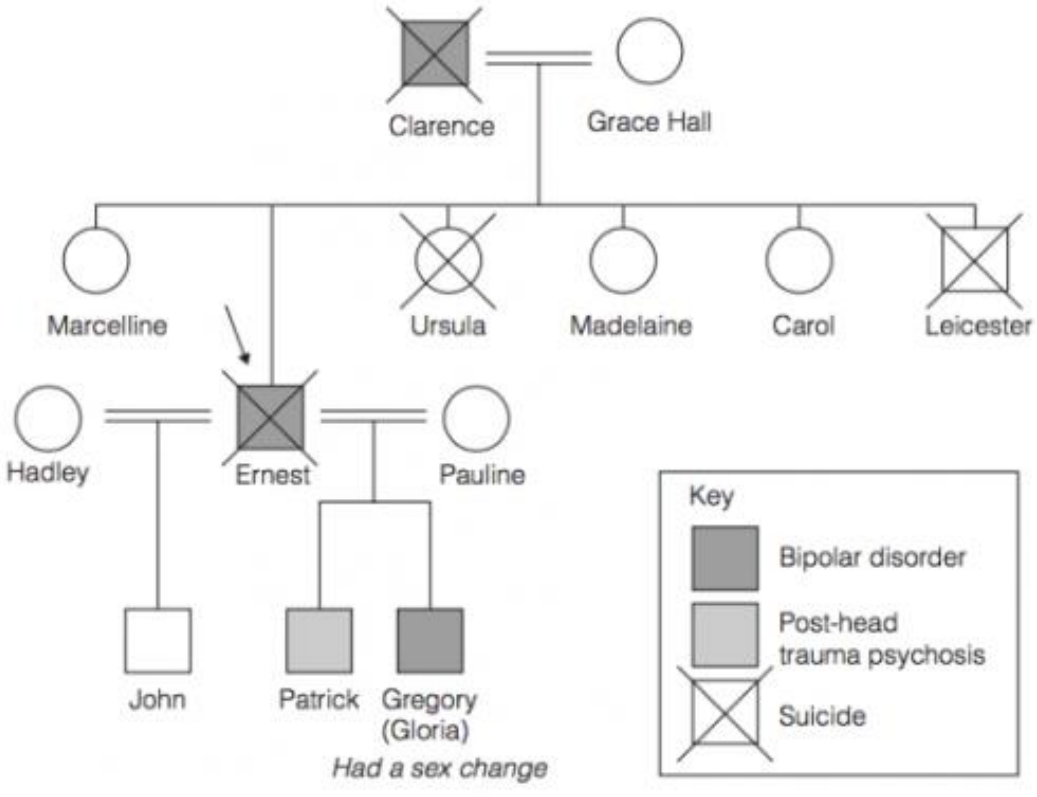
- Bipolar mood disorder/affective disorder
- Manic Depressive/manic depression
- Mood Swings

