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The Difference is Research

## Background

Methamphetamine use is a growing global health concern (1), with an estimated 7.4 million people dependent on the drug (2). Co-occurring mental disorders are common among people with methamphetamine dependence. Mental disorders are associated with greater impairment, poorer treatment outcomes, and higher treatment dropout among people with substance use disorders (3,4). There is limited information available on co-occurring mental disorders among people with methamphetamine dependence or the impact that this has on their quality of life.

## Aims

1. Estimate the past year prevalence of DSM-IV co-occurring mental disorders among people with methamphetamine dependence.
2. Examine the impact of co-occurring mental disorders on health-related quality of life.
3. Explore whether people with methamphetamine dependence received help for co-occurring mental disorders.

## Methods

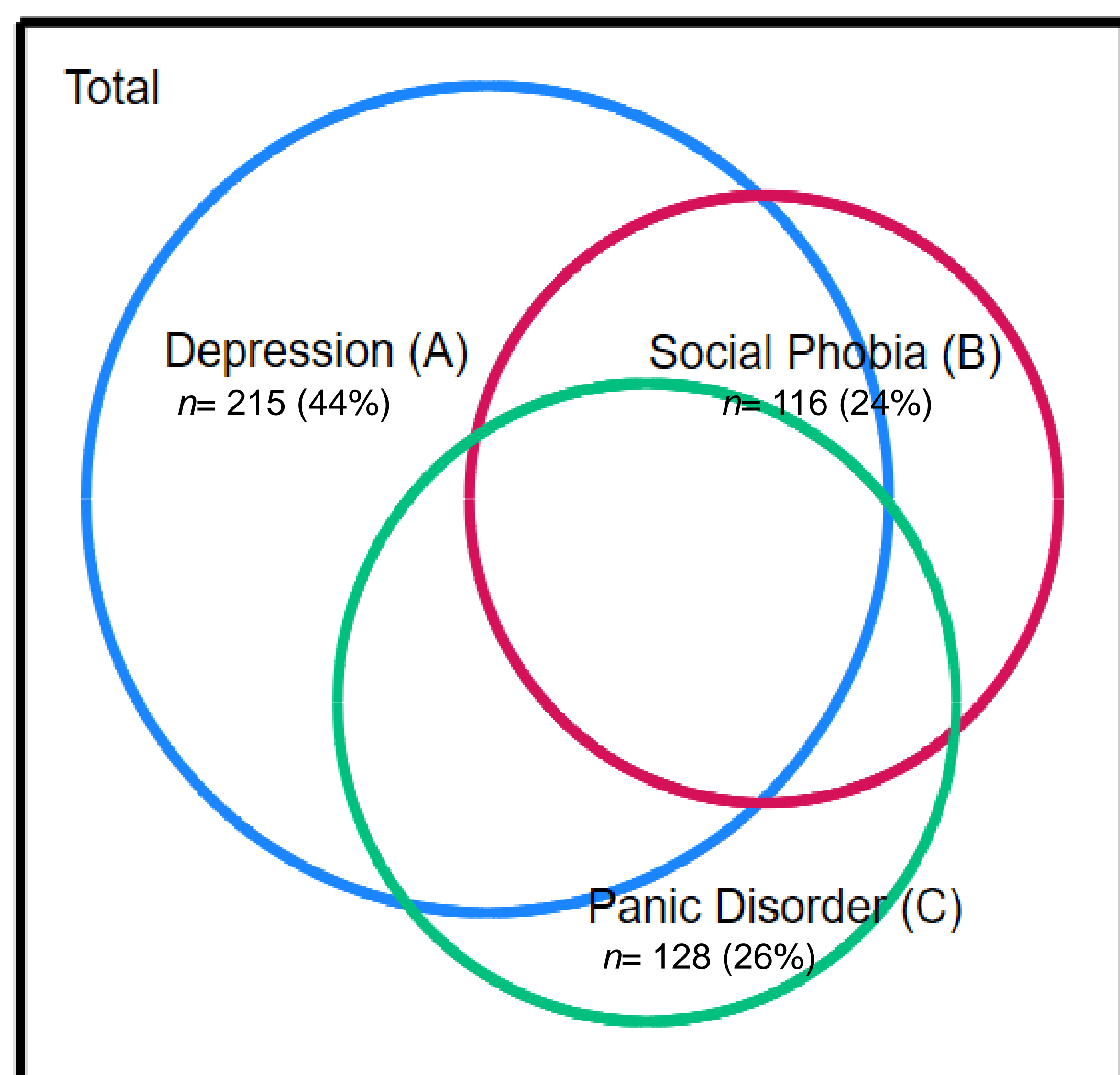
Participants were 484 adults who met DSM-IV criteria for a methamphetamine use disorder on entry to community-based substance use disorder facilities or non-treatment health services located in Brisbane and Sydney. They were selected from the MATES cohort (5). The data reported here are from the MATES baseline assessment, which involved a face-to-face structured interview. The Composite International Diagnostic Interview (CIDI) was used to make a past year DSM-IV diagnosis of major depression, social phobia, and panic disorder. Mental and physical health status was measured using the Short-Form 12. Higher scores indicate better health.

