International Summit on PSYCHIATRY AND PSYCHOLOGY

February 24, 2022 | Webinar

Concurrent disorder management guidelines: Systematic review

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Concurrent disorder refers to a diverse set of combinations of substance use disorders and mental disorders simultaneously in need of treatment. Concurrent disorders are underdiagnosed, undertreated, and more complex to manage, practicing the best recommendations can support better outcomes. The purpose of this work is to systematically assess the quality of the current concurrent disorders' clinical recommendation management guidelines. Literature searches were performed by two independent authors in electronic databases, web, and gray literature. The inclusion criteria were English language clinical management guidelines for adult concurrent disorders between 2000 and 2020. The initial search resulted in 8841 hits. A total of 24 guidelines were identified and assessed with the standardized guidelines assessment tool: AGREE II (Appraisal of Guidelines for Research and Evaluation). Most guidelines had acceptable standards, however, only the NICE guidelines had all detailed information on all AGREE II Domains. Guidelines generally supported combinations of treatments for individual disorders with a very small evidence base for concurrent disorders, and they provided little recommendation for further structuring of the field, such as level of complexity or staging, or evaluating different models of treatment integration.

Biography

Syune Hakobyan completed her MD degree and Residency training in Family Medicine at the Yerevan State Medical University, in Armenia. Later, she completed her Master of Health Sciences degree at the University of British Columbia, Canada, where she is currently doing her Residency Training in Psychiatry and PhD studies with the Thesis "Good and Poor Trajectories in a 10-year follow up Study of a Marginalized Population: Focus on Clinical Presentations and Psychiatric/ Medical Service Use Patterns". She has experience of working in the research field focusing on vulnerable population. Her current research is focused on understanding trajectories of mental health stability in "The Hotel Study" population of more than 500 individuals with multiple vulnerabilities, including severe persistent mental illness, substance use disorder, where each individual was followed for 10 years.