** remember person-first language – “he’s bipolar, he’s a manic depressive” vs “he has bipolar disorder”



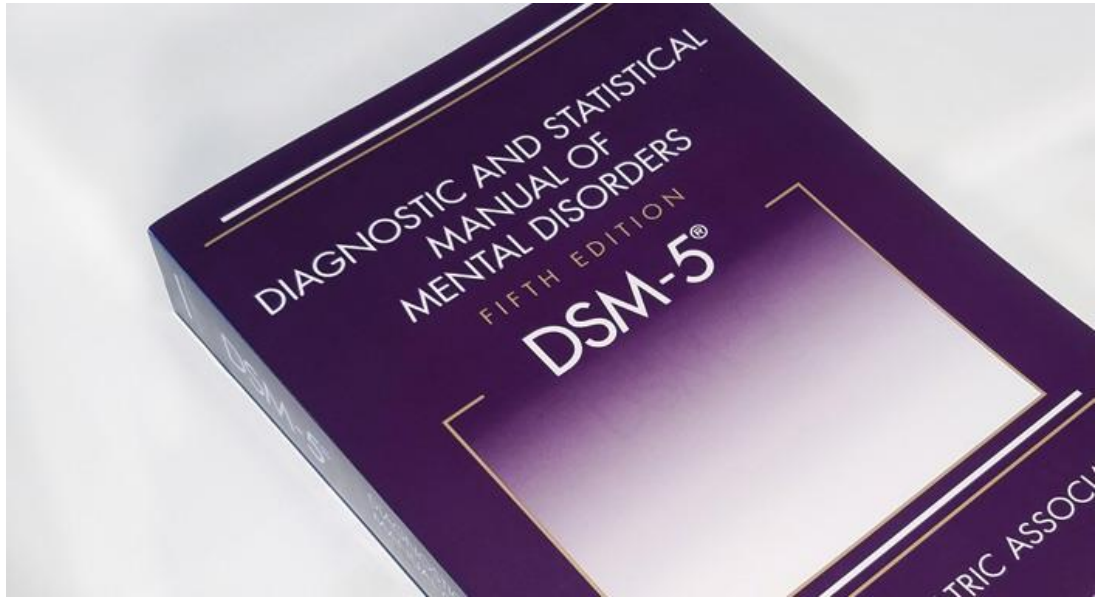
STRONG GENETIC BASIS

- The pathophysiology of bipolar disorder has not been determined
- First-degree relatives of a person with bipolar disorder are approximately 7 times more likely to develop bipolar disorder
- Some red flags: prepubertal depression, post partum depression, sensitivity to antidepressants



Family tree of Ernest Hemingway, who suffered from bipolar disorder. Falret correctly postulated that the illness had a strong genetic basis, stronger, in fact, than any other mental disorder.
Source: Neel Burton

