Scientific Underpinning

of

Preventive Medicine Associates Inc.

Addiction Medicine in Primary Care

Addiction Medicine in Primary Care?

The effects of drug dependence on social systems has helped shape the generally held view that drug dependence is primarily a social problem, not a health problem. In turn, medical approaches to prevention and treatment are lacking. We examined evidence that drug [including alcohol] dependence is chronic medical illness. A literature review compared the diagnoses, heritability, etiology [genetic and environmental factors], pathophysiology, and response to treatments [adherence and relapse] of drug dependence vs. type diabetes mellitus, hypertension, and asthma. Genetic heritability, personal choice, and environmental factors are comparably involved in the etiology and course of all of these disorders. Drug dependence produces significant and lasting changes in brain chemistry and function. Effective medications are available for treating nicotine, alcohol, and opiate dependence but not stimulant or marijuana dependence. Medication adherence and relapse rates are similar across these illnesses. Drug dependence generally has been treated as if it were an acute illness. Review results suggest that long-term care strategies of medication management and continued monitoring produce lasting benefits. Drug dependence should be insured, treated, and evaluate like other chronic illness.

Most adults have used alcohol and/or other drugs, sometimes heavily to the point of abuse but rarely to the point where that use could reasonably be called an illness. There is no laboratory test for dependence, but the diagnostic differentiation of use, abuse, and dependence has been operationally refined and repeatedly shown to be reliable and valid.

A central question in the comparison of drug dependence with other illnesses is whether dependence will decrease without treatment and whether it will respond medications and other nterventions. There is a large research literature on drug dependence treatment outcomes. The treatment of addiction has been described in manual and 2 detailed volumes. Space permits only a few examples from that literature, addressing questions of particular. There is no reliable cure for drug dependence. Dependent patients who comply with the recommended regimen of education, counseling, and medication have favorable outcomes during and usually for at least 6 to 12 month following treatment. Favorable outcomes typically continue in patients who remain in methadone maintenance or in abstinence maintenance through participation if Alcoholics Anonymous (AA) are other self-help programs. However, because of insurance restrictions, many patients receive only detoxification or acute stabilization with no continuing care. Other drop out of rehabilitation-oriented treatment and/or the ignore physician advice to continue taking medication and participating in AA. Thus, 1-year, post discharge follow-up studies have typically shown that only about 40% to 60% of discharged patients are continuously abstinent, although an additional 15% to 30% have not resumed dependent use during this period.

Problems of low socioeconomic status, comorbid psychiatric conditions, lack of family and social supports are among the most important predictors of poor adherence during addiction treatment and of relapse following treatment. Hypertension, diabetes, asthma are also chronic disorders, requiring continuing care throughout a patient's life. Treatments for these illnesses are effective but heavily dependent on adherence to medical regimen for that effectiveness. Unfortunately, studies have shown that less than 60% of adult patients with type 1 diabetes mellitus fully adhere to with their medication schedule, and less than 40% of patients with hypertension or asthma adhere fully to their medication regimens. The problem is even worse for the behavioral and diet changes that are so important for the maintenance of gains is these chronic illnesses. Again, studies indicate that less than 30% of patients with adult-onset asthma, hypertension, or diabetes adhere to prescribed diet and/or behavioral changes that are designed to increase functional status

and to reduce risk factors for recurrence of the disorders. Across all 3 of these chronic medical illnesses, adherence and ultimately outcome are poorest among patients with low socioeconomic status, lack of family and social supports, or significant psychiatric comorbidity. Perhaps because of the similarity in treatment adherence, there are also similar relapse rates across these disorders. Outcome studies indicate that 30% to 50% of adult patients with type 1 diabetes and approximately 50% to 70% of adult patients with hypertension or asthma experience recurrence of symptoms each year to the point where they require additional medical care to reestablish symptom remission.

For PCPs, this review suggests that addiction screening, diagnosis, brief interventions, medication management, and referral criteria should be taught as part of medical school and residency curricula and routinely incorporated into clinical practice. For those in health policy, our review offers support for recent insurance parity initiatives. Like other chronic illnesses, the effects of drug dependence treatment are optimized when patients remain in continuing care and monitoring without limits or restrictions on the number of days or visits covered. It is essential that practitioners adapt the care and medical monitoring strategies currently used in the treatment of other chronic illness to the treatment of drug dependence.

MLellen, T.A., Lewis, D.C., O'Brien, C.P., and Kleher, H.D. (2000). Drug Dependence, Chronic Medical Illness. Implications for Treatment, Insurance, and Outcomes Evaluation. JAMA 284(13), 1689-1695