

Comorbidity of Addiction of Opioids and Bipolar Disorder: Justification of Substitution

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Many people with opioid addiction (OA) have co-occurring mental disorders. Even though some authors think that co-occurred disorders in OA are overdiagnosed, according to representative studies, patients in medication assisted treatment for opioid addiction (MAT) show higher rates of co-occurring disorders comparing with general population. Mood disorders, including bipolar disorder (BD) are the most common co-occurring disorders among patients in MAT. OA and BD are very complex psychiatric disorders and major psychiatric public health problems today. Both are also in very close relationship with suicidality. There are some findings that patients in MAT and co-existing mental illness benefit of substitution.

We are going to present very complex case of 42 years of age male patient abused different psychoactive substances, dominantly heroin, with diagnosed BD, HIV+, treated several times in different programmes in Switzerland and Croatia (Zagreb and Rab). Patient was overdosed 2 months after starting of drug-free programme in first week dismissed from the psychiatric hospital. There are many questions to be discussed such as: * adequate psychopharmacological treatment of OA/BD comorbidity and justification of long term use of substitution; * ethical issues of HIV+ patient in psychiatric hospital; * motivation for drug-free programme; * overdose or suicidal act?; * family, social and migration factors included in etiology of illness etc. In treatment of OA/BD comorbidity, we could take in consideration long term use of substitution as a protective factor to prevent overdosing. We speak in favour of individual, personalized, integrative approach to the patients taking in consideration primary diagnosis.