



## ISBD Education Tip Sheet:

# Bipolar Disorder and Substance Use Disorders

### **Bipolar disorder and substance use disorders**

- Patients with bipolar disorder are at a greater risk for developing lifetime drug- or alcohol-related problems compared to the general population.
- The presence of a comorbid substance use disorder contributes to more varied and complex clinical presentations, accelerated relapses, worsening of depressive features, poorer lithium response, functional disability, and elevated suicide attempt risk.
- Among patients with bipolar disorder, the risk of developing a substance use disorder at some time in their life is 6–7 times greater than in the general population.

### **Risk factors for substance use in bipolar disorder**

- Repeated exposure to alcohol, cocaine, and other psychoactive substances, especially earlier during the lifetime course of the illness, may reveal an underlying diagnosis of bipolar disorder.
- Both bipolar disorder and substance use disorder frequently have their onset during adolescence or young adulthood, and determining the precise onset of bipolar disorder symptoms can be challenging. Thus, it is difficult in many cases to determine which disorder developed first.
- There are some factors that have been considered risk factors for substance use disorder in bipolar disorder, such as male gender, lower education, and other psychiatric comorbidity (predominantly anxiety disorders). Women have a higher risk of developing a comorbid alcohol use disorder compared to men.
- Another factor that affects substance use patterns is mood state. The type or amount of substances used could fluctuate as mood state changes between mania, depression, and euthymia. During a manic episode, there is a trend toward greater poly-substance and amphetamine abuse of drugs. On the contrary, during a depressive episode, patients are more likely to use alcohol.

### **Impact of substance use on bipolar disorder**

- The presence of substance abuse suggests that there may be an even greater need for intensive monitoring to minimize the potential for bipolar disorder relapse.
- Many factors likely contribute to functional impairment in patients with both bipolar disorder and a substance use disorder. Prolonged withdrawal states, interactions with prescribed medications, and toxic effects may play a role in the aftermath of recent substance misuse. Additionally, neurocognitive, affective, and other psychiatric symptoms may worsen as a direct consequence of psychoactive substances.

- The presence of substance use disorders has a negative impact on the prognosis and course of bipolar disorder. Specifically, substance use disorders are associated with:
  - Earlier onset of mood symptoms
  - More depressive episodes
  - Longer duration of both manic and depressive episodes
  - More lifetime hospitalizations
  - More chronic subthreshold symptoms of mania and/or depression
  - Poorer occupational functioning
  - Decreased psychosocial recovery
  - Increased risk of violence toward self and others
  - More suicide attempts
  - Poorer quality of life
- Substance use that precedes affective (i.e. manic or depressive) symptoms of bipolar disorder may be viewed as a possible trigger for affective episodes. However, it often becomes difficult to distinguish between symptoms of bipolar disorder that are secondary to substance use and substance-induced affective syndromes that persist beyond the expected duration of intoxication or withdrawal.
- On the other hand, substance use that follows the onset of a manic or depressive episode may be more associated with risk behaviors that are sometimes present during affective episodes, such as over-spending or sexual indiscretions.
- Patients with bipolar disorder and a comorbid substance use disorder are more likely to not adhere to their treatments, most notably with poor adherence to lithium.

#### **Diagnosing bipolar disorder with comorbid substance use disorder**

- Comprehensively assess current and lifetime use of alcohol, cocaine, cannabis, and other psychoactive substances.
- Use third party corroborative historians and longitudinal charting of mood states and substance use behavior to detect corresponding patterns between mood states, or cycling, and drug use.
- Ask about use patterns during euthymic episodes or during periods when patients are experiencing subthreshold affective symptoms.
- Evaluate the likelihood of an independent pattern of use compared to substance use only during episodes of mania or depression.
- Evaluate possible medical repercussions or consequences of substance use, as appropriate (i.e. liver function, hematologic function, gastrointestinal systems, HIV risk).
- Evaluate other possible psychiatric comorbidities, including psychosis and anxiety.

#### **Basic principles in the treatment of bipolar disorder with comorbid substance use disorder**

- When substance use complicates the course of bipolar disorder, accurate diagnoses may be delayed, multi-modal treatments for both disorders may be postponed, and psychosocial recovery may lag during critical time periods for relapse prevention.
- The presence of a comorbid substance use disorder has a negative prognostic impact on response to treatment.

- Psychoeducation, rehabilitation, medication adherence, and reintegration into the community are of central importance to treating both disorders.

#### **Pharmacological treatment of bipolar disorder with comorbid substance use disorder**

- Optimize mood stabilizers, particularly anticonvulsants such as valproate or carbamazepine.
- Consider the potential role of lithium among patients with comorbid bipolar disorder and substance use disorder, but also consider the risks of possible toxicity if patients do not adhere to their treatment.
- Recognize and monitor interactions between prescribed psychotropic agents and alcohol or other psychoactive drugs.
- Recognize and anticipate the heightened potential for non-adherence to pharmacotherapy.
- Periodic or random toxicology screens may help to ensure abstinence from drug use.
- If benzodiazepines or narcotic analgesics are prescribed, use with caution and monitor carefully for abuse potential. Be alert for the possibility that patients may obtain prescriptions from multiple physicians.
- Consider the use of 12-Step and other similar self-help groups such as Alcoholics Anonymous as an aid toward recovery from substance use.
- Consider more intensive dual-diagnosis outpatient or inpatient rehabilitation programs if less intensive outpatient treatment proves ineffective.