

Research report

Treatment response of bipolar and unipolar alcoholics to an inpatient dual diagnosis program

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Received 19 January 2007; received in revised form 6 July 2007; accepted 7 July 2007

Available online 16 August 2007

Abstract

Background: Depressed and bipolar alcoholics represent a significant affective subgroup that has a poorer prognosis than either diagnosis alone. To date few systematic treatment programs have been developed to treat dual diagnosis.

Methods: An inpatient treatment program was developed at St Patrick's Hospital Dublin to treat dual diagnosis clients with alcohol dependence and either unipolar or bipolar affective disorder. Clients ($N=232$) were assessed for depression, anxiety, elation, cravings, drink and drug intake on admission, discharge, 3 and 6 months post-discharge from the program.

Results: In the overall group there was a reduction in number of drinking days and units per drinking day over the study ($p<.01$). There was a 71.8% complete abstinent rate at 3 months and 55.8% at 6 months in the depression group, non-significantly greater than for the bipolar group at 64.7% and 54.1% respectively. Gamma GT, MCV and craving scores were significantly reduced over time ($p<.01$). Mania, depression and anxiety inventory scores fell over time in both groups ($p<.01$). 15–21-year olds were more severely anxious, had higher illicit drug use, and were more likely to relapse to drug use than older clients. Bipolar 1 clients were significantly more likely than bipolar 2 clients to be on mood stabilisers at all follow-up stages ($p<.001$).

Limitations: No control group was used.

Conclusions: There is evidence for efficacy of a specifically designed dual diagnosis inpatient treatment program as both depressed and bipolar alcoholics had significant reductions in all measurements of mood, craving, and alcohol/drug consumption by self report and biological markers, suggesting both diagnoses can be effectively treated together.

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Keywords: Dual diagnosis; Alcohol; Treatment; Bipolar; Depression

1. Introduction

Affective disorder, including unipolar depression and bipolar disorders, commonly co-occur with alcohol dependence and other substance misuse (Regier et al., 1990; Kessler et al., 1996). This co-occurrence is mutually detrimental, and patients with this type of dual diagnosis generally have increased severity of

symptoms (McKowen et al., 2005), are more difficult to treat, have a worse prognosis (Hasin et al., 2002; Burns et al., 2005), a higher suicide rate (Potash et al., 2000; Dalton et al., 2003), and are more costly to the health services (Hoff and Rosenheck, 1999), than patients with either disorder alone. Previous research has shown that about 50% of persons studied with severe mental illness and past substance abuse are likely to have a recurrence of substance abuse within 1 year of discharge from treatment (Dixon et al., 1998). The development of treatment programs to deal with dual diagnosis of affective

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