

Co-occurring DSM-IV mental disorders amongst people experiencing methamphetamine dependence.

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Introduction: Methamphetamine dependence is a growing global health concern. Co-occurring mental disorders are associated with poorer health outcomes amongst people with substance use disorders. There are limited studies examining co-occurring mental disorders amongst people experiencing methamphetamine dependence. The current study aims to (i) estimate the past year prevalence of co-occurring mental disorders in people experiencing methamphetamine dependence; (ii) examine the impact on health outcomes; and (iii) explore whether they received help for co-occurring disorders.

Methods: Participants were 484 adults recruited from community-based health and substance use disorder services in Brisbane and Sydney, Australia. All participants met DSM-IV criteria for a past year methamphetamine use disorder. Past year co-occurring mental disorders of major depressive disorder, social phobia, and panic disorder were diagnosed using the Composite International Diagnostic Interview. Regression analyses were used to examine the relationship between co-occurring disorders and scores on the Short-Form-12 after adjusting for demographics.

Results: Of the total sample, 57% had at least one co-occurring mental disorder (44% major depression, 24% social phobia, 26% panic disorder); 31% had only one, 15% had two, and 11% had three co-occurring disorders. Relative to having no co-occurring disorders, people with more co-occurring disorders had significantly lower mental health status scores (1 disorder, $B = -3.4$, $p = .003$; 2 disorders, $B = -5.7$, $p < .001$; 3 disorders, $B = -6.3$, $p < .001$), and lower physical health status scores (2 disorders, $B = -4.2$, $p = .002$; 3 disorders, $B = -3.2$, $p = .035$). Fifty three percent of participants with a co-occurring mental disorder received help for at least one co-occurring disorder, and 19% felt that they received as much help as they needed.

Discussions and Conclusions: Co-occurring mental disorders are common amongst people experiencing methamphetamine dependence. Having more co-occurring disorders was associated with poorer health outcomes. Most people felt they did not receive sufficient help for their co-occurring mental disorders.

Implications for Practice or Policy (optional): This study highlights the need for services to address co-occurring mental disorders in individuals experiencing methamphetamine dependence. Routine assessment and treatment of these co-occurring disorders are crucial. Such practices could improve health outcomes and people's satisfaction with help they receive for such disorders.

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