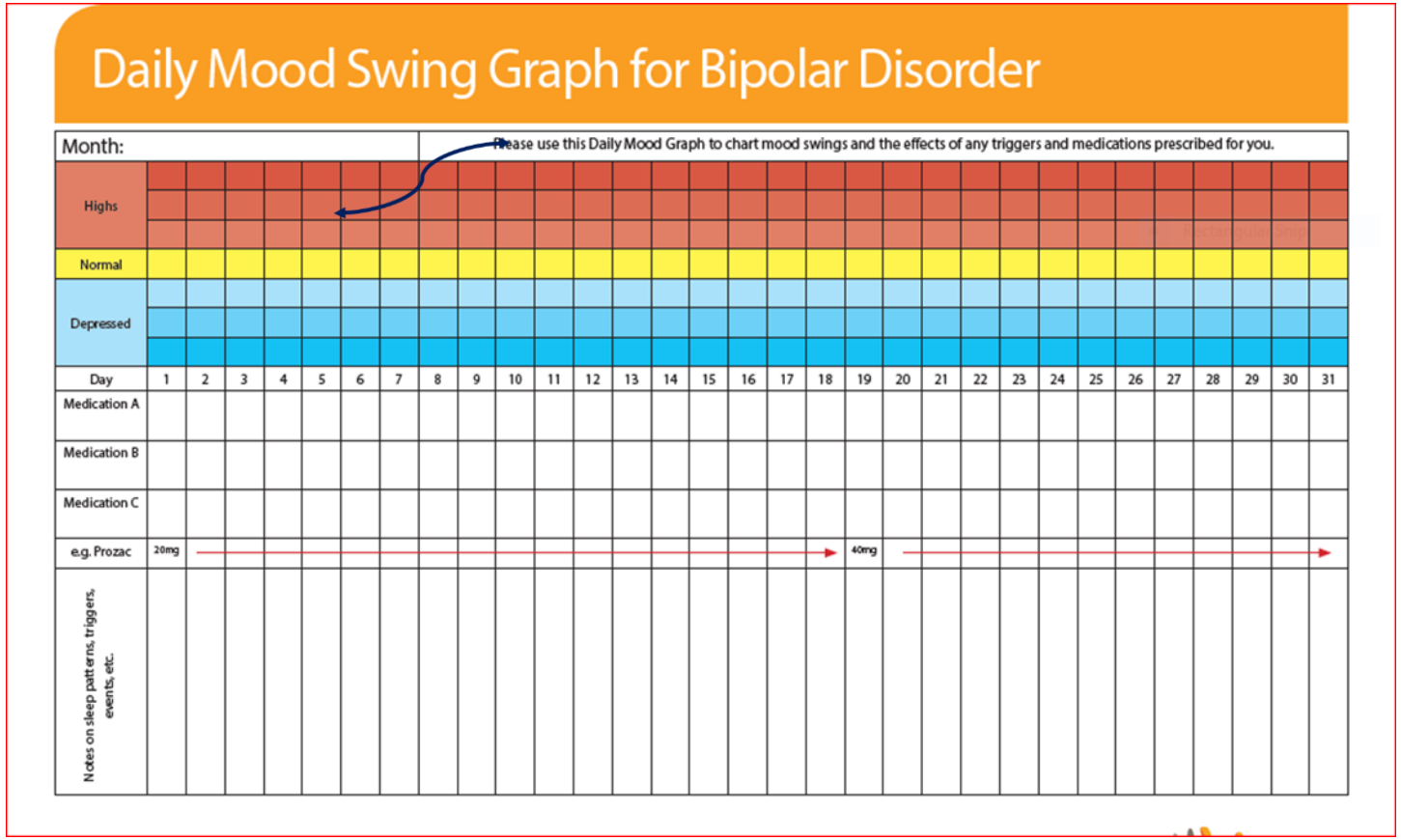
DIAGNOSING BIPOLAR DO – DSM 5



- Bipolar I
  - Depression criteria – see PHQ 9
  - At least one manic phase (see next slide)
  - Psychosis – delusions (typically grandiose) and hallucinations
- Bipolar II
  - Depression – see PHQ 9
  - Hypomania
- Bipolar Mixed State
  - Both at same time

Mania – DSM V

- Elevated, expansive or irritable mood
- Abnormally goal-directed behavior or energy
  - Inflated self esteem or grandiosity
  - Decreased need for sleep
  - More talkative
  - Flight of ideas – thoughts are "racing"
  - Distractibility
  - Excessive involvement in activities that have high potential for painful consequences
  - Causes marked impairment
  - Not due to drug (stimulants)
- Hypomania – mania "light"



COMMON DELUSIONS: GRANDIOSE

Overinflated sense of worth, power, knowledge or identity. May believe has a great talent or has made an important discovery.

Feels REALLY good so remember and want it again.

BIPOLAR DO AND CRIMINAL JUSTICE INVOLVEMENT

- Typically during severe manic episode
  - Increased grandiosity and self esteem – grandiose delusions
  - Increased libido
  - Excessive engagement in pleasurable activities with painful consequences – excessive spending, reckless driving, using drugs or alcohol
  - Social and occupational impairment
  - Males with first episode age 23 or younger

Prevalence of Involvement in the Criminal Justice System During Severe Mania and Associated Symptomatology, Christopher, et al, Psychiatric Services, 2012

What symptoms of bipolar disorder have you witnessed in the people you have worked with in the criminal justice system?

SCREENING TOOLS

- Mood Disorder Questionnaire
- CIDI 3 – Bipolar Disorder

Mood Disorder Questionnaire

Patient Name _____ Date of Visit _____

Please answer each question to the best of your ability

1. Has there ever been a period of time when you were not your usual self and...	YES	NO
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	☐	☐
...you were so irritable that you shouted at people or started fights or arguments?	☐	☐
...you felt much more self-confident than usual?	☐	☐
...you got much less sleep than usual and found that you didn't really miss it?	☐	☐
...you were more talkative or spoke much faster than usual?	☐	☐
...thoughts raced through your head or you couldn't slow your mind down?	☐	☐
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	☐	☐
...you had more energy than usual?	☐	☐
...you were much more active or did many more things than usual?	☐	☐
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	☐	☐
...you were much more interested in sex than usual?	☐	☐
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☐
...spending money got you or your family in trouble?	☐	☐
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	☐	☐

3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?

