

Regular article

Incidence of psychopathology in a cohort of young heroin and/or cocaine users

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Abstract

A prospective study was carried out in Barcelona, Spain, to determine the incidence of mental disorders including substance use disorders (SUDs). From a cohort of 288 young adult (aged 18–30 years) cocaine and/or heroin users recruited in nonclinical settings, 158 were reinterviewed 18 months later using the Psychiatric Research Interview for Substance and Mental Disorders. During follow-up, 18% of subjects presented a new SUD, and nearly 11% a new non-SUD Axis I disorder. Incidence was highest for mood disorders (8%). Being a woman, a lower frequency of substance use at baseline, a younger age of heroin first use, and a worsening of SUD were associated with a higher likelihood of presenting a new Axis I disorder. Having received drug treatment ever (at baseline) or during follow-up was not associated with progress of SUD. An overall improvement in the psychiatric status of these young substance users was observed. © 2011 Elsevier Inc. All rights reserved.

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1. Introduction

Large-scale epidemiologic surveys in adult U.S. and European populations have shown that substance use disorders (SUDs) are characterized by considerable comorbidity with other mental disorders (the so-called dual

diagnosis; Compton, Thomas, Conway, & Colliver, 2005; Pavarin, 2006). At the same time, community and clinical studies on substance-using and substance-abusing youths have also reported a higher prevalence of psychiatric problems related to substance use (Armstrong & Costello, 2002; Chan, Dennis, & Funk, 2008). On the other hand, high prevalence of co-occurrence of substance and non-substance use psychiatric disorders has been reported among adult opioid and/or cocaine users in clinical samples (Astals et al., 2008; Cacciola, Alterman, Rutherford, McKay, & Mulvaney, 2001; Falck, Wang, Siegal, & Carlson, 2004; Nocon, Berge, Astals, Martin-Santos, & Torrens, 2007; Watkins et al., 2004), with lifetime rates of psychiatric disorders ranging between 34% and 86%. Moreover, it is well known that comorbid substance dependence is associated with a more severe course of non-SUD disorders and that these long-term independent syndromes produce greater difficulty

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in treating the associated SUD (Boden & Moos, 2009; McGovern, Xie, Segal, Siembab, & Drake, 2006; Rounsaville, 2004; Weiser et al., 2003).

Current research on the neurobiological mechanisms and substrates involved in the co-occurrence of SUD and non-SUD disorders suggests three main hypotheses that could explain comorbidity: (a) addiction and other psychiatric disorders are different symptomatic expressions of similar preexisting neurobiological abnormalities; (b) repeated drug administration, through neuroadaptation, leads to biological changes that have common elements with abnormalities mediating certain psychiatric disorders; and (c) substances are used to self-medicate symptoms of mental disorders (in an attempt to alleviate feelings of depression, for example, or to decrease side effects of psychiatric medications; Torrens, Martin-Santos, & Samet, 2006).

In 2001, a cohort study (the Itinere Project) was started in three Spanish cities. The objectives of this project were to monitor the health impact of drug use and to identify related factors. The phenomenon of illicit drug use in Spain during the 1980s and the early 1990s was marked by the extremely serious health and societal consequences of heroin use (de la Fuente et al., 2006). Subsequently (at the end of the 1990s), cocaine use increased, with large increases in cocaine-related treatment demand, hospital emergency episodes, and police seizures (Observatorio Español de Drogas, 2007). The Itinere Project started with the recruitment of young heroin users (aged 18–30 years old) in the community, independently of the health services, in the metropolitan areas of Madrid, Barcelona, and Seville (between April 2001 and December 2003). However, the decline in heroin use and the increasing trend in cocaine use encouraged studying a cohort of young (aged 18–30) cocaine users, not using heroin regularly the preceding year, who were recruited between June 2003 and December 2006.

In that context, specifically with Barcelona subjects, two studies highlighted the relatively high prevalence of lifetime psychiatric comorbidity in the two separate cohorts of young (aged 18–30) drug users recruited on the street (42% and 67% in the cohorts of cocaine and heroin users, respectively; Herrero, Domingo-Salvany, Torrens, Brugal, & the ITINERE Investigators., 2008; Rodriguez-Llera et al., 2006). In cocaine users, the most common Axis I disorders were mood disorders (27%) and anxiety disorders (13%). In heroin users, the most common disorders were antisocial personality disorder (APD; 33%), and borderline personality disorder (BPD; 22%), and major depression (17%).

This study, which is the continuation of these two previous studies, aimed to assess the existence of psychiatric disorders during a follow-up period, in a combined cohort of young heroin and/or cocaine users in Barcelona, to determine the incidence of both SUDs and other non-SUD psychiatric disorders (according to the *Diagnostic and Statistical Manual of Mental Disorders [DSM-IV]* criteria). The effect of SUD progress in the incidence of non-SUD disorders and vice versa was also analyzed.

2. Methods

2.1. Subjects

Cohort participants were enrolled in the Itinere Project. The methodology used in this study has been described in detail elsewhere (de la Fuente et al., 2005; Pulido et al., 2009). Briefly, all the participants were recruited in three Spanish cities (Barcelona, Madrid, and Seville) outside the health care services by targeted sampling and chain referral methods regardless of whether they were in treatment. At inception, inclusion criteria included the following: age (from 18 to 30 years), resident in one of the stated cities, and current (having used heroin or cocaine at least once within the 90 days prior to the interview) and regular drug use (in the heroin subcohort, having taken heroin at least 12 days over the 12 months prior to the interview; in the cocaine subcohort, having used cocaine at least 52 days over the year prior to the interview, in which heroin was taken no more than 12 days). All participants provided written informed consent. The study design was approved by the Institutional Bioethics Committee.

For the two mental health comorbidity studies, after the first stage of evaluation, 65% of the Barcelona cohort subjects were chosen at random and given an appointment for their second interview within 30 days of the first evaluation (data described in detail previously; Herrero et al., 2008; Rodriguez-Llera et al., 2006). At baseline, 288 subjects were assessed (82% response rate), and this sample was the basis for the present follow-up study. Follow-up interviews were conducted approximately 12–18 months after the baseline interview.

2.2. Measures

Besides general Itinere questionnaires, recording quantity and frequency of drug use, baseline and follow-up interviews were conducted with the Spanish version of the Psychiatric Research Interview for Substance and Mental Disorders (PRISM). The PRISM is a validated semistructured, clinician-administered interview that has demonstrated good psychometric properties in terms of test–retest reliability (Hasin et al., 2006), interrater reliability (Morgello et al., 2006), and validity (Torrens, Serrano, Astals, Perez-Dominguez, & Martin-Santos, 2004) to diagnose psychiatric disorders among substance users. It measures the major Axis I *DSM-IV* diagnoses and two Axis II disorders (BPD and APD). Apart from SUD, the major Axis I *DSM-IV* diagnostic categories measured by the PRISM are mood, anxiety, eating disorders, and psychotic disorders. The longitudinal version of PRISM used to reinterview subjects includes a Diagnostic History Report that indicates specific item numbers and check items that provide the relevant information for each diagnostic category. Prior to a follow-up interview, this report was completed to assess the

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