



Kathleen Brady, MD, Ph.D.

Distinguished University Professor,
Medical University of South Carolina
South Carolina Clinical and Translational research
Institute (SCTR)

Associate Provost., Clinical and
Translational Science

Director, South Carolina Clinical
and Translational Research
Institute



University of Florida Psychiatry Grand Rounds *Pharmacotherapy of Substance Use Disorders*

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1. A lot of people think about having addictions and getting treatment for it and a lot of times medications is involved . How does that work? What role do the medications play in addictions?

Answer: Well, there are many different ways that the medications can be useful in the treatment of addictions. They can be used to help people through some uncomfortable and, may be, sometimes even life threatening, withdrawal periods and certain drugs in particular the withdrawal can be dangerous; alcohol withdrawal can be dangerous, benzodiazepine withdrawal can be very dangerous and those are usually treated with medications. But beyond the withdrawal phase, one of the things that we have really be gotten to know more and more about, is times gone on, and as the neurobiology of addiction and addictive disorders have really been explored and uncovered, is that there are neurobiological changes associated with long term use of drugs that can make it very difficult for people to really remain abstinent and in particular those changes may be particularly problematic for the first three to six months after someone stops using.

Those changes can be associated with things like mood disruptions, sleep problems, people feeling very anxious and other things and craving of the drugs of abuse beyond that acute withdrawal period and medications can be used to help with all of these kinds of symptoms . Again an individual needs to be evaluated specifically to see if medications are going to be useful but in many cases medications can be a great adjunct to other counselling and other kinds of psychosocial treatments that really help people to maintain abstinence

2. Are medications always appropriate?

Answer: Medications are not always appropriate in terms of recovery, but we are discovering more and more that they can be extremely helpful in some cases. In particular in people who have protracted abstinence symptoms, things like sleep disturbance that goes well beyond the acute withdrawal period; people who have lots of drug craving, people whose mood is dis-regulated and lasts for weeks or months after the last use, medications can be helpful in all of those cases.

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The other places where medications can be a lot helpful is people who have psychiatric comorbidity. There is a lot of psychiatric disorder that co-occur with addictions that much more commonly than they do in this general population. And often you get to wish a cycle with these symptoms of the psychiatric disorder. Sort of driving addiction and then the addiction making the symptoms of the psychiatric disorder even worse and often in cases like that, medication treatment targeting psychiatric disorder can be very helpful in helping an individual to maintain abstinence and really attain recovery.

3. Whenever you have psychiatric disorder and an addiction, is there a combined treatment for dealing with both?

Answer: For people who have co-occurring psychiatric disorders and addictions, it's really optimal treatment to treat both at the same time. It used to be that we did not have people who have trained to treat addictions or they were trained to treat psychiatric disorders and often patients could have both that fall between the cracks or they might get sort of ping-ponged back and forth between the addiction treatment professional telling him one thing and psychiatric treatment professional telling him another. So I think the really best treatment for individuals for co-occurring disorders is to be treated by one staff which have people with expertise in both, addictive disorders as well as the psychiatric disorders so that really any one time psychiatric symptoms might be more problematic and need attention, but then within a week it could be that addiction which would need attention. So it's best to have staff that really know how to treat both sides of this complicated conundrum when people have both addictions and psychiatric disorders.

4. You talked about the general differences, is it with treatment or with the symptoms of addiction?

Answer: Well, there are generic differences in many aspects of addictive disorders. There are generic differences in terms of the neurobiology of addictions, there are generic differences in terms of the kind of ideological connection, what are the things that are most likely associated with addictions for instance for women there is a much stronger association between the early childhood abuse and in particular sexual abuse and the development of addiction, so often the precursors of addiction can be general or specific; there are general specific issues in treatment, for instance for women often parenting, child care is a bigger issue for women. Often the fact that they have PTSD or they have a history of abuses differences and that need to be addressed specifically. So I would say that there are important generic differences in addictions and they range all the way from the antecedents or precursors vulnerability to addictions through treatments that really need to be individualized based on general differences.

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