☐ No problems ☐ Minor problem ☐ Moderate problem ☐ Serious problem

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DEPRESSION – RULE OUT BIPOLAR DEPRESSION AS BEST YOU CAN CIDI – 3 (COMPOSITE INTERNATIONAL INTERVIEW 3)

Criterion A Screening Question

The first part of the CIDI-3 consists of asking two stem questions. If either Question 1 or Question 2 is positive, continue with the criterion B Screening Question. If both are negative, than the measure is negative and the patient does not likely meet the criteria for bipolar disorder.:

Euphoria Stem Question:

1. Some people have periods lasting several days when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?

   If this question is endorsed, the next question (Irritability Stem Question) is skipped and the respondent goes directly to the Criterion B screening question.

Irritability Stem Question:

2. Have you ever had a period lasting several days or longer when most of the time you were so irritable and grouchy you either started arguments, shouted at people or hit people?

3. People who have episodes like this often have changes in their thinking and behavioral at the same time, like being more talkative, needing very little sleep, being very restless, going on spending sprees, and behaving in many ways they would normally think inappropriate ways they would normally think inappropriate. Did you ever have any of these changes during your episodes of being excited and full of energy or very irritable or grouchy?

Criterion B Screening Question- 6 or more high probability bipolar DO

Think of an episode when you had the largest number of changes like these at the same time. During that episode, which of the following changes did you experience?

1. Were so irritable that you either started arguments, shouted at people or hit people?
2. Did you become so restless or fidgety that you paced up and down or couldn't stand still?
3. Did you do anything else that wasn't usual for you – like talking about things you would normally keep private, or acting in ways that you would usually find embarrassing?
4. Did you try to do things that were impossible to do, like taking on large amounts of work?
5. Did you constantly keep changing your plans or activities?
6. Did you find it hard to keep your mind on what you were doing?
7. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?
8. Did you sleep far less than usual and still not get tired or sleepy?
9. Did you spend so much more money than usual that it caused you to have financial trouble?

What tools do you currently use to screen for COD bipolar disorder and substance use conditions?

TREATMENT – DEPENDS ON THE PHASE

- Mood stabilizers –lithium, lamotrigine, valproic acid, etc.
- Antidepressants
- Antipsychotics- manic phase and schizoaffective
- Long-acting antipsychotics (LAA)
- Therapy – stress reduction
- Education/family education
- Case Management
- SUD treatment

TREATMENT OF DEPRESSION

Bipolar Depression – mood stabilizer first

- Lithium, valproic acid, carbamazepine
- lamotrigine – bipolar II
- **Quetiapine – acute mania, adjunct depression**
- **Lurasidone – bipolar depression**
- **Olanzapine – combined with fluoxetine,, manic and mixed episodes**
- **Aripiprazole – acute mania and mixed**
- antidepressants *with caution* – can trigger mania, do not give without a mood stabilizer on board – "light switch" effect

- **Electroconvulsive Therapy (ECT) – can be used for both

MANAGING MANIC EPISODE

Low stimulation	Nicotine withdrawal
Food	**"B52"**: Benadryl 50mg, Haloperidol 5 mg, Lorazepam 2 mg IM
Respect	Security stand by

TREATMENT OF CO-OCCURRING SUD

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Integrated Dual Diagnosis Treatment (IDDT)
- Medication Assisted Treatment (MAT)

What strategies have you used for helping a person with bipolar disorder?

