

# Depression and Substance Abuse in Primary Care Practice

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Depression and Substance Abuse are among the most common and costly problems seen in medical outpatient settings. In fact, up to 50% of those treated for depression or substance abuse are treated in general medical settings. In the United States, major depressive disorders affect approximately 8% of adults, and 9% suffer from substance abuse or dependence, each year. Of those who are depressed, 22% are also dependent on or have abused alcohol or illicit drugs. Depressed patients are twice as likely to abuse alcohol as their non-depressed cohorts. SSRI's are currently among the most frequently prescribed drugs in America and the most frequently prescribed treatment for depressed patients. While psychiatrists prescribed 29% of all antidepressants, non-psychiatric physicians wrote 71% of the prescriptions for antidepressants and the most recent data show that this trend is increasing.

Mood disorders are the seventh most costly condition based on expenditures, bed days, work-loss days, and activity impairments. Co-morbid depression among diabetics and heart disease patients double the costs of care compared to those without these conditions. Depressed patients are 3 times more likely to be non-compliant, resulting in repeated unsuccessful treatment efforts. Prolonged substance abuse increases the risk for a number of diseases, including stomach cancer, cancer of the esophagus, respiratory tuberculosis, liver damage and pancreatitis, thereby increasing the demand for costly medical care. Untreated substance abusers incur medical costs at a rate about twice that of their age and gender cohorts and account for 14% of all hospital admissions.

Mental illnesses—particularly Major Depression and Alcohol Abuse—are the second leading cause of disability. The World Health Organization ranked depression as the fourth leading cause of burden among all diseases.

National data reveal that about 40% of those suffering from depression and substance abuse do not receive any treatment, 49% receive treatment for depression only, 2% received treatment for

alcohol only, and 9% received treatment for both problems. Patients who are not receiving treatment, who do not respond favorably to a trial of antidepressants, or suffer from dual disorders, should be considered for specialty psychological treatments. Those with co-morbid substance abuse, inability to work, excessive absenteeism, relational dysfunction, or even more severe symptoms (including suicidal ideation, and/or other functional impairments), may be ideal candidates for behavioral health or dual diagnosis intensive outpatient programs (IOP's) that are evidence based and have been empirically validated in peer reviewed journals. For additional information about our evidence-based IOP's, visit [MHRMemphis.com](http://MHRMemphis.com), or to refer a patient for an assessment, have them call

us at 901-682-6136. If you would like to schedule a meeting, please email us at [MHRMemphis@gmail.com](mailto:MHRMemphis@gmail.com).

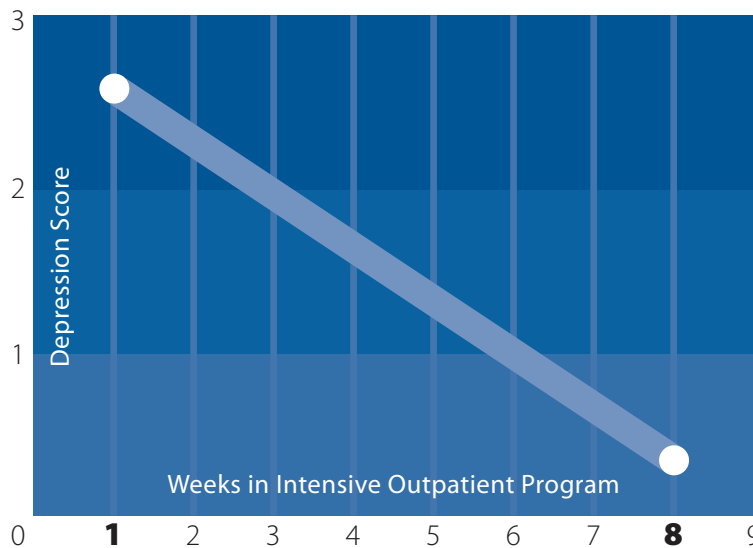
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*Edward A. Wise, Ph.D., has practiced for nearly 30 years in inpatient and outpatient psychiatric and addiction treatment programs. He has published over 25 articles related to practice in peer reviewed journals. He has received the American Psychological Association Award for Distinguished Contributions to Independent Practice (2005) and the University of Wyoming Outstanding Alumnus Award (2006). He is the President of Mental Health Resources, PLLC, a multidisciplinary behavioral health practice comprised of psychologists, psychiatrists, social workers and counselors. Mental Health Resources' Intensive Outpatient Program has been extensively researched and findings indicate that on average 80% of their patients show marked improvements upon the completion of treatment.*



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**Change in Depression Severity Score by Week in Mental Health Resources' Intensive Outpatient Program**



## Mental Health Resources, PLLC

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