

MULTIPLE ADDICTIONS AND PSYCHOEDUCATION: WHAT STANDARDISATION IS POSSIBLE IN LIAISON PSYCHIATRY?

Denis Jacques

Department of the Psychosomatic Medicine Unit, UCL NAMUR Godinne University Hospital,
Louvain Catholic University, Yvoir, Belgium

SUMMARY

Background: In liaison psychiatry, issues related to multiple substance use disorders are encountered, but systematic assessment and treatment protocols are lacking. The implementation of psychoeducation groups with earlier access could be one solution, but it raises the question of how to systematically approach psychoeducation for multiple substance use disorders.

Subject and method: Based on a narrative review of multiple substance use disorders in liaison psychiatry and the proposed treatments, we aimed to identify the possible systematisation of standardised psychoeducation.

Results: The triadic model of interoception-impulsivity-addiction emerged as a general approach to addressing addiction issues and could serve as a foundation for the standardisation of psychoeducation.

Conclusion: Prospective studies on the impact of systematised brief psychoeducational interventions on multiple substance use disorders in the patient treatment plan are to be developed.

Key words: addictions - multi-addiction - poly-addition - psychiatry liaison - psychoeducation

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INTRODUCTION

This narrative review developed the foundations for reflection on the possibilities of systematising the evaluation of multiple addiction issues in general hospitals.

The concept of "substance dependence" in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders was changed to "substance use disorders" in the fifth version (American Psychiatric Association 2013). This change is part of the transition from a categorical vision to a dimensional vision (with severity indices). In attempting a clinical translation, the evaluation does not seek solely to confirm the presence of a dependency, but to acknowledge that a problem of a certain intensity exists. This approach allows for the integration of screening and prevention strategies. In the diagnostic criteria, it seems important to emphasise the inclusion of the concept of "craving" to use the substance. This point is highly relevant to clinical practice. In cognitive-behavioural approaches, relapse prevention is central, and the implementation of strategies to manage impulsivity in consumption can be considered essential.

These considerations led us to raise another problematic point: the general term "addiction" refers to substance use, but also includes non-substance or behavioural addictions. Can these diagnostic entities be considered as similar? Should specific and differentiated treatment protocols be considered or can a standard treatment be envisioned? Is there a consensus on the concept of poly-addition or multi-addictions?

For obvious methodological reasons, extensive research on the subject focuses on one issue at a time.

In the context of multiple substance use, the complexity of both the assessment of the disorder and its treatment is increased.

For several years, in retrospective studies on medical records (Mernier et al. 2023), the lack of a systematic evaluation of the various substance use disorders has been identified. Two explanatory hypotheses for this problem can be formulated: the lack of training in screening among physicians and/or reluctance to document sensitive information in medical records due to confidentiality concerns. Establishing prospective study designs with guaranteed anonymity linked to an ethical protocol, aimed at quantifying the association of various substance use disorders or behavioural addictions, is encouraged. This approach seeks to address the question of standardised screening and treatment protocols.

Lastly, a well-documented and known barrier that increases the difficulty of questioning is access to treatment (Kohn et al. 2004). This "treatment gap" in liaison psychiatry results in encountering patients with substance use disorders at a late stage of the disorder's progression, necessitating tertiary prevention (reducing the prevalence of complications). Awareness of early detection could strengthen primary (decrease incidence) or secondary (decrease prevalence) prevention.

SUBJECT AND METHOD

This paper is a narrative review based on a search of Pubmed data for the following terms: addiction; poly-addition; multi-addiction; psychoeducation; impulsivity; liaison psychiatry.

RESULTS

Regarding multi-addiction, the association of tobacco and alcohol was the most frequently documented in liaison psychiatry. Other publications established links with other substances.

Bonte-Baert et al. (2021) analysed a geriatric population encountered in emergency rooms for addiction. Laqueille et al. (2018) discussed the epidemiology of alcohol dependence and links to tobacco use without targeting a specific liaison psychiatry protocol. Sanjuan et al. (2014) examined alcohol, tobacco and drugs in a population encountered in the emergency room. Lastly, McCrabb et al. (2019) analysed the link between tobacco and other drug use with anxiety in hospitalised orthopaedic patients.

The specific literature on liaison psychiatry proved limited as it addressed the issue only within particular groups.

The literature on combined alcohol and tobacco treatment approaches was more extensive, but primarily focused on patients already engaged in specialised care programmes. Cooney et al. (2015) analysed the parameters influencing the risk of alcohol relapse in patients treated for alcohol/tobacco use disorder. Similarly, Kalman et al. (2010) addressed the issue of smoking cessation in patients in remission from alcohol use disorder.

Homeless populations were the subject of two studies. Ojo-Fati et al. (2015) developed an integrated approach to tobacco/alcohol cessation in the homeless. Santa Ana et al. (2016) analysed the impact of motivational interviewing at the start of treatment for nicotine dependence associated with other substance use disorders among homeless veterans.

King et al. (2021) raised the question of the challenges and benefits of considering combined alcohol/tobacco treatments. McKee et al. (2012) reflected on the knowledge of alcohol/tobacco interactions to help reduce alcohol consumption.