## Results

### Aim 1

1

Figure 1. Venn diagram of past year DMS-VI co-occurring mental disorders



— Depression (A) = 215 (44%)
— Social phobia (B) = 116 (24%)
— Panic disorder (C) = 128 (26%)
Total = 484
$A \cap B = 80$ (17%)
$A \cap C = 92$ (19%)
$B \cap C = 65$ (13%)
$A \cap B \cap C = 55$ (11%)

Fifty-seven percent of participants had either depression, social phobia, or panic disorder (Figure 1). Depression was the most common co-occurring mental disorder (44%) followed by anxiety disorders ( $n=179$ , 37%; 26% had panic disorder and 24% had social phobia). Thirty-one percent of participants had only one co-occurring mental disorder, 15% had two, and 11% had three.

## Discussion and implications

Common mental disorders are prevalent among people with methamphetamine dependence. These disorders often co-occur. Having more co-occurring disorders is associated with poorer mental and physical health status. Most people with a methamphetamine use disorder do not feel that they receive sufficient help for co-occurring mental disorders.

Services need to assess and manage co-occurring mental health concerns among people with methamphetamine dependence to help improve their mental and physical health status.

### Aim 2

2

Table 1. Relationship between the number of co-occurring mental disorders and mental/physical health status

Co-occurring mental disorders	SF-12 Mental			SF-12 Physical		
	Beta	SE	p-value	Beta	SE	p-value
<b>Unadjusted</b>						
No disorder	ref			ref		
One disorder	-3.6	1.1	0.001	-1.1	1.0	0.315
Two disorders	-6.0	1.4	0.000	-4.0	1.3	0.003
Three disorders	-6.8	1.6	0.000	-3.5	1.5	0.020
<b>Adjusted</b>						
No disorder	ref			ref		
One disorder	-2.8	1.1	0.015	-1.3	1.0	0.201
Two disorders	-5.3	1.4	0.000	-4.1	1.3	0.002
Three disorders	-5.5	1.6	0.001	-2.9	1.5	0.051

After adjusting for potential confounding factors (age, gender, migration status, unemployment, education level, relationship status, and substance use in the past month), having more co-occurring mental disorders was associated with lower mental health status scores. Two and three co-occurring disorders were associated with comparatively smaller and less consistently lower physical health status scores.

### Aim 3

3

Table 2. Professional help received among people who had each mental disorder

	Major depression $N=215$	Social phobia $N=116$	Panic disorder $N=128$
<b>Received help</b>			
Got as much help as needed	127 (59)	34 (29)	57 (44)
Main source of help:			
General practitioner	46 (37)	13 (38)	27 (48)
Drug treatment worker/counsellor	19 (15)	8 (24)	8 (14)
Community health centre	6 (5)	1 (3)	3 (5)
Private psychologist, psychiatrist, counsellor	37 (29)	10 (29)	11 (20)
Other source	18 (14)	2 (6)	7 (13)
<b>Did not receive help</b>			
Felt they needed help	88 (41)	84 (71)	73 (56)

Fifty-three percent of participants with any co-occurring mental disorder received help for at least one of their co-occurring mental disorders.

Of the people who received help, 81% felt that did not receive as much help as they needed.

## References

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