

# A Comprehensive Guide for Health Care Providers

# CO-OCCURRING DISORDERS AND THE RISKS OF OPIOID PRESCRIBING

**Co-occurring disorders**, also known as dual diagnoses, refer to the simultaneous presence of a **mental health disorder** and a **substance use disorder** within the same individual. Each disorder alone and in combination poses significant challenges in the realm of health care, particularly when it comes to opioid prescribing. Health care providers must be acutely aware of the complexities and risks associated with prescribing opioids to patients with mental health, substance use, or co-occurring disorders. This guide aims to provide a detailed understanding of the issues presented by co-occurring disorders and offer best practices for managing this patient population.

## Understanding Co-Occurring Disorders

Co-occurring disorders are common and often intertwined. Mental health disorders such as depression, anxiety, bipolar disorder, and schizophrenia frequently coexist with substance use disorders involving alcohol, opioids, stimulants, and other substances. The interaction between these disorders can exacerbate symptoms, complicate treatment, and increase the risk of adverse outcomes.

Nearly 1 million youth reported co-occurring substance use disorders and major depressive episodes in 2022. An additional 21.5 million adults reported experiencing co-occurring disorders in the same time period (NSDUH, 2022). Individuals with mental health disorders are more likely to experience substance use disorders, with some studies indicating that up to 50% of individuals with a mental health disorder will also have a substance use disorder at some point in their lives.

## Risks of Opioid Use in Patients with Co-Occurring Disorders

The use of opioids in patients with co-occurring disorders carries heightened risks. These risks are due to several factors:

- **Increased Vulnerability to Addiction:** Patients with co-occurring disorders often have altered brain chemistry, which can enhance the rewarding effects of opioids, increasing the risk of misuse and addiction.
- **Self-Medication:** Patients with co-occurring disorders may use opioids to self-medicate, seeking relief from psychological pain, anxiety, or depressive symptoms. This behavior can lead to misuse and addiction.
- **Exacerbation of Symptoms:** Opioid use can worsen mental health symptoms. For example, while opioids might provide temporary relief from anxiety or depression, they can ultimately exacerbate these conditions, leading to a vicious cycle of increased use and worsening mental health.
- **Risk of Self-Harm and Suicide:** The combination of substance use and mental health disorders significantly increases the risk of self-harm and suicide. Opioids can lower inhibitions, making individuals more likely to act on suicidal thoughts.

## Responsible Opioid Prescribing: Best Practices

Given the elevated risks, health care providers must adopt careful and informed prescribing practices when it comes to opioids.

**The following best practices can help mitigate risks and ensure patient safety:**

### 1. Comprehensive Behavioral Health Screening:

Before prescribing opioids, conduct a thorough assessment of the patient's mental health and substance use history. Any standalone mental health or substance use disorders require caution, in addition to co-occurring disorders.

**Key questions to ask include:**

- **Mental Health:**  
“Do you have any current or past diagnosis of mental health disorders, such as depression, anxiety, trauma, or bipolar disorder?”
- **Substance Use:**  
“What is your current use of alcohol and other drugs? Have you ever struggled with substance use or addiction, including alcohol, other drugs, or prescription medications?”
- **Family History:**  
“Is there a history of mental health disorders or substance use in your family?”
- **Symptoms and Coping:**  
“How do you typically cope with stress or emotional distress? Have you ever used substances to manage these feelings?”

### 2. Risk Assessment Tools:

Utilize validated risk assessment tools to evaluate the likelihood of opioid misuse. The [Opioid Risk Tool \(ORT\)](#) can help identify patients at higher risk.

## Responsible Opioid Prescribing: Best Practices (continued)

### 3. Non-Opioid Alternatives:

Consider non-opioid pain management options whenever possible. Nonsteroidal anti-inflammatory drugs (NSAIDs), acetaminophen, physical therapy, and cognitive behavioral therapy (CBT) can be effective alternatives for managing pain without the risks associated with opioids.

### 4. Start Low, Go Slow:

If opioids are necessary, prescribe the lowest effective dose for the shortest duration possible. This approach minimizes the risk of developing dependence and addiction.

### 5. Close Monitoring and Follow-Up:

Monitor patients closely for signs of opioid misuse and mental health deterioration. Regular follow-up appointments and open communication channels are essential for early identification of issues.

### 6. Integrated Care Approach:

Adopt an integrated care model that addresses both mental health and substance use disorders concurrently. Collaboration among psychiatrists, addiction specialists, and primary care providers is crucial for comprehensive care.

Through **vigilance, collaboration, and patient-centered care**, health care providers can ensure the safety and well-being of patients with co-occurring disorders while addressing their pain management needs.