Substance-use disorders are common among the general population, and often coexist with other psychiatric disorders and medical illness. Treating addiction in the United States has become a great challenge during the past several decades, given the issues surrounding reduced resources for integrated treatment programs, as well as the misconceptions by which society perceives addiction. Challenges surface when trying to diagnose, treat, and manage addiction within different treatment settings. These challenges are heightened further when addiction, medical and psychiatric conditions often coexist. According to the Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2008 and 2009, approximately 8.9 million adults who have addiction issues also have comorbid psychiatric disorders. Only 7.4% of these individuals receive treatment for both conditions, with 55.8% receiving no treatment at all.¹

People with comorbid disorders may die decades earlier than the average person due to poor adherence and follow-up of chronic illnesses such as hypertension, HIV/AIDS, hepatitis C, diabetes, obesity, chronic pain, and cardiovascular disease that are aggravated by untreated mental illness and addiction. Barriers to primary care and appropriate addiction/mental health treatment coupled with challenges in navigating complex health care systems have been a major obstacle to care. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves to be the most effective approach to caring for people with multiple health care needs.

The articles in this issue of *Psychiatric Annals* focus on the treatment of addictive disorders within an integrated model in which referral to mental health and substance abuse services facilitates appropriate screening, diagnosis, and treatment of patients using a multidisciplinary approach.

In the first article, Lada Alexenko, MD, Alkesh N. Patel, MD, and Allison K. Ungar, MD (see page 395) present a fascinating case on the complexity of methamphetamine addiction in an HIV-positive patient who is also concurrently prescribed amphetamines for extreme fatigue. This case challenge reviews the step-by-step algorithm in ordering and analyzing urine toxicology for accurate detection of suspected methamphetamine abuse, and includes a full discussion on novel pharmacotherapies that are being considered for treatment of a growing “crystal meth” epidemic.

Next, Roy C. Jerome, PhD, Emma Cooper-Serber, LMSW, MPH, Gabriela Rodriguez-Caprio, MD, and Alkesh N. Patel, MD (see page 399) discuss a case challenge that features an integrated treatment model for treating HIV disease, psychiatric comorbidity (major depression), and methamphetamine addiction. A multidisciplinary approach implemented in phases and structured to create mutually reinforcing interventions that would stabilize mood, adaptive health behaviors, optimize HIV treatment and efforts at sobriety is proposed.

Then, I present an article on addiction in chronic pain patients (see page 403). Integrated pain and addiction treatment programs are
lacking in the United States. A better understanding and appreciation of those patients with chronic pain and addiction is needed to improve patient outcomes. The importance of appreciating the role of addiction psychiatry in pain medicine is paramount in helping patients recover and heal from both addiction and chronic pain.

This is followed by a unique case challenge presented by Belal Hegaazy, MD and Corneliu Sanda, MD (see page 408) on anabolic-androgenic steroid (AAS) addiction. Most cases of AAS addiction escape detection from primary care, as many steroid abusers perceive their use to be a component of a positive and healthy bodybuilding experience. Consequently, abusing anabolic steroids can have profound effects on mood and issues related to self-esteem and body image. This article highlights the medical and psychiatric complications of long-term AAS abuse, and stresses the importance of a multidisciplinary approach in treating this addiction.

Lastly, Michel Ng, NP, Alkesh N. Patel, MD, Valerie Martel-Laferriere, MD, and Ponni Perumalswami, MD (see page 412) discuss the pathophysiology of chronic hepatitis C and compounding cirrhosis, and treatment considerations complicated by alcohol addiction as well as depression and anxiety. This case challenge underscores the importance of psychiatric consultation in addressing alcohol addiction, and highlights psychopharmacological considerations when treating patients with advanced liver disease.

Together, this collection of articles offer clinicians valuable information on how to approach substance-use disorders with a multidisciplinary, integrated treatment model aimed at producing better patient outcomes. Put into practice, they present patients with a chance at recovery from addiction, mental illness, and complex medical comorbidities.

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REFERENCES

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