EXAMPLE: BLOG

- My son is 33 and is currently in jail with a DUI. He was diagnosed with bipolar while in the army at 18. Was discharged with no benefits. He married and has 3 children.
- He has had many episodes of bipolar behavior that sent him to hospitals, jails, streets etc. He is abusive verbally to his family and has been physically abusive with his wife. They have been married for 13 years and she is now preparing to file domestic abuse charges and others to keep him in jail and away from the family. His behavior has been reprehensible at times and I feel she is doing what she needs to do to protect her and the boys.
- This is probably going to end with serious prison time and really no hope for him getting any real help. As parents having watched all of this unfold in his life with alcohol, drugs, anger, rage and denial, we are just numb and don't know what, if anything we can do to help our son. Is there any legal action we can take to get him the mental help he needs?
- We have watched the court system fail to give our son the real help he needed in the past. Thank you for allowing me a place to discuss this as many other people would never even understand or want to hear our side.

https://www.bphope.com/blog/bipolar-and-in-jail-how-to-move-your-court-case-to-mental-health-court/

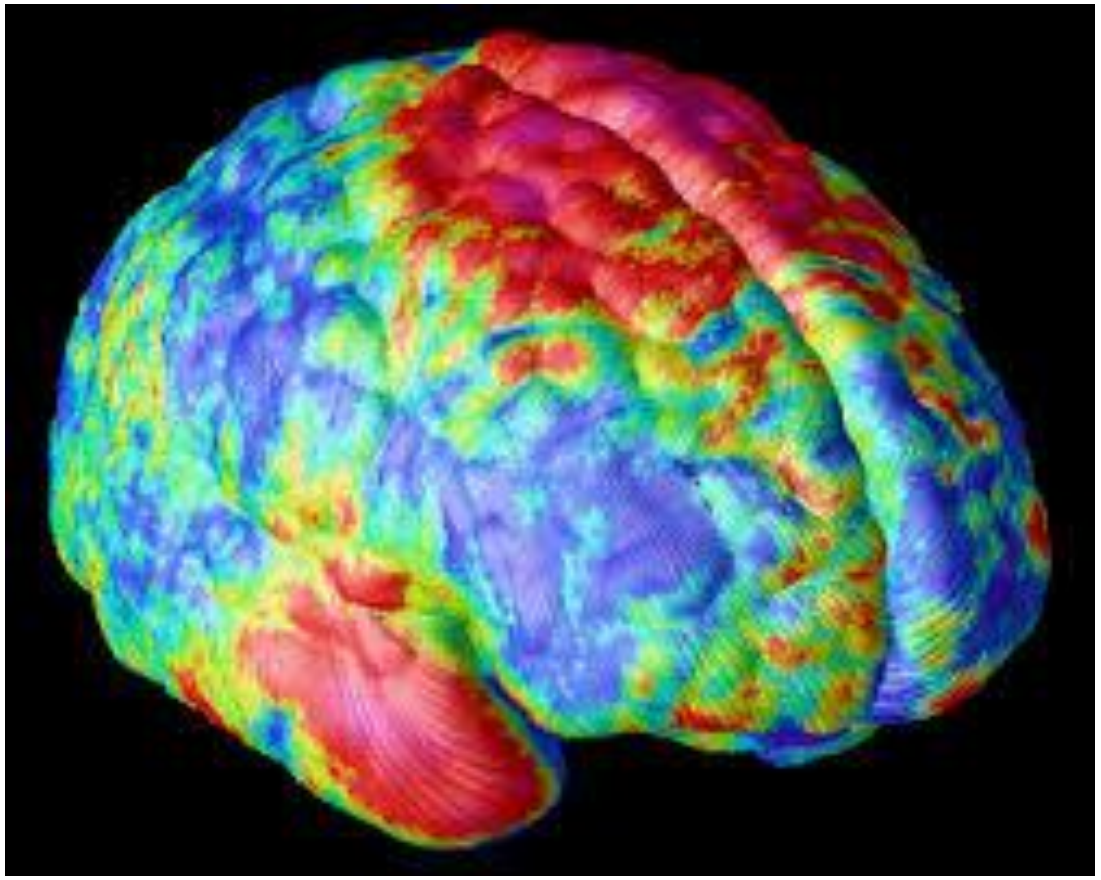
SCHIZOPHRENIA AND SCHIZOAFFECTIVE DISORDER

