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Comparative study of psychiatric comorbidity differences in patients with ADHD and cocaine substance use disorders and patients ADHD and cannabis use disorders

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Substance Use Disorders (SUD) and Attention Deficit Hyperactive Disorder (ADHD) are frequent conditions in out drug treatment centers. There are evidences about the high prevalence of ADHD in SUD patients (20%) compared with just ADHD in general population (1–7.3%). Both disorders and psychiatric comorbidity are important in the diagnosis proceeding. The objective of this study is search the difference in psychiatric comorbidity conditions between patients with ADHD and Cocaine SUD and ADHD and Cannabis SUD. ADHD was present in 158 patients of a total sample in which 46,8% used cocaine, 17.1% cannabis and 36.1% used both. Mood disorders were 26.8% in cocaine users, 21.7% in cannabis and 18.9% in both. Anxiety disorders were 20.3% in cocaine users, 37.5 in cannabis and 13% in both users. Primary psychotic disorders were 2.9% in cocaine users, none in cannabis and 11,1% in both drug users. Personality disorders by cluster were, Cluster A: 11.3% in cocaine group, 36% in cannabis group and 24.5 in cannabis and cocaine group. Cluster B: 33.8% in cocaine group, 44% in cannabis group and 51.9% in cannabis and cocaine group. Cluster C: 9.9% in cocaine group, 28% in cannabis group and 19.2% in cannabis and cocaine group. There could be common pathways of neuronal damage related to psychiatric comorbidity depending of used drug, the differences in comorbidity found in this study could explain a little part of it. It is important to manage SUD-ADHD and other psychiatric comorbidity in order to improve the outcomes of these patients.

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Gender differences in dual bipolar disorder

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Introduction   Women with bipolar disorder are more prone to psychiatric co-morbidity as anxiety, substance use disorders, eating disorders and borderline personality disorder. Nevertheless, substance abuse disorders as co-morbidity in bipolarity are higher in males than females.

Objectives   To describe differential characteristics of patients admitted to a psychiatric unit referring to gender in a group of patients with bipolar disorder co-morbid with substances disorders (dually diagnosed patients).

Methods   Sociodemographic, clinical and administrative data of all patients diagnosed with bipolar admitted to a dual diagnosis during a 3-year period were collected. The psychiatric diagnosis was made according to DSM-IV-R criteria.

Results   From the whole sample ($n = 66$), males (84.8%) were prevalent. Mean age were 37.71 ± 11.7 and mean length of admission was 24.94 ± 17.9 days. Cannabis (34.8%) and cocaine (33.3%) were the most frequent SUD diagnosis and main reasons for admittance were conduct disorder (33.3%) and mania (25.8%).

Women showed higher length of admission, higher severity scores at admission and greater reduction in severity scores along hospitalisation. No other clinical or sociodemographic differences were found comparing both groups of patients (Tables 1–4).

Conclusions   Women affected by dual bipolar disorder showed higher severity scores at admission but achieved better remission rates during hospitalisation.

Table 1   Demographic characteristics of both groups.

		Women (n=10; 15%)		Male (n=56; 85%)		P value
Age, years	Mean (SD)	34,5	(10,4)	38,3	(11,9)	0,35
Marital status, %	Single	50,0%		67,9%		0,43
	Married/Defacto	30,0%		14,3%		
	Divorced/Separated/Widow	20,0%		17,9%		
Level of education, %	No high school diploma	0,0%		5,4%		0,17
	High school diploma	60,0%		30,4%		
	Some college	40,0%		64,3%		
Employment, %		20,0%		16,1%		0,76
Legal background, %		20,0%		39,3%		0,24
Parental substance abuse background		20,0%		39,3%		0,24
Parental mental illness background		40,0%		58,9%		0,27

*. The chi-square statistic is significant at level 0.05.

Table 2   Clinical and functional variables at admission in both groups.

		Women (n=10; 15%)		Male (n=56; 85%)		P value
Length of admission	Mean (SD)	35,0	(18,9)	23,1	(17,2)	0,05
Clinical presentation	Suicide ideation/attempt	20,0%		7,1%		0,35
	Hallucinations/delusions	20,0%		14,3%		
	Other	60,0%		78,6%		
Personality disorder		30,0%		14,3%		0,22
Main drug of abuse	Stimulants	60,0%		30,4%		0,07
	Sedatives	40,0%		69,6%		
Cocaine SUD		60,0%		51,8%		0,63
Cannabis SUD		30,0%		50,0%		0,24
Alcohol SUD		40,0%		66,1%		0,12
Opioid SUD		20,0%		12,5%		0,52
Sedatives SUD		0,0%		17,9%		0,15
Amphetamines SUD		0,0%		14,3%		0,20
Hallucinogens SUD		0,0%		3,6%		0,54
Volatil SUD		0,0%		7,1%		0,38
Polydrug abuse		50,0%		60,7%		0,53

*. The chi-square statistic is significant at level 05.