

CCAS Research Programme Summary: Case-finding & Comorbidity in Addiction Services

Research team:

Jaime Delgadillo¹, Simon Gilbody², Christine Godfrey², Scott Payne³, Dawn Jessop⁴, Stuart Gore⁵, Veronica Dale², Paula Singleton⁶

Clinical collaborators⁵:

Julio Mendoza, Adele Fowles, Memuna Adam, Kayleigh Brown and Eleanor Fenwick

(1) Leeds Community Healthcare NHS Trust; (2) Hull-York Medical School and University of York; (3) Western Health and Social Care Trust, Derry, Northern Ireland; (4) Prison Healthcare HMP Leeds; (5) St. Anne's Community Services; (6) Leeds Metropolitan University

Research supported by a grant from St. Anne's Community Services, Leeds, United Kingdom

BACKGROUND

Patients accessing community drugs services often experience mental health problems which adversely affect their quality of life and complicate treatment. Detection of psychological problems is generally poor in routine addictions treatment. PHQ-9 and GAD-7 are brief questionnaires for depression and anxiety disorders widely used in primary care as case finding tools and clinical outcome measures. The validity & reliability of such screening tools in addictions treatment is considered by few studies with notable methodological limitations and little evidence exists to support their use in this setting.

THE STUDY

A total of 103 patients in routine addictions treatment completed brief screening tools and structured diagnostic interviews. A subgroup of 19 patients took part in qualitative interviews. The main aims were:

- To determine the validity and reliability of brief screening tools for common mental disorders, with comparison to a gold-standard diagnostic interview.
- To investigate patients' experiences and opinions about routine mental health screening.
- To investigate associations between substance use and symptoms of depression and anxiety.

KEY HIGHLIGHTS

- Common mental disorders are the norm rather than the exception in addictions treatment; with 70% of patients meeting criteria for a depressive and/or anxiety disorder.
- PHQ-9 and GAD-7 are reliable screening tools for the detection of major depression and anxiety disorders in drug and alcohol users accessing routine methadone maintenance treatment. Using adjusted cut-off scores slightly higher than those used in primary care was found to improve the accuracy of these questionnaires in this setting. Both measures had adequate sensitivity and specificity (above 75%), and the symptom scores tended to remain in the same range after a watchful wait period of 4-6 weeks.
- The Treatment Outcomes Profile (TOP) psychological health scale was also found to be a useful case-finding tool to detect the presence of a common mental disorder. This ultra-brief measure may be usefully integrated into a three-step assessment strategy: (1) using TOP to identify patients at risk of presenting a mental disorder based on a score of 12 or below; (2) using PHQ-9 and GAD-7 to reliably identify depressive or anxiety disorders; (3) using structured interviews or psychiatric assessment in cases where complex disorders are suspected.
- Overall, patients who were interviewed agreed with the use of mental health screening tools in routine practice as a way of identifying needs and providing appropriate support and treatment. Good therapeutic alliance with drug-workers enhanced the acceptability of screening. Staff support was necessary to deal with the emotional impact of screening and to overcome accessibility and literacy problems.
- Weekly alcohol use is associated with severity of psychiatric symptoms, even when controlling for poly-substance use, severity of dependence and demographic characteristics.

PUBLICATIONS

- Delgadillo, J., Payne, S., Gilbody, S., Godfrey, C., Gore, S., Jessop, D., & Dale, V. (2011). How reliable is depression screening in alcohol and drug users? A validation of brief and ultra-brief questionnaires. *Journal of Affective Disorders*, 134, 266–271.
Available at: <http://www.sciencedirect.com/science/article/pii/S0165032711003363>
- Delgadillo, J., Payne, S., Gilbody, S., Godfrey, C., Gore, S., Jessop, D., & Dale, V. (2012). Brief case finding tools for anxiety disorders: Validation of GAD-7 and GAD-2 in addictions treatment. *Drug and Alcohol Dependence*, 125(1-2), 37–42.
Available at: <http://www.sciencedirect.com/science/article/pii/S0376871612000993>
- Delgadillo, J., Gore, S., Jessop, D., Payne, S., Singleton, P., Gilbody, S. (2012). Acceptability of mental health screening in routine addictions treatment. *General Hospital Psychiatry*, 34(4), 415–422.
Available at: <http://www.sciencedirect.com/science/article/pii/S0163834312000084>
- Delgadillo, J., Godfrey, C., Gilbody, S., Payne, S. (2012). Depression, anxiety and comorbid substance use: association patterns in outpatient addictions treatment. *Mental Health and Substance Use*, in press. doi:10.1080/17523281.2012.66098
Available at: <http://www.tandfonline.com/doi/abs/10.1080/17523281.2012.660981>
- Delgadillo, J., Payne, S., Gilbody, S., Godfrey, C. (2012). Psychometric properties of the Treatment Outcomes Profile (TOP) psychological health scale. *Mental Health and Substance Use*, in press. doi:10.1080/17523281.2012.693521
Available at: <http://www.tandfonline.com/doi/abs/10.1080/17523281.2012.693521>
- Delgadillo, J. (2012). Depression and anxiety symptoms: Measuring reliable change in alcohol and drug users. *Advances in Dual Diagnosis*, 5(3), 102–114.
Available at: <http://www.emeraldinsight.com/journals.htm?issn=1757-0972&volume=5&issue=3>