- In the United States, the Los Angeles County Jail, Chicago's Cook County Jail, and Riker's Island Jail in New York each hold more mentally ill inmates than any psychiatric hospital in America.
- The Treatment Advocacy Center reports that approximately 20 percent of those incarcerated in American jails and 15 percent in American state prisons suffer from severe mental illness.

Serious Mental Illness Prevalence in Jails and Prisons." *Treatment Advocacy Center,* September 2016, https://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3695

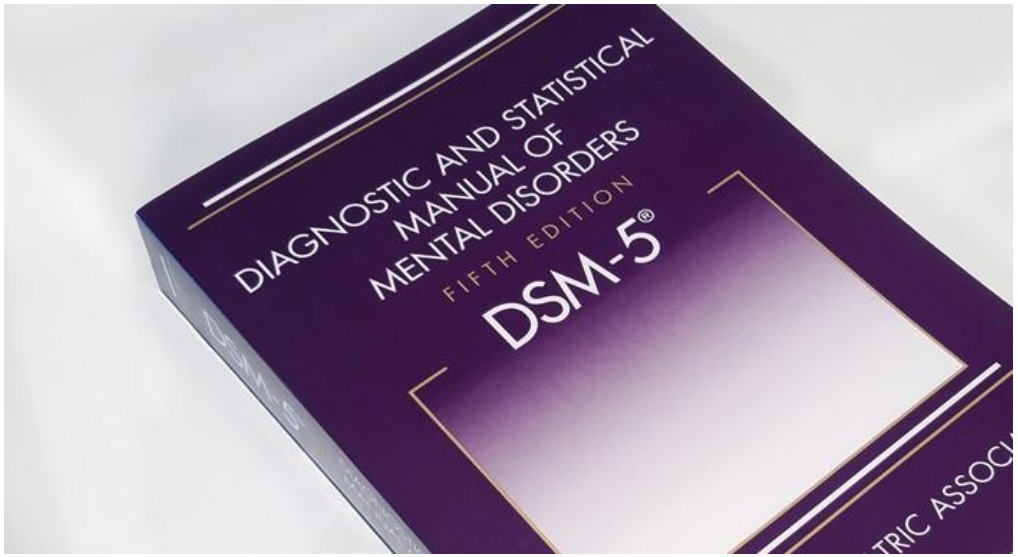
ETIOLOGY: NEUROLOGICAL DISEASE

- Decrease prefrontal lobe function
- Loss of gray matter
- Enlarged ventricles
- Impaired cognitive function
- Neurological malfunction
- Impaired awareness of illness



http://www.schizophrenia.com/research/schiz.brain.htm

Diagnosing Schizophrenia – DSM 5



- Two or more of the following:
  - ***Positive*** Symptoms – must have at least 2 and at least one must be hallucinations, delusions or disorganized speech
    - Hallucinations – auditory most common
    - Delusions – paranoid, somatic, grandiose
    - Disorganized Speech
    - Grossly Disorganized or Catatonic Behavior
  - ***Negative*** Symptoms
    - Flat affect – blank look, lack of expression
    - Lack of motivation/drive/desire to pursue goals
    - Lack of additional, unprompted content seen in normal speech patterns – monotone, monosyllabic
- **Social/Occupational Dysfunction**

POSITIVE SYMPTOMS

- Hallucinations
  - Any of the 5 senses – auditory, taste, smell, tactile, sight
- Delusions – fixed false belief
  - Persecutory
  - Somatic
  - Erotic
  - Grandiose