Several publications analysed the risks of relapse of both addictions in cessation programmes focusing on either one of them. Lisha et al. (2013) highlighted the reciprocal effects between alcohol and nicotine in smoking cessation programmes. Worley et al. (2018) evaluated success predictors based on a history of alcohol cessation. In alcohol-focused programmes, Weinberger et al. (2015) and Dermody et al. (2016) referred to smoking as a factor of alcohol relapse. Rasmussen et al. (2021) analysed this concept further by examining patients engaged in alcohol cessation and the changes regarding smoking, weight and physical activity.

Lastly, several authors argued for the addition of a smoking cessation programme in treatment programmes for other addictions (Guydish et al. 2020),

especially within mental health services (Mackowcik et al. 2012, Das et al. 2017).

The literature supported the interest in combined alcohol/tobacco treatment, but highlighted that most studies addressed one addiction after the other and interactions on the risks of relapse. The literature did not address the patients' perspectives on considering simultaneous reduction or cessation of both substances. Recommendations on this specific approach have also not been developed or analysed.

By extending the reflection to a more general level of multiple substance use disorders, Connor et al. (2014) highlighted the diagnostic challenge of users of several substances.

The conceptualization of impulsivity as a risk factor and consequences of substance use disorders is notably developed in three publications (Kozak et al. 2019, Tomko et al. 2016 and Schmidt et al. 2017). Serre et al. (2015) and Fatseas et al. (2018) analysed the different predictors of cravings and substance abuse in patients suffering from alcohol, tobacco, cannabis or opioid addiction.

Herman (2023) proposed a complementary view of a triadic addictions-impulsivity-interoception model, emphasising the mutual influence of one on the other.

DISCUSSION

In liaison psychiatry, several retrospective publications have addressed the issue of poly-addiction. Due to their frequency and association, alcohol and tobacco use disorders are better documented. However, as previously mentioned, the treatment approach typically considers them separately, without an initially integrated perspective.

In liaison psychiatry, a consultation request may be made for hospitalised patients. In a retrospective study on consultation requests in liaison psychiatry for alcohol use disorder, it appeared that patients are often in the advanced stages of their condition. It would have been beneficial to screen them and intervene earlier. (Mernier et al. 2023)

In terms of access to treatment, an additional factor was added following the Covid 2019 pandemic: the saturation of mental health services with long waiting times to obtain a consultation.

Developing psychoeducation groups managed by a physician, open to all types of addictions, and accessible in an outpatient setting appears to be a means of more easily and rapidly engaging individuals who are beginning to question or are actively questioning their substance use. This tool in liaison psychiatry would enable quick referral by physicians who have identified an issue with a patient. Primary and secondary prevention would be facilitated in general hospitals.

What systematic content should be considered in this type of psychoeducation? We suggest two main concepts if considering psychoeducation (understanding the mechanisms of the disorder) in a logic of poly-addiction: interoception and impulsivity.

Murphy et al. (2017) described that poor interoception discrimination skills predispose individuals to impulsive behaviours and addictions, while elevated and atypical interoceptive sensitivity may contribute to anxiety and panic disorders.

Substance use, due to its pharmacological effects, alters interoceptive perceptions, providing "false information" to the insula, the centre for interoception integration. This leads to responses aimed at maintaining homeostasis that are inadequate. Volkow et al. (2019) argued that substance use disorders decrease the body's sensitivity to natural reward signals and increase sensitivity to the effects of substances. A link is established a link between interoceptive deficit and the severity of addiction.

The link between interoception and impulsivity, still little studied, is important to emphasise from a clinical perspective. Addiction rehabilitation would involve better discriminating between natural interoception and that induced by withdrawal, and developing more adaptive behaviours.

Kozak et al. (2019) underpinned impulsivity, defined as inhibition control disorder, by four mechanisms: 1. A lack of reflection (premeditation) 2. A lack of perseverance 3. The search for sensations 4. A sense of urgency.

Brain damage or mental illness predisposes individuals to deficits in inhibitory control and thus are vulnerability factors for substance use disorders. Conversely, impulsivity is also a consequence of substance use disorders.

Craving is the key symptom of all substance use disorders and represents impulsivity that must be treated to prevent relapses.

In a multi-substance psychoeducational approach, rehabilitation focused on better identification of interoception (discriminating between natural rewards and those induced by substances, distinguishing existential anxiety from withdrawal-induced anxiety) along with relapse prevention strategies centred on managing impulsivity to consume and craving appear to be two central dimensions in psychoeducation.

CONCLUSION

In the context of substance use disorders, new care modalities in liaison psychiatry should be considered, targeting better systematisation, quicker access to a larger number of patients and ongoing evaluation, even in cases of low motivation.

Psychoeducation groups managed by a physician, open to various substance use disorders, could be a solution worth studying.

To achieve this, systematising psychoeducation on substance use disorders should include information on the triadic model of interoception-impulsivity-addiction.

Prospective studies based on these hypotheses of systematising psychoeducation are necessary to assess the impact in terms of access to the patient treatment plan.

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Correspondence:

Denis Jacques, MD, MSc

Department of the Psychosomatic Medicine Unit, UCL NAMUR Godinne University Hospital,
 Louvain Catholic University

Rue Dr Gaston Therasse 1, 5530 Yvoir, Belgium

E-mail: denis.jacques@uclouvain.be