

Multi-disciplinary Collaboration On Management Of Patients With Dual Diagnosis

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Assessment

- Screening
 - Detect SA in all psychiatric patients.
 - Detect psychiatric problems in all SA patients.
 - Self-report / informant report / laboratory tests (urine / hair analysis).
- Diagnostic assessment after detoxification
 - Drug induced disorders Vs Primary comorbid psychiatric disorders

Clinical assessment

- Information collection.
- Good opportunity to engage, educate and motivate the patient for change.
 - Be empathic and non-judgemental.
- Clear goal(s) of assessment.
- Different presentations.
- Check the understanding of the symptoms.
- Clarify the health needs and other psychosocial needs.
- Confidentiality issues.

Integrated Treatment

- Same staffs treating both disorders in the same setting.
- Effective components.
 - Assertive outreach to facilitate engagement.
 - Case management.
 - Longitudinal, stage-wise, motivational approach.
 - Rehabilitation.
 - Housing.
 - Pharmacotherapy.

Psychosocial Interventions

- Engaging and retaining patients.
- Enhancing their motivation to seek further support.
- Discuss whether abstinence and reduction is their goal of treatment.
- Alternative strategies for coping.
- Harm reduction measures.
- Relapse prevention.

Psychosocial Interventions

- Brief psychological therapies.
 - By front-line workers.
 - Brief advice or information regarding SA problem, personal risks of substance, safe levels, self-help materials.
 - Opportunity for patient to express anxiety or discuss the results of screening or blood tests.
- Intensive psychological interventions.
 - For those with complex needs.

° CASE I

Ms CHAN

- F/44, married, housewife, lives with husband (a restaurant kitchen worker) and 10 years old son.
- History of self-harm by slashing her neck and left wrist precipitated by relationship problem 10 years ago.
- Heroin abuser for more than 10 years, by chasing dragon method,
- She has been on methadone 45mg daily for the past 2 months.
 - Because she planned to quit at the methadone clinic for her son.
- Poor relationship with her husband.
 - She suspected her husband had EMA.

Presenting complaints

- Mood became depressed and anxious with palpitation.
- Irritable; sometimes scolded son fiercely.
- Felt herself useless and hopeless; with fleeting suicidal ideation.
- Loss of interest in gathering with friends, shopping and watching movie.
- Poor sleep: initial insomnia and broke sleep.
- Appetite decreased with subjective weight loss.
- Heard 2-3 voices speaking to her, with derogatory contents or asked her to die, for the past 1 week.
- Husband sought help as patient refused medical attention.

Formulation

- **Diagnosis:**
 - Depression
 - Opiates Dependence
- **Risks:**
 - Self harm
 - Violence to son and husband
- **Special needs:**
 - Limited insight to her depression
 - Opiates detoxification
 - Child care

◦ CASE 2

Mr Wong

- M/45, single, unemployed, lives alone in a rented room.
- He was known to SA Clinic since 2008 because of meth (ice) abuse.
- He tried abstinence but reinstated shortly after.
- He was prescribe with medication but the compliance was poor.
- At present, he smoked 1 small pack of meth every other day.
- He still heard a male voice criticising his behaviour for the past 1 year.

Presenting complaints

- Complained of infestation of worms under the skin of his body in the past 3 weeks.
- Tried different means to remove the worms.
 - Painted his skin with turpentine oil (松節油)
- Believed that the infestation was actually a plot set up by the old man living next door.
- He was very angry and had repeated quarrel with the old man which require police intervention.

Formulation

- **Diagnosis**
 - Stimulant Induced Psychotic Disorder
- **Risks:**
 - Violence to his neighbour
- **Special needs:**
 - Limited motivation to stop SA
 - Poor compliance to out-patient treatment
 - Compulsory in-patient treatment??
 - Unengaged lifestyle
 - Accommodation

Summary

- Patients with dual diagnosis have complex needs.
- **Clinical:**
 - Substance Abuse
 - Comorbid psychiatric disorder(s)
- **Psychosocial:**
 - Relationship
 - Vocational
 - Accommodation
 - Financial

Summary

- **Psychosocial interventions**
 - Enhance the motivation to change
 - Enhance the problem solving skills
 - Enhance the compliance to treatment and rehabilitation
 - Enhance the relapse prevention skills
- **Multi-disciplinary team approach**
- **Different levels of care**

