

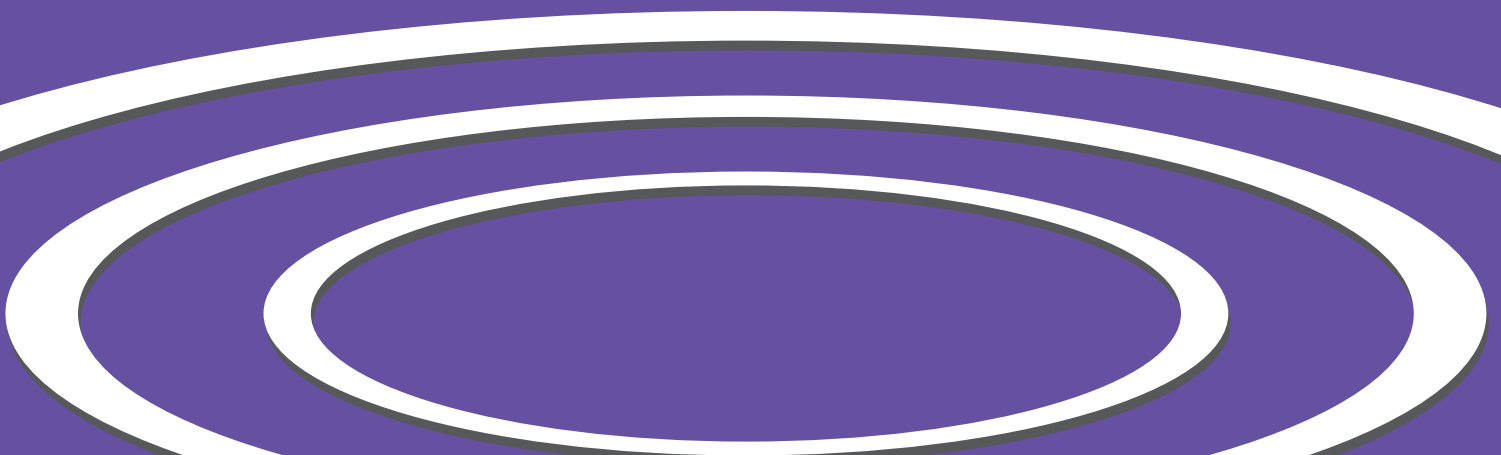


## Executive Summary

# Comorbidity in the national psychiatric morbidity surveys

Research Report submitted to the Department of Health in  
February 2004

Report prepared by:  
Michael Farrell, Colin Taylor, Sarah Welch and Howard Meltzer



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## Executive Summary

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### **Report prepared by:**

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### **Disclaimer**

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This study was funded through the UK Department of Health Drugs Misuse Research Initiative. All views expressed are those of the authors and not necessarily of the Department of Health.

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## Project aims and objectives

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The core aim of the project was to use data collected by the National Psychiatric Morbidity Surveys (representative surveys in 1993 and 2000 of the general population) and additional surveys of the prison and homeless and child and adolescent populations to explore the prevalence of substance use and psychiatric morbidity (both common mental disorders, personality disorder and psychosis).

Previous studies had suggested that co-morbidity is common in certain population groups. The project aimed to assess co-morbidity (amongst drug, alcohol and nicotine and general psychiatric morbidity of neurosis and psychosis) and to test its stability across a variety of settings, specifically across populations and across time. The aim was to address specific questions on the role of drug use and drug dependence in exacerbating psychiatric morbidity and increasing help-seeking behaviours. The project examined the stability of these co-morbidities across the time interval of the two surveys and across different sub-populations. The project also aimed to explore the relationship between substance use and psychiatric co-morbidity on social functioning, social support and health service utilisation. A final aim concerned a general exploratory investigation into the relationship between substance use and dependence and socio-economic deprivation.

The project made comprehensive, coordinated use of the National Psychiatric Morbidity constituent surveys of general household (10,000 respondents) prison (3500) and homeless (1000) samples. It integrated existing survey data with data from the most recent (2000) National Psychiatric Morbidity Household Survey (10,000). The question addressed was whether or not co-morbidity remains stable over different settings and over time. The study aimed to consider also effects on service utilisation.

