More Individuals Abusing Opioid Drugs But Same Percentage Receiving Treatment

Despite the quadrupling of heroin overdose deaths over the past decade and a dramatic rise in deaths from prescription painkillers, the percentage of individuals receiving treatment for opioid abuse and dependence has remained the same, according to a study in the *Journal of the American Medical Association*.

Researchers analyzed data from the National Survey of Drug Use and Health to identify 6,770 individuals meeting clinical criteria for an opioid use disorder, and compared two time-frames: 2004-2008 and 2009-2013.

After adjusting for demographic factors, researchers found approximately 20% of individuals with a drug use disorder were in treatment during each time period. The number of individuals in treatment increased from approximately 293,000 in 2004 to 473,000 in 2013 (approximately a 50% increase).

Researchers also found that there have been some important changes over time in the number and types of treatment settings visited by individuals with opioid addictions. The most common treatments, used by more than one half of those in treatment during both time periods, were outpatient treatment and self-help groups. Use of inpatient services increased from 37.5% to 52%. The percentage of individuals receiving care in a doctor’s office increased from 25% to 35%.

Helping more individuals receive health insurance through the Affordable Care Act may improve access to affordable treatment.


Lithium Safe for Children With Bipolar Disorder

A multicenter study of young patients with bipolar disorder provides what may be the most scientifically rigorous demonstration to date that lithium may also be safe and effective for children. The study, published in *Pediatrics*, affirms what clinicians who prescribe this drug have observed for years and suggests physicians may now more confidently add lithium to the armamentarium of available treatments for this vulnerable population.

Researchers conducted a randomized, placebo-controlled prospective study involving 81 patients seen at nine academic medical centers across the United States. Participants ranged in age from 7 to 17 and were diagnosed with bipolar disorder.

After undergoing a “washout” period for those already taking ineffective medication for this condition, 53 patients started a regimen of lithium at a standard dose, then gradually increased to a maximum tolerated dose over the next 8 weeks if mood symptoms were not controlled. The remaining 28 patients received placebo. The two-drug combination led to a remission of depression in 44% of treatment-resistant patients compared with only 29% of those who received the placebo.


Two-Drug Combination Leads to Depression Remission in Older Adults

More than one half of older adults with clinical depression do not get better when treated with an antidepressant drug. However, results from a multicenter clinical trial indicate that adding a second drug (i.e., an antipsychotic medication) to the treatment regimen helps many patients.

The study, published in *Lancet*, included 468 individuals older than 60 diagnosed with depression. Each participant received an extended-release formulation of the antidepressant drug venlafaxine for 12 weeks. Approximately one half of participants were still clinically depressed after 12 weeks of treatment. For the second phase of the study, patients who initially did not respond to venlafaxine continued to receive the drug along with aripiprazole or a placebo. The two-drug combination led to a remission of depression in 44% of treatment-resistant patients compared with only 29% of those who received the placebo.

Young Mania Rating Scale, along with other standard assessment tools for bipolar disorder symptoms and therapies. Patients were also questioned about side effects and given a physical examination, including a weight check.

Results showed that patients taking lithium experienced more significant improvement in their symptoms over 8 weeks compared with those taking placebo. Approximately 47% of those on lithium scored in the range of very much improved or much improved on the Clinical Global Impressions Scale compared to 21% of those on placebo.

Lithium treatment was not associated with significant weight gain, and no patients experienced serious side effects.


Conversion Therapy Not Appropriate for Young Individuals

The Substance Abuse and Mental Health Services Administration is releasing a comprehensive report that provides an in-depth review of research and clinical expertise related to conversion therapy. This new resource makes it clear that conversion therapy is not an appropriate therapeutic approach based on the evidence, and explores alternative ways to discuss sexual orientation, gender identity, and gender expression with young individuals.

The report includes the first publication of consensus statements developed by an expert panel held by the American Psychological Association in July 2015. Through a collaborative process, the panel found variations in sexual orientation and gender identity are normal, and that conversion therapies or other efforts to change sexual orientation or gender identity are not effective, harmful, and not appropriate therapeutic practices.


Using Quick Interventions to Curb Drug Use

A few minutes of counseling in a primary care setting could go a long way toward steering individuals away from risky drug use and possibly full-fledged addiction, suggests a recent study in Addiction.

Individuals who participated in the Quit Using Drugs Intervention Trial (Project QUIT), which was a randomized controlled trial conducted in medical clinics, reduced risky drug use by one third when primary care physicians and health coaches provided brief interventions during a routine visit and follow-up phone calls.

Researchers recruited 334 adult primary care patients at five federally qualified health centers in Los Angeles County. Participants were chosen among those whose scores on the World Health Organization’s Alcohol, Smoking, and Substance Involvement Screening Test indicated risky drug use. Participants were randomly assigned to one of two groups: 171 in an intervention and 163 in a control group.

Intervention group participants received brief face-to-face advice from their primary care provider during their visits and a drug health education booklet with a card to report their drug use, and watched a 2-minute “video doctor” reinforcing the clinician’s message. They also received one or two 20- to 30-minute follow-up phone coaching sessions 2 and 6 weeks later.

Control group patients were given a 2-minute “video doctor” presentation about cancer screening. They were also given information about cancer screening to provide them some level of attention in an area unlikely to affect their drug use. They did not receive the advice about drug use reduction from the primary care provider or the follow-up phone coaching sessions.

After 3 months, intervention group participants reported that they used their favored drug an average of 3.5 fewer days in the previous month compared to control group participants; this was a 33% reduction in drug use.

There is a need for larger trials to gauge the QUIT program’s effectiveness.


Complete Symptom Resolution Needed to Reduce Risk of Depression Recurrence

Individuals who have experienced an episode of major depression are at high risk for having another episode, but researchers have found that the risk of recurrence is significantly lower for those with complete, rather than partial, depressive symptom resolution. The findings, published in the Journal of Clinical Psychiatry, point to the need to redefine clinically what constitutes the end of a major depressive episode (MDE), and suggest changes in the management of depression treatment may be needed.

Current clinical consensus defines the end of an MDE as 8 consecutive weeks with “no more than minimal” residual symptoms. The definition includes two distinct levels of depressive symptom resolution: asymptomatic recovery (with no depressive symptoms) and residual symptom resolution (with some continuing mild symptoms) of MDE. Researchers compared the two levels in terms of time to a future depressive episode and other key clinical outcomes.

Researchers analyzed data from 322 patients diagnosed with MDE who entered the National Institute of Mental Health Collaborative Depression Study from 1978-1981 and were followed for up to 31 years. Of those patients, 61.2% recovered asymptotically from their diagnosed MDE. Researchers found that this group remained free of a depressive episode relapse or recurrence 4.2 times longer than those who still had residual symptoms. Retaining residual symptoms was associated with an approximately three times higher risk of returning to a full-blown depressive episode within 1 year (74% versus 26%). The residual symptom group also had a greater depressive illness burden during the next 10 to 20 years, and more long-term difficulty with work, household functioning, and personal relationships.

Findings indicate patient treatment should continue until depressive symptoms are resolved; 4 weeks completely free of depressive symptoms should be the new definition of recovery from a MDE and the goal of treatment.