NEGATIVE SYMPTOMS

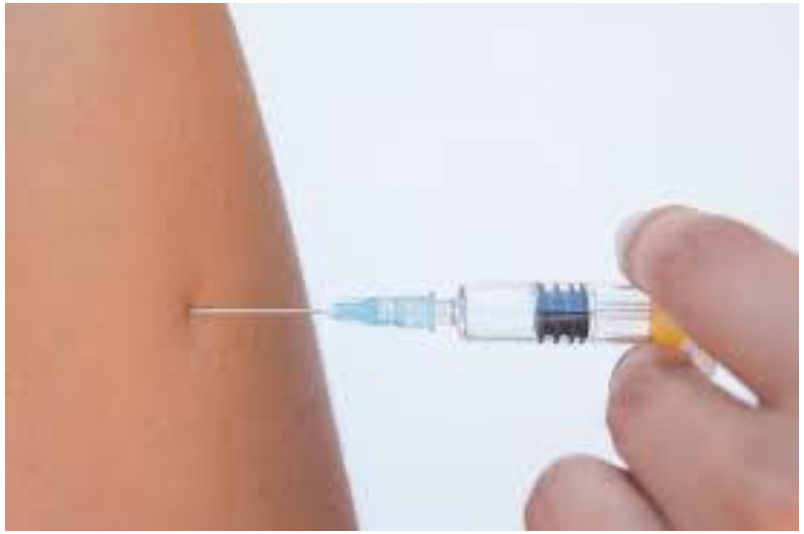
- Speech – monosyllabic, less overall, monotone
- Motivation – can be low
- Interest –disinterest in certain things
- Expression - flat affect
- Gestures - reduced
- Lack of ability to experience joy or act spontaneously

- 25% have “deficit syndrome” – severe negative symptoms

What symptoms of schizophrenia have you witnessed in the people you have worked with?

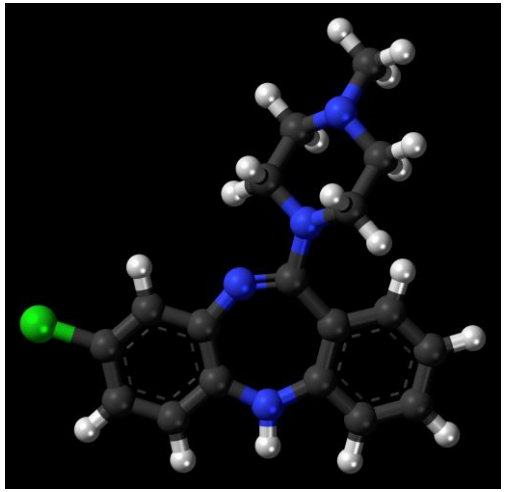
TREATMENT

- Medications – must
  - Oral – including clozaril
  - Long acting antipsychotics (LAA)
  - Therapy – CBT for residual psychosis, distraction
- Case management – social services needs
- First Episode Psychosis (Coordinated Specialty Care) for under age 25
- Peer support – Club House, etc.
- SUD concurrent treatment



SIGNIFICANT MOVEMENT NATIONALLY TO INCREASE THE USE OF LAAS AND CLOZAPINE

paliperidone 2 weeks
paliperidone 1month
paliperidone 3 months
aripiprazole 1 month
aripiprazole 6 weeks
olanzapine 1 month
haloperidol
fluphenazine



SMI ADVISER CLOZAPINE CENTER OF EXCELLENCE

After 30 years, Clozapine is still best for treatment-resistant patients

https://smiadviser.org/
https://smiadviser.org/about/clozapine

How many of your clients with schizophrenia are released on LAAs or Clozaril?