Funds from the DMRI supported the contribution of team members (especially Colin Taylor and Annabel Boys) to what was a multi-funded, collaborative programme of research.

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## Methods of analysis

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The National Psychiatric Household Survey samples are representative, after weighting, of the 16-64 population. The surveys are conducted at five year intervals. A range of structured, diagnostic questions are used including the CIS-R and questions on alcohol, tobacco and drugs. A second phase sub-sample who screen

positive for psychosis receive a SCAN interview from a trained clinician. In addition to these two household surveys, data are drawn from a sample of 10% of the English prison population and a survey of 1000 homeless people. The prison sample also completed the AUDIT questionnaire on hazardous alcohol use.

The statistical methods used in the study ranged from basic descriptive methods to GLM modelling with a two-phase screened sub-sample. Simple and marginal measures of prevalence and odds ratios were applied to assess risk factors and co-morbidity. Logistic regression methods were used to compare odds ratios and general risk factors to correct for confounding effects. Data were collected and collated using SPSS. For the analysis STATA was used.

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## Published papers

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### **‘Nicotine, alcohol and drug dependence and psychiatric co-morbidity: results of a national household survey 1993’**

M Farrell, S Howes, P Bebbington, T Brugha, R Jenkins, G Lewis, H Meltzer and C Taylor

*British Journal of Psychiatry* 2001 Nov; 179: 432-7

### **Abstract**

**Background:** There is a well-recognised relationship between substance use disorders and other related psychiatric disorders. This relationship has been well documented in a range of North American population-based studies and reasonably consistent results have been reported across a range of studies. It is assumed that the same relationship applies in other community settings.

**Method:** A national household study of psychiatric morbidity was conducted in England and Wales. Psychiatric assessment was based on the CIS-R. Measures of nicotine, alcohol and drug use and dependence were obtained. This paper compares the levels of psychiatric morbidity in the non-dependent, nicotine, alcohol and drug dependent cases.

**Results:** The relationship of drug, alcohol and nicotine dependence to psychological morbidity was explored across the sample. The non-dependent population (ie those who were scored as non-dependent on drugs, alcohol and nicotine) were compared against those who were classed as either drug, alcohol or nicotine dependent. 67% (6779) of the total sample were classed as non-dependent whilst 33% (3329) were classed as either drug, alcohol or nicotine dependent with nicotine dependence accounting for the majority of this.

There was a clear relationship between dependence on nicotine, alcohol and drugs and psychological morbidity. The non-dependent population differed significantly in terms of the presence of neurotic disorders from the nicotine, alcohol and drug dependent. 12% of the non-dependent population were assessed as having any neurotic disorder compared to 22% of the nicotine dependent, 30% of the alcohol dependent and 45% of the drug dependent population. Significant differences across the groups were also found for the presence of two or more neurotic disorders, with highest prevalence rates amongst the drug dependent population where 12% were assessed as having two or more neurotic disorders compared to only 1% of the non-dependent population.

**Conclusions:** These findings are consistent with the ECA, the NCS and other population surveys and demonstrate a clear relationship between these differing conditions. The nature of the relationship is discussed but further longitudinal work is required to disentangle the complex interrelationships of these different conditions.

#### **‘Psychosis and drug dependence: results from a National Survey of Prisoners’**

M Farrell, A Boys, P Bebbington, T Brugha, J Coid, R Jenkins, G Lewis, H Meltzer, J Marsden, N Singleton and C Taylor  
*British Journal of Psychiatry*, (2002) 181: 393-8

#### **Abstract**

**Background:** The links between drug use and psychosis are of major aetiological and prognostic significance. Psychosis and drug dependence frequently co-occur within the prison population providing the opportunity to study this link more closely.

**Aims:** to explore the relationship between psychosis and drug dependence in a sample of prisoners.

**Method:** 3142 prisoners were surveyed nationally and structured clinical data were obtained from a sub-sample of 503 respondents. Psychiatric assessment was based on Schedules for Clinical Assessment in Neuropsychiatry (version 1.0). Measures of amphetamine, cannabis, cocaine and heroin use and dependence were obtained via self-report.

**Results:** Logistic regression analyses indicated that first use of amphetamines or cocaine before the age of 16 and severe cannabis or cocaine dependence were related to an increased risk of psychosis. In contrast, severe dependence on heroin was associated with a reduced risk of this classification.

**Conclusions:** Severe dependence on cannabis and psychostimulants is associated with a higher risk of psychosis in contrast to severe dependence on heroin, which has a negative relationship with psychosis.

#### **‘Drug use and initiation in prison: results from a national prison survey in England and Wales’**

A Boys, M Farrell, P Bebbington, T Brugha, J Coid, R Jenkins, G Lewis, H Meltzer, J Marsden, N Singleton and C Taylor  
*Addiction* (2002) 97 (12): 1551-60

#### **Abstract**

**Aims:** to investigate heroin and cocaine use in a sample of British prisoners and to explore the characteristics of inmates who use these drugs for the first time while in prison.

**Design and participants:** a cross-sectional survey of all prisons in England and Wales conducted as part of a major national study of psychiatric morbidity. A total of 3,142 prisoners (88.2% of those selected) completed a structured interviewer-administered questionnaire.

**Measurements:** interview measures of personal demographics, social history, psychiatric morbidity and drug use. Personality disorders were diagnosed via the Structured Clinical Interview for DSM-IV (SCID-II) and neurotic symptoms were assessed using a revised Clinical Interview Schedule (CIS-R).

**Findings:** over 60% of the heroin users and cannabis users reported that they had used these drugs in prison compared with less than a quarter of the lifetime cocaine users. Over a quarter of the heroin users reported that they had initiated use of this drug in prison. The extent of an individual’s experience of prison was more consistently related to heroin and/or cocaine use in and out of prison than other personal background, social history or psychiatric variables assessed.

**Conclusions:** the findings indicate that prisons are a high-risk environment for heroin and other drug initiation and use. Although related to drug use, psychiatric variables were not generally associated with initiation in prison which was dominated by prison exposure. There is a need to explore ways of reducing heroin initiation in prison as part of a broader risk prevention strategy.

## 'Psychiatric morbidity and substance use in 13-15 year olds: results from the child and adolescent survey of mental health'

A Boys, M Farrell, C Taylor, J Marsden, R Goodman, T Brugha, P Bebbington, G Lewis, R Jenkins and J Meltzer  
*British Journal of Psychiatry* (2003) 182: 509-17

### Abstract

**Background:** Psychoactive substance use is strongly associated with psychiatric morbidity in both adults and adolescents.

**Aims:** to determine which of three psychoactive substance types (alcohol, nicotine and cannabis) is most closely linked to psychiatric disorders in early adolescence.

**Methods:** data from a representative sample of 2,624 13-15 year olds were drawn from a national mental health survey of 5-15 year olds conducted in 1999. The relationship between psychiatric morbidity and smoking, drinking and cannabis use (while controlling for potential confounding factors) was examined via logistic regression analyses.

**Results:** as expected, having a psychiatric disorder was associated with an increased risk of substance use involvement. Furthermore, greater involvement with any one particular substance carried an increased risk of other substance use. Analyses of the interactions between smoking, drinking and cannabis use indicated that the main relationship between substance use and psychiatric morbidity was primarily explained by regular smoking and to a lesser extent regular cannabis use.

**Conclusions:** in this sample, links between psychoactive substance use and psychiatric disorders in early adolescence were primarily driven by smoking. The strong relationship between this behaviour and other forms of substance use is likely to be due to a combination of underlying individual constitutional factors and drug-specific effects resulting from consumption over the period of adolescent development and growth.

See also:

Michael Farrell

'**Tobacco, alcohol and drug use and cessation of use at follow – up**' in *Better or Worse : a longitudinal study of the mental health of adults living in private households in Great Britain*. Edited by N Singleton and G Lewis  
London TSO

## Conclusion

There is now a significant body of work across different countries and different time periods indicating a robust relationship between tobacco, alcohol and drug dependence and other psychiatric disorders. Service interventions appear to be limited in scope and effect with regard to the related problems. A longer term strategic approach would require a broader prevention, education and treatment model with strong involvement of primary care to ensure maximum effect. Overall there is now greater awareness of the issues of psychiatric co-morbidity than existed a decade ago and there is increasing attention to addressing these needs within different settings. ■