WORKING WITH INDIVIDUALS WITH SCHIZOPHRENIA/SCHIZOAFFECTIVE DO

Don't challenge	Don't challenge the delusions • Command hallucinations should be treated seriously
Approach in	Approach in non-threatening/calm manner (important for law enforcement)
Trauma	Look for signs of trauma
Triggers	Pay attention to triggers that may lead to relapse and return of symptoms
SUD	Look for signs of substance use
Medications	Ensure medications are being taken
Understand	Understand lack of awareness of condition- explain trying to keep them safe

https://nami.org/About-Mental-Illness/Mental-Health-Conditions/Schizophrenia/Support

What strategies have you used for helping a person with schizophrenia?

CASE: SCHIZOPHRENIA

- I was dirty and hungry. I had been homeless for three and a half years, and **my hygiene was poor. Voices clouded my mind.**
- Because I was tired, I went to a nice area on the nearby university campus where I knew there were padded chairs, hoping to get some sleep. **The voices in my head shut out all reason**.
- I wasn't aware that the university lounge was where graduate students picked up their diplomas. The place I chose to sleep was also connected to the linguistics department. I was anything but welcome there, though the **voices reminded me I had studied Chinese**.
- Before arriving at the lounge, I had scavenged for food from campus garbage cans. This had become commonplace for me. **I survived by eating discarded food.**
- In the lounge, I laid down on a padded chair as if I were in a **private room in a hotel**. A few minutes later, I looked out the window to see members of the Los Angeles Police Department. In all my **three years on the campus as a student** and then three and a half years as a homeless person, I had never seen the LAPD on campus before**. And they were there for me**.
- As police took me away, I was unaware that I had just become a statistic.

https://www.psychologytoday.com/us/blog/recovery-road/201911/schizophrenia-and-incarceration

CASE CONTINUED

- What happened after I was arrested that day is a blur. I don't remember being handcuffed, though I'm sure I was. **The voices in my mind told me that the police had come for me because I had sat down too far to the right of the room**.
- I cannot recall being taken from the lounge to the police car, but I do remember the ride from the university to the jail. As we were driving, **I actually enjoyed myself**. During my years homeless, I rarely traveled anywhere in cars.
- Upon arriving at the jail, I saw a large group of women at what appeared to be a medical clinic. Then, I was asked if I needed medical care. **If these women needed serious medical help, I wondered why they were in jail.**
- A female police officer briefly took me out of the cell briefly to take my fingerprints. **This terrified me, as I thought that the ink they used would give me a horrible disease,** and that was the real reason they were taking my fingerprints. Later on, **I became afraid of the food, wondering if it was poisoned**.

CASE CONTINUED

- In the holding cell, there was little light, and the **darkness scared me**. The other inmates and I were led from one room to another, hours at a time, still with no natural light. The rooms gave the **feeling of being enclosed in a stopped elevator**.
- I was held in jail for about two days. You would think that my experience in jail would have changed my life—that I would finally contact my loving family or friends, asking them for help, or that I would go to a homeless shelter. But when I got out, **nothing changed, and I resumed life as a homeless person**.
- I simply walked from the jail in downtown LA back to the churchyard, pulled my sleeping bag out from behind the bushes, and spent the night there again. I never entered the USC campus again, but because of my delusions, **I thought that someday I would be welcomed back with open arms, after winning my Nobel Peace Prize**.

QUESTIONS AND DISCUSSION WITH WEBINAR ATTENDEES

HEALTH MANAGEMENT ASSOCIATES DHCS

POLLING QUESTIONS

Overall, today's webinar was:

- Very useful
- Somewhat useful
- Not very useful
- Not useful at all

The material presented today was:

- At the right level
- Too basic
- Too detailed

CONTACT US

FOR ANY QUESTIONS OR COMMENTS

MATinCountyCJ@healthmanagment.com

LORI RANEY, MD

lraney@healthmanagement.com

HEALTH MANAGEMENT ASSOCIATES

DHCS

UPCOMING WEBINAR

Alcohol Use Disorder Withdrawal Management

March 30, 2021 at 1:00 pm PDT

https://healthmanagement.zoom.us/webinar/register/WN_YH2D7nEeSQmwiUx8